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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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## Montefiore Medical Center (PPS ID:19)

### Quarterly Report - Implementation Plan for Montefiore Medical Center

**Year and Quarter:** DY1, Q3 **Quarterly Report Status:** Adjudicated

**Status By Section**

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

**Status By Project**

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

## Section 01 – Budget

### IPQR Module 1.1 - PPS Budget Report (Baseline)

**Instructions :**

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

| Budget Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Waiver Revenue** | 19,493,212 | 20,773,358 | 33,593,126 | 29,746,585 | 19,493,212 | 123,099,494 |
| **Cost of Project Implementation & Administration** | **11,695,927** | **10,906,013** | **15,116,907** | **11,154,970** | **5,847,964** | **54,721,781** |
| Administration | 2,478,599 | 2,478,599 | 2,478,599 | 2,478,599 | 2,478,599 | 12,392,995 |
| Implementation | 9,217,328 | 8,427,414 | 12,638,308 | 8,676,371 | 3,369,365 | 42,328,786 |
| **Revenue Loss** | **0** | **1,038,668** | **3,359,313** | **4,461,988** | **3,898,642** | **12,758,611** |
| **Internal PPS Provider Bonus Payments** | **5,847,964** | **7,270,675** | **13,437,250** | **13,385,963** | **9,746,606** | **49,688,458** |
| **Cost of non-covered services** | **0** | **0** | **0** | **0** | **0** | **0** |
| **Other** | **1,949,322** | **1,558,002** | **1,679,656** | **743,664** | **0** | **5,930,644** |
| Contingency | 974,661 | 779,001 | 839,828 | 371,832 | 0 | 2,965,322 |
| Innovation | 974,661 | 779,001 | 839,828 | 371,832 | 0 | 2,965,322 |
| **Total Expenditures** | **19,493,213** | **20,773,358** | **33,593,126** | **29,746,585** | **19,493,212** | **123,099,494** |
| **Undistributed Revenue** | **0** | **0** | **0** | **0** | **0** | **0** |

### Current File Uploads

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

No Records Found

**Narrative Text :**

This budget allocates a total of 5% of revenue over 5 years to a contingency fund to support unexpected costs and innovation in the PPS. In DY1, we will allocate 10% of DSRIP funds to "Other" and reduce the allocation over time such that 0% is allocated in DY5. Further, the "Other" category in this budget accounts for both the contingency funds and the innovation funds.

Descriptions of budget items:

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Cost of project implementation and administration
- Administrative costs including network management, DSRIP program office administrative support for PPS operations, legal support, PPS compliance
- Project Implementation costs include centralized services that will support creating shared infrastructure of the PPS and will include costs of shared IT infrastructure (to support performance reporting and data sharing), care management functions, central training and workforce development. Costs of implementation will be higher in the initial years to reflect the financial needs to set up DSRIP infrastructure (mirroring process and reporting metrics)

Revenue loss
- Some partners will experience revenue decline in Medicaid population, as well as in Medicare and commercial populations Designed with the aim to help providers overcome the initial period of set-up costs and lost revenues while focusing on the right metrics as they grow and transform their services
- To qualify for revenue loss compensations, partners will need to meet both progress and performance benchmarks and demonstrate the ability to shift to a sustainable system

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 1.2 - PPS Budget Report (Quarterly)

**Instructions :**

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

**Benchmarks**

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|---|---|---|---|
| 19,493,212 | 123,099,494 | 12,965,180 | 116,571,462 |

| Budget Items | DY1 Q3 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|---|---|---|---|---|---|---|
| **Cost of Project Implementation & Administration** | **1,647,440** | **6,251,707** | **5,444,220** | **46.55%** | **48,470,074** | **88.58%** |
| Administration | 549,236 | | | | | |
| Implementation | 1,098,204 | | | | | |
| **Revenue Loss** | **0** | **0** | **0** | | **12,758,611** | **100.00%** |
| **Internal PPS Provider Bonus Payments** | **276,325** | **276,325** | **5,571,639** | **95.27%** | **49,412,133** | **99.44%** |
| **Cost of non-covered services** | **0** | **0** | **0** | | **0** | |
| **Other** | **0** | **0** | **1,949,322** | **100.00%** | **5,930,644** | **100.00%** |
| Contingency | 0 | | | | | |
| Innovation | 0 | | | | | |
| **Total Expenditures** | **1,923,765** | **6,528,032** | | | | |

**Current File Uploads**

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

No Records Found

**Narrative Text :**

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

Descriptions of budget items:

Cost of project implementation and administration
- Administrative costs including network management, DSRIP program office administrative support for PPS operations, legal support, PPS compliance
- Project Implementation costs include centralized services that will support creating shared infrastructure of the PPS and will include costs of shared IT infrastructure (to support performance reporting and data sharing), care management functions, central training and workforce development. Costs of implementation will be higher in the initial years to reflect the financial needs to set up DSRIP infrastructure (mirroring process and reporting metrics)

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 1.3 - PPS Flow of Funds (Baseline)

**Instructions :**

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

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

| Funds Flow Items | DY1 ($) | DY2 ($) | DY3 ($) | DY4 ($) | DY5 ($) | Total ($) |
|---|---|---|---|---|---|---|
| **Waiver Revenue** | 19,493,212 | 20,773,358 | 33,593,126 | 29,746,585 | 19,493,212 | 123,099,494 |
| Practitioner - Primary Care Provider (PCP) | 741,522 | 987,774 | 1,916,825 | 1,980,232 | 1,483,045 | 7,109,398 |
| Practitioner - Non-Primary Care Provider (PCP) | 139,604 | 185,965 | 360,875 | 372,812 | 279,209 | 1,338,465 |
| Hospital | 1,855,570 | 2,471,785 | 4,796,624 | 4,955,291 | 3,711,140 | 17,790,410 |
| Clinic | 1,421,404 | 1,893,437 | 3,674,310 | 3,795,852 | 2,842,808 | 13,627,811 |
| Case Management / Health Home | 272,573 | 363,092 | 704,599 | 727,906 | 545,147 | 2,613,317 |
| Mental Health | 1,209,364 | 1,610,981 | 3,126,190 | 3,229,601 | 2,418,728 | 11,594,864 |
| Substance Abuse | 871,948 | 1,161,512 | 2,253,973 | 2,328,532 | 1,743,896 | 8,359,861 |
| Nursing Home | 49,225 | 65,572 | 127,246 | 131,455 | 98,450 | 471,948 |
| Pharmacy | 9,507 | 12,664 | 24,575 | 25,388 | 19,013 | 91,147 |
| Hospice | 4,892 | 6,516 | 12,644 | 13,063 | 9,783 | 46,898 |
| Community Based Organizations | 68,226 | 90,883 | 176,364 | 182,198 | 136,452 | 654,123 |
| All Other | 178,789 | 238,163 | 462,167 | 477,455 | 357,578 | 1,714,152 |
| PPS PMO | 12,670,588 | 11,685,014 | 15,956,735 | 11,526,801 | 5,847,963 | 57,687,101 |
| **Total Funds Distributed** | **19,493,212** | **20,773,358** | **33,593,127** | **29,746,586** | **19,493,212** | **123,099,495** |
| **Undistributed Revenue** | **0** | **0** | **0** | **0** | **0** | **0** |

**Current File Uploads**

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

No Records Found

**Narrative Text :**

# New York State Department Of Health
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### Module Review Status

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

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

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## Montefiore Medical Center (PPS ID:19)

### IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

**Instructions :**

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

**Benchmarks**

| Waiver Revenue DY1 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|---|---|---|---|
| 19,493,212 | 123,099,494 | 12,965,182 | 116,571,464 |

| Funds Flow Items | DY1 Q3 Quarterly Amount - Update | Total Amount Disbursed | Percent Spent By Project | | | | | | | | | | DY Adjusted Difference | Cumulative Difference |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Projects Selected By PPS | | | | | | | | | | | |
| | | | 2.a.i | 2.a.iii | 2.a.iv | 2.b.iii | 3.a.i | 3.a.ii | 3.b.i | 3.d.iii | 4.b.i | 4.b.ii | | |
| Practitioner - Primary Care Provider (PCP) | 41,950 | 551,505 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 190,017 | 6,557,893 |
| Practitioner - Non-Primary Care Provider (PCP) | 7,898 | 103,830 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35,774 | 1,234,635 |
| Hospital | 0 | 1,275,102 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 580,468 | 16,515,308 |
| Clinic | 80,412 | 1,057,165 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 364,239 | 12,570,646 |
| Case Management / Health Home | 15,420 | 202,726 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 69,847 | 2,410,591 |
| Mental Health | 68,417 | 899,462 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 309,902 | 10,695,402 |
| Substance Abuse | 49,328 | 648,509 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 223,439 | 7,711,352 |
| Nursing Home | 2,785 | 2,785 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 46,440 | 469,163 |
| Pharmacy | 0 | 6,532 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,975 | 84,615 |
| Hospice | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4,892 | 46,898 |
| Community Based Organizations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68,226 | 654,123 |
| All Other | 10,115 | 132,974 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45,815 | 1,581,178 |
| PPS PMO | 1,647,440 | 1,647,440 | 15 | 12.2 | 14.4 | 11.4 | 10.4 | 9.8 | 8 | 8.2 | 6.1 | 4.5 | 11,023,148 | 56,039,661 |
| **Total Funds Distributed** | **1,923,765** | **6,528,030** | | | | | | | | | | | | |

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| ring | Other | 19_MDL0118_1_3_20160316171509_Copy_of_MAPP_Q3_report_2-1-16.pdf | Funds Flow by provider. | 03/16/2016 05:18 PM |
| ring | Other | 19_MDL0118_1_3_20160203144712_Copy_of_DSRIP_Funds_Flow_Reporting_Template_for_OMIG_10_1_14_-_12_31_15_v2.xlsx | OMIG DSRIP Funds Flore reporting template | 02/03/2016 02:47 PM |

# New York State Department Of Health
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**Narrative Text :**

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

Based on IA guidance we have updated our Budget allocations to include the new State categories; cost of administration, cost of project implementation, contingency and innovation. We have also updated the Funds Flow module for DY1 Q3 to include cost of project implementation.

In doing so, we noted that the total amount dispersed being displayed in Module 1.4 is inaccurate. The new line PPS PMO was unavailable for the DY1Q2 submission and there is not currently a mechanism for us to update these amounts within the DY 1 Q3 remediation. We have uploaded our Funds Flow by provider for your reference. We are requesting that the information you have on file is updated to properly reflect the information on file at the PPS using these new categories.

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 1.5 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Complete funds flow budget and distribution plan and communicate with network | In Progress | Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| **Task**<br>3. Review partner participation matrix with the Finance and Sustainability Transformation work group and MHVC Steering Committee to solicit feedback and recommendations. | In Progress | Review partner participation matrix with the Finance and Sustainability Transformation work group and MHVC Steering Committee to solicit feedback and recommendations. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>2. Develop a partner participation matrix indicating level of participation for each provider type in each of the 10 projects. | In Progress | Develop a partner participation matrix indicating level of participation for each provider type in each of the 10 projects. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>1. Define funds flow guiding principles with key partners in Finance and Sustainability Transformation work group and MHVC Steering Committee. | In Progress | Define funds flow guiding principles with key partners in Finance and Sustainability Transformation work group and MHVC Steering Committee. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>13. Update funds flow on an annual basis taking into account overall financial health of PPS and input from<br>Finance and Sustainability Transformation work group and MHVC Steering Committee. | On Hold | Update funds flow on an annual basis taking into account overall financial health of PPS and input from<br>Finance and Sustainability Transformation work group and MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>12. Develop partner performance and reporting requirements to earn funds flow payments. | On Hold | Develop partner performance and reporting requirements to earn funds flow payments. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 11. Revise and finalize funds flow approach. | On Hold | Revise and finalize funds flow approach. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 10. Communicate funds flow payment plan to all partners and collect feedback. | In Progress | Communicate funds flow payment plan to all partners and collect feedback. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 9. Develop detailed communication materials to share funds flow approach with all partners. | In Progress | Develop detailed communication materials to share funds flow approach with all partners. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 8. Developed detailed funds flow approach for each provider type for each project. | In Progress | Developed detailed funds flow approach for each provider type for each project. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 7. Obtain recommendations for budget from Finance and Sustainability Transformation work group and MHVC Steering Committee. | In Progress | Obtain recommendations for budget from Finance and Sustainability Transformation work group and MHVC Steering Committee. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 6. Create preliminary PPS budget including categories: Cost of Project Implementation & Administration, Revenue Loss, Internal PPS Provider Bonus Payments, and Other (contingency funds and innovation funds). | In Progress | Create preliminary PPS budget including categories: Cost of Project Implementation & Administration, Revenue Loss, Internal PPS Provider Bonus Payments, and Other (contingency funds and innovation funds). | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 5. Conduct survey of partners to assess level of participation in each project. | In Progress | Conduct survey of partners to assess level of participation in each project. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 4. Share partner participation matrix with all PPS partners. | In Progress | Share partner participation matrix with all PPS partners. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

## IA Instructions / Quarterly Update

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

No Records Found

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

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

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

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

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### IPQR Module 1.6 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

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**IPQR Module 1.7 - IA Monitoring**

**Instructions :**

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# Delivery System Reform Incentive Payment Project

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## Section 02 – Governance

### IPQR Module 2.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Finalize governance structure and sub-committee structure | Completed | This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| **Task** 1. Montefiore Hudson Valley Collaborative, LLC ("MHVC"), the administrator of the PPS for lead applicant Montefiore Medical Center, shall adopt an Operating Agreement for MHVC. | Completed | Montefiore Hudson Valley Collaborative, LLC ("MHVC"), the administrator of the PPS for lead applicant Montefiore Medical Center, shall adopt an Operating Agreement for MHVC. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. MHVC will hire staff to assist in the implementation of the projects. | Completed | MHVC will hire staff to assist in the implementation of the projects. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 3. Develop the table of organization of the staff of MHVC and post on the MHVC members-only website (available to all PPS participants). | Completed | Develop the table of organization of the staff of MHVC and post on the MHVC members-only website (available to all PPS participants). | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. Expand the existing Leadership Steering Committee to create the MHVC Steering Committee. | Completed | Expand the existing Leadership Steering Committee to create the MHVC Steering Committee. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 5. Develop in consultation with the MHVC Steering Committee a set of Governance Bylaws for the MHVC Steering Committee that defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be | Completed | Develop in consultation with the MHVC Steering Committee a set of Governance Bylaws for the MHVC Steering Committee that defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| determined to be necessary for the efficient operation of the MHVC Steering Committee. | | | | | | | | | |
| **Task**<br>6. Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website and to New York State Department of Health DSRIP portal. | Completed | Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website and to New York State Department of Health DSRIP portal. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>7. Establish charters for Sub-Committees that will be reporting to the Steering Committee. The MHVC Steering Committee will review and provide recommendations on the proposed SubCommittee charters and structures. The initial set of Subcommittees include: Legal & Compliance; Finance Sustainability; Information Technology; Clinical Quality; and Workforce. | Completed | Establish charters for Sub-Committees that will be reporting to the Steering Committee. The MHVC Steering Committee will review and provide recommendations on the proposed SubCommittee charters and structures. The initial set of Subcommittees include: Legal & Compliance; Finance Sustainability; Information Technology; Clinical Quality; and Workforce. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>8. MHVC will work with the MHVC Steering Committee to identify appropriate individuals from among the PPS participants for each SubCommittee in order to ensure adequate representation across the various provider and participant types and geographical regions covered by MHVC. This analysis will also include a review of the organizations that provide services to MHVC attributed members to ensure appropriate representation of same. | Completed | MHVC will work with the MHVC Steering Committee to identify appropriate individuals from among the PPS participants for each SubCommittee in order to ensure adequate representation across the various provider and participant types and geographical regions covered by MHVC. This analysis will also include a review of the organizations that provide services to MHVC attributed members to ensure appropriate representation of same. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>9. The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the Sub-Committees. | Completed | The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the SubCommittees. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>10. MHVC will upload the table of organization for the Sub-Committees to the MHVC website to be available to all PPS participants. | Completed | MHVC will upload the table of organization for the SubCommittees to the MHVC members-only website to be available to all PPS participants. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #2**<br>Establish a clinical governance structure, | Completed | This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| including clinical quality committees for each DSRIP project | | | | | | | | | |
| **Task**<br>1. Establish a charter for the Clinical Quality Sub-Committee. This Subcommittee will be charged with:<br><br>• Developing and recommending to MHVC partners clinical quality standards and measurements, and the clinical care management process itself, including the use of evidence based pathways and compliance with care standards;<br>• Monitoring the metrics relating to the standards of clinical care delivery (structures, processes and outcomes), which need to be met or exceeded to accomplish DSRIP goals and objectives (i.e. translating the overall DSRIP goals into actionable steps and outcomes for the PPS);<br>• Within the project areas selected, determining and recommending, based upon the clinical performance evaluation process, areas of care delivery that should be the focus of improvement efforts<br><br>The SubCommittee will develop workgroups that address specific projects; including a workgroup that focuses on care management / coordination for Domain 2 projects and a workgroup that focuses on system and practice transformation to support Domain 3 projects. Domain 4 projects will be supported as part of a collaboration between MHVC and overlapping PPSs. | Completed | Establish a charter for the Clincial Quality SubCommittee. This Subcommittee will be charged with:<br><br>• Developing and recommending to MHVC partners clinical quality standards and measurements, and the clinical care management process itself, including the use of evidence based pathways and compliance with care standards;<br>• Monitoring the metrics relating to the standards of clinical care delivery (structures, processes and outcomes), which need to be met or exceeded to accomplish DSRIP goals and objectives (i.e. translating the overall DSRIP goals into actionable steps and outcomes for the PPS);<br>• Within the project areas selected, determining and recommending, based upon the clinical performance evaluation process, areas of care delivery that should be the focus of improvement efforts<br><br>The SubCommittee will develop workgroups that address specific projects; including a workgroup that focuses on care management / coordination for Domain 2 projects and a workgroup that focuses on system and practice transformation to support Domain 3 projects. Domain 4 projects will be supported as part of a collaboration between MHVC and overlapping PPSs. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Develop a roster of proposed members of the | Completed | Develop a roster of proposed members of the Clinical Quality Committee based on a review of the utilization patterns of the | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Clinical Quality Sub-Committee based on a review of the utilization patterns of the MHVC members, to ensure appropriate representation by service type and geography. | | MHVC members, to ensure appropriate representation by service type and geography. | | | | | | | |
| **Task**<br>3. Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in. | Completed | Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>4. Additional workgroups for relevant selected project areas will be created and established as required on specific issues. | Completed | Additional workgroups for relevant selected project areas will be created and established as required on specific issues. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #3**<br>Finalize bylaws and policies or Committee Guidelines where applicable | Completed | This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| **Task**<br>1. Develop a set of Governance Bylaws for the MHVC Steering Committee that includes specific provisions for conflict resolution, and which defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee. | Completed | Develop a set of Governance Bylaws for the MHVC Steering Committee that includes specific provisions for conflict resolution, and which defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Review Governance Bylaws with Steering Committee members to obtain their feedback and modify document to ensure consensus and engagement of Committee members. | Completed | Review Governance Bylaws with Steering Committee members to obtain their feedback and modify document to ensure consensus and engagement of Committee members. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>3. Upload MHVC Steering Committee Governance Bylaws to MHVC website. | Completed | Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Milestone #4**<br>Establish governance structure reporting and monitoring processes | Completed | This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>1. Establish a regular schedule for the Steering Committee and Sub-Committees. | Completed | Establish a regular schedule for the Steering Committee and SubCommittees. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Select a performance management system that includes customizable dashboards and performance management reports to ensure concise and timely feedback to the Steering Committee and SubCommittees. | Completed | Select a performance management system that includes customizable dashboards and performance management reports to ensure concise and timely feedback to the Steering Committee and SubCommittees. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>3. Deploy Performance Logic (performance management system) to ensure bi-directional communication that tracks progress of each project as well as organizational workstream initiatives. | Completed | Deploy Performance Logic (performance management system) to ensure bi-directional communication that tracks progress of each project as well as organizational workstream initiatives. | 08/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>4. Develop bidirectional reporting tools to collect and report on partner activity. Develop training modules to facilitate rapid deployment of tools, and ensure alignment with program reporting expectations. | Completed | Develop bidirectional reporting tools to collect and report on partner activity. Develop training modules to facilitate rapid deployment of tools, and ensure alignment with program reporting expectations. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #5**<br>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 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>1. Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform. | Completed | Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Populate tool and align with Performance Management Platform to ensure efficient reporting of program activities by partners actively engaged in the deployment of projects, as well as the broader MHVC partner community regarding updates on project activities. | On Hold | Populate tool and align with Performance Management Platform to ensure efficient reporting of program activities by partners actively engaged in the deployment of projects, as well as the broader MHVC partner community regarding updates on project activities. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>3. Engage MHVC Steering Committee and Sub-Committees in the creation of a communication strategy via informational interviews, proceedings of committee meetings, and both formal and informal discussions with key stakeholders. Strategy to include:<br>(1) Overarching communications on PPS and partners<br>(2) DSRIP general education communications<br>(3) Project-specific education for targeted health conditions<br>(4) Project-specific education for workforce realignment strategies. | On Hold | Engage Steering Committee and SubCommittees in the creation of a communication strategy via informational interviews, proceedings of committee meetings, and both formal and informal discussions with key stakeholders. Strategy to include:<br>(1) Overarching communications on PPS and partners<br>(2) DSRIP general education communications<br>(3) Project-specific education for targeted health conditions<br>(4) Project-specific education for workforce realignment strategies. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Use listing of CBOs taken from community health needs assessment to identify contact list of key stakeholders. | In Progress | Use listing of CBOs taken from community health needs assessment to identify contact list of key stakeholders. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Conduct informational interviews with CBO's and LGU's across the service area to obtain feedback on existing coalitions and community forums, priorities for engagement activities, and best practices within the region to leverage within project design. | On Hold | Conduct informational interviews with CBO's and LGU's across the service area to obtain feedback on existing coalitions and community forums, priorities for engagement activities, and best practices within the region to leverage within project design. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1. | Completed | Define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>7. Develop targeted key messaging for each project in concert with Partner Project Leads. | On Hold | Develop targeted key messaging for each project in concert with Partner Project Leads. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>8. Develop plan for meetings between MHVC and key community stakeholders, to deliver and receive feedback from stakeholders on messaging. | On Hold | Develop plan for meetings between MHVC and key community stakeholders, to deliver and receive feedback from stakeholders on messaging. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>9. Develop plan for periodic town hall style meetings to inform stakeholders on DSRIP implementation process and to receive feedback; use the locations of centrally accessible stakeholders of varying provider types (hospitals, FQHC's, BH centers, CBOs, FBOs, schools). | On Hold | Develop plan for periodic town hall style meetings to inform stakeholders on DSRIP implementation process and to receive feedback; use the locations of centrally accessible stakeholders of varying provider types (hospitals, FQHC's, BH centers, CBOs, FBOs, schools). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>10. Through MHVC PPS members-only website, initiate a feedback mechanism for public feedback on the implementation of DSRIP projects. | On Hold | Through MHVC PPS members-only website, initiate a feedback mechanism for public feedback on the implementation of DSRIP projects. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #6**<br>Finalize partnership agreements or contracts with CBOs | On Hold | Signed CBO partnership agreements or contracts. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |
| **Task**<br>1. Provide consistent feedback to Steering Committee on the role that CBOs are playing in the development of projects, the scope of their participation, and best practices to utilize in the engagement of CBOs as contracted partners within MHVC. | On Hold | Provide consistent feedback to Steering Committee on the role that CBOs are playing in the development of projects, the scope of their participation, and best practices to utilize in the engagement of CBOs as contracted partners within MHVC. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Define role of CBO representatives within the MHVC governance structure (see section on inclusion of CBOs below). | On Hold | Define role of CBO representatives within the MHVC governance structure (see section on inclusion of CBOs below). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Distribute the form of agreement and educational materials to PPS participants, including CBOs, and make such materials available to PPS participants on the MHVC members-only website. | On Hold | Distribute the form of agreement and educational materials to PPS participants, including CBOs, and make such materials available to PPS participants on the MHVC members-only website. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>4. Collect executed agreements including a letter of intent regarding partner project participation and related follow up. Notify PPS participants of completion of contracting and provide a list of each participant via the MHVC members only website. | On Hold | 4. Collect executed agreements including a letter of intent regarding partner project participation and related follow up. Notify PPS participants of completion of contracting and provide a list of each participant via the MHVC members only website. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #7**<br>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 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>1. Identify relevant public sector agencies in the Hudson Valley Region | In Progress | Identify relevant public sector agencies in the Hudson Valley Region | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>2. Develop a set of core goals for the participation of public sector agencies, based on the sector that they serve, alignment with project design, and identified member needs. | In Progress | Develop a set of core goals for the participation of public sector agencies, based on the sector that they serve, alignment with project design, and identified member needs. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>3. Identify possible participants to engage from relevant agencies, and engagement strategy for each | On Hold | Identify possible participants to engage from relevant agencies, and engagement strategy for each | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Through informational interviews with pubic sector agencies, create a mutually acceptable set of roles and responsibilities for MHVC and the public sector agencies that align with performance goals of each project and identified community need. | On Hold | Through informational interviews with pubic sector agencies, create a mutually acceptable set of roles and responsibilities for MHVC and the public sector agencies that align with performance goals of each project and identified community need. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Integrate defined goals, roles and responsibilities into an engagement/coordination plan for public sector agencies. Solicit feedback from MHVC Steering Committee. | On Hold | Integrate defined goals, roles and responsibilities into an engagement/coordination plan for public sector agencies. Solicit feedback from MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>6. Discuss and finalize engagement/coordination plan with relevant agencies and local governments. | On Hold | Discuss and finalize engagement/coordination plan with relevant agencies and local governments. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #8**<br>Finalize workforce communication and engagement plan | On Hold | 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 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |
| **Task**<br>1. Engage Workforce Sub-Committee and Clinical Quality Sub-Committee in the development of a workforce communications and engagement plan - when selecting our partners to participate in subcommittees we will request that they include staff members from various levels of their programs - we will also request that labor union representatives be included on subcommittees | On Hold | Engage workforce and clinical subcommittees in the development of a workforce communications and engagement plan - when selecting our partners to participate in subcommittees we will request that they include staff members from various levels of their programs - we will also request that labor union representatives be included on subcommittees | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Outline overarching MHVC strategy for workforce communication and engagement, including audience segmentation, messaging, tactics, time-frame, and resources. | On Hold | Outline overarching MHVC strategy for workforce communication and engagement, including audience segmentation, messaging, tactics, timeframe, and resources. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Identify appropriate marketing/communications channels and integrate into the audience and messages/campaign matrix; ensure that channels and processes are developed for interactive communication. | On Hold | Identify appropriate marketing/communications channels and integrate into the audience and messages/campaign matrix; ensure that channels and processes are developed for interactive communication. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Develop staffing and resource plan for implementation of MHVC workforce communication and engagement plan. | On Hold | Develop staffing and resource plan for implementation of MHVC workforce communication and engagement plan. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Workforce communication and engagement plan to be presented to MHVC Steering Committee for recommendations and validation. | On Hold | Workforce communication and engagement plan to be presented to MHVC Steering Committee for recommendations and validation. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

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## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #9**<br>Inclusion of CBOs in PPS Implementation. | On Hold | 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 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |
| **Task**<br>1. Identify key CBO stakeholders through engagement with MHVC Steering Committee members. | On Hold | 4. Identify communication channels for sharing information and resources with CBOs. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Ensure inclusion of those identified key CBO entities within project planning workgroups, (and other organizational work groups.) | On Hold | 3. Develop opportunities for CBO involvement and participation in MHVC governance structure. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Develop opportunities for CBO involvement and participation in MHVC governance structure. | On Hold | 2. Ensure inclusion of those identified key CBO entities within project planning workgroups, (and other organizational work groups.) | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Identify communication channels for sharing information and resources with CBOs. | On Hold | 1. Identify key CBO stakeholders through engagement with MHVC Steering Committee members. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## IA Instructions / Quarterly Update

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

## Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Finalize governance structure and sub-committee structure | mripa123 | Meeting Materials | 19_MDL0203_1_3_20160202121029_GovernanceMeetingTemplate_DY1Q3.xlsx | Meetings Template | 02/02/2016 12:10 PM |
| Establish a clinical governance structure, including clinical quality committees for each | mripa123 | Other | 19_MDL0203_1_3_20160315142614_Clinical_Governance_Committees_Template_.xlsx | CLinical Governance Template | 03/15/2016 02:26 PM |

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

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| DSRIP project | mripa123 | Meeting Materials | 19_MDL0203_1_3_20160202121544_Meeting_Schedule-_Medical_Village_Workgroup.xlsx | Medical Village | 02/02/2016 12:15 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129145851_Meeting_Schedule-_Asthma_Workgroup.xlsx | Asthma | 01/29/2016 02:58 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129145818_Meeting_Schedule-_Cardio_Workgroup.xlsx | Cardiovascular | 01/29/2016 02:58 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129145736_Meeting_Schedule-_Behavioral_Health_Crisis_Stabilization_Workgroup.xlsx | BH Crisis | 01/29/2016 02:57 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129145702_Meeting_Schedule-_Tobacco_Cessation_&_Cancer_Screening_Workgroup.xlsx | Tobacco | 01/29/2016 02:57 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129145602_Meeting_Schedule-_Health_Home_at_Risk_Workgroup.xlsx | HH at Risk | 01/29/2016 02:56 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129144035_Meeting_Schedule-_Clinical_Quality_Subcommittee.xlsx | CLiClinical Quality Sub-Committee meeting Template. | 01/29/2016 02:40 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160129143931_Clinical_Quality_Subcommittee_Governance_Structure.pptx | Overview of Governance Structure | 01/29/2016 02:39 PM |
| Establish governance structure reporting and monitoring processes | mripa123 | Other | 19_MDL0203_1_3_20160316180906_MHVCSub-CommitteeMembersandRoles.xlsx | Steering and Sub-Committee Membership | 03/16/2016 06:09 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160316180820_Steering_Committee_By-Laws_and_Subcommittee_Charters.pdf | Charters and bylaws | 03/16/2016 06:08 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160316180501_MHVCGovernanceReporting&Monitoring031616Mr.pdf | Remediated Governance Reporting & Monitoring Document | 03/16/2016 06:05 PM |
| | mripa123 | Other | 19_MDL0203_1_3_20160202122512_Governance_Reporting_Structure_DY1_Q3.docx | Governance Reporting Structure | 02/02/2016 12:25 PM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize governance structure and sub-committee structure | NO |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | In DSRIP Year 1, Quarter 3 the Montefiore Hudson Valley Collaborative (MHVC) finalized our Clinical Quality Subcommittee Governance structure as outlined in the uploaded ppt. Our project specific workgroups report up to our Clinical Quality Subcommittee which in turn reports up to our Leadership Steering Committee. |

# New York State Department Of Health
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### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| | In addition we have cross PPS collaborative workgroups with our sister PPSs (Refuah and WMC). The cross PPS Hudson Region DSRIP Public Health Council forms the foundation for convening our Domain 4 Project workgroups (Tobacco Cessation (4bi) and Cancer Prevention (4bii).<br><br>The Hudson Region DSRIP BH Leadership Group collaboratively engages LGU's and BH providers for our Crisis Stabilization in the community project (3aii) and our Cross PPS Hudson Region DSRIP Clinical Quality Council collaborates across PPSs to ensure alignment on "patient engagement definitions, reporting requirements and evidence based guidelines for shared partners in shared projects. |
| Finalize bylaws and policies or Committee Guidelines where applicable | |
| Establish governance structure reporting and monitoring processes | MHVC has a established a process for monitoring performance of both PPS and partner performance. The mechanism and frequency are detailed in the attached document. |
| 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. | |

### Milestone Review Status

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

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### Milestone Review Status

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

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### IPQR Module 2.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

## 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.

First, there is the risk that the PPS committees will not have (1) appropriate representation; (2) active engagement; or (3) appropriate expertise. All of these will be required for the successful functioning of the PPS governing structure, to ensure that PPS-wide decisions made by the governing bodies reflect the interests of different partner types and geographies. To mitigate this risk, we will identify appropriate representatives of key constituent groups and also select individuals who will commit to being actively engaged in the governance process. In addition, the MHVC Executive Director and team will need to monitor attendance at committee meetings and review minutes to ensure continued and meaningful involvement of committee members. Where appropriate, they will need to recommend changes to the composition of the committees. The By-Laws for the MHVC Steering Committee and each of its sub-committees will need to contain provisions that allow for the replacement of members and establish the criteria for such actions. Finally, we will need clear selection criteria to ensure relevant expertise on committees, particularly for subcommittees. For example, IT professionals with requisite years of experience in healthcare IT management systems as well as administrative experience should be added to the Information Technology Infrastructure subcommittee.

Second, there is the risk that partners and other stakeholders (e.g., vendors, labor groups) that are not involved in governance will resist changes being made across the PPS. To address this, the partner support team will develop a comprehensive engagement and communication strategy, which will involve a tailored approach for different stakeholder types and geographies. Change management support will be an integral part in all program development.

Third, there is the risk that challenges associated with other workstreams could impact the effective governance of the PPS. For example, if partners are not receiving sufficient funds to fully implement a project, they may not feel they have proper incentives to change behaviors. In this event, we will work with partners to identify alternative sources of funding, as well as educate them on the financial gains that will result from a shift to value based arrangements.

Fourth, there is the risk that our PPS fails to include a potentially crucial CBO / FBO, which could be critical in facilitating access to a particular population or set of stakeholders. We will mitigate this risk by regularly reminding local partners to stay up- to-date on local organizations, and to inform us of groups in their communities that could be an asset to the PPS. Further, there is the risk of transportation challenges that could prevent community stakeholders from attending meetings or forums. In order to mitigate this risk, we will work to include web-based meetings, teleconferences, and the sharing of materials online to make sure transportation issues don't prevent us with engaging critical community members.

Lastly, MHVC is in the process of revising our approach to regional governance and engagement structures. In our original DSRIP Organizational Application we referred to a number of Regional PACs that would fill this role. However, we are now moving towards a project-based approach that will support strong regional communication and engagement. MHVC will be actively involved in the Hudson Valley PHIP. This will be an important aspect of our regional planning, as will the series of regional engagement events that we are running in the first half of DY1.

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### 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.)

Once the MHVC Steering Committee and the various work groups are fully formed and operational, their ability to carry out their governance and oversight responsibilities will be dependent on the quality of the information provided to them. Key to obtaining good useful data will be the quality of the IT infrastructure put in place, the expertise of and level of support provided by the PPS management team, and the active participation of the PPS members in the various DSRIP projects, including, but not limited to, their compliance with the reporting requirements of each project.

The community engagement plan will have interdependencies with legal (contracting with CBOs), marketing (message construction and delivery), public relations (integrated promotion and communication with print and electronic media), practitioner engagement (involvement of practitioners in efforts), and IT (data sharing)

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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 |
|---|---|---|
| Executive Director | Allison McGuire, MHVC | Lead compliance activities; draft and implement compliance plan |
| Chief Compliance Officer | Deborah Brown, JD, MHVC | DSRIP lead on compliance activities, e.g., financial compliance and contracts |

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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** | | |
| Partner organizations (including those not represented on MHVC Steering Committee) | Network partners | Input into PPS governance approach; communication of local needs and resources to PPS |
| MHVC Steering Committee | Representatives from MHVC partner organizations | Work with DSRIP office on governance activities; make recommendations on work group members |
| Legal and Compliance Committee | Representatives from MHVC Steering Committee organizations, with legal expertise | Input on legal and compliance activities (e.g., contracts) |
| Christopher Panczner, Montefiore SVP & General Counsel | Montefiore SVP & General Counsel | Input into planning and implementation of governance activities |
| **External Stakeholders** | | |
| Local public health infrastructure (e.g., Hudson valley regional health officers network, public health nurses) | Community stakeholders | Input into community engagement plan |
| Non-partner providers and community organizations | Community stakeholders | Input into community engagement plan |

### 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.

Shared IT infrastructure is needed to facilitate the governance of the PPS network. This includes platforms not only to manage all network data, but also to ensure the data is sufficiently complete to allow PPS workgroups to make appropriate decisions. IT systems will need to be robust enough to facilitate tracking against all milestones while capturing the data elements needed to achieve the milestones. The IT infrastructure will also need the functionality to facilitate communication on multiple levels across the PPS. This includes outgoing communication, job boards, posting of committee documents, as well as incoming issues and/or community concerns. The IT systems will need to aligned with the final governance structure and be flexible enough to adapt to changes in this structure as needed.

### IPQR Module 2.8 - Progress Reporting

**Instructions :**

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

Success of the governance work stream will be measured against the timely achievement of the creation of the structures (e.g., MHVC Steering Committee) the development of charters and adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow MHVC to begin operating as a PPS. Additionally, success will be measured by the establishment of the performance management system that will manage and analyze data from all participating partners (including data collection, analyses and reporting) to support effective and efficient decision-making. For example, the Clinical committee will rely on the performance management systems capturing data regarding achievement of PCMH Level 3 requirements across the PPS network providers, integration of behavioral health with primary care, compliance with evidence-based medicine asthma, cardiovascular protocols, and ultimately with the impact on strategic program goals (e.g., reduced rates of avoidable ED visits).

### IPQR Module 2.9 - IA Monitoring

**Instructions :**

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## Section 03 – Financial Stability

### IPQR Module 3.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Finalize PPS finance structure, including reporting structure | Completed | This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task** 1. Establish the financial structure of the PPS including the finance functions within Montefiore, within the MHVC central office and the Finance & Sustainability SubCommittee, a leadership team composed of financial leadership from partner organizations. | Completed | Establish the financial structure of the PPS including the finance functions within Montefiore, within the MHVC central office and the Finance & Sustainability SubCommittee, a leadership team composed of financial leadership from partner organizations. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 2. Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee. | Completed | Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 3. Develop PPS organization chart, establish clear reporting lines, and develop a regular schedule of Finance & Sustainability SubCommittee meetings. | Completed | Develop PPS organization chart, establish clear reporting lines, and develop a regular schedule of Finance & Sustainability SubCommittee meetings. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 4. Obtain validation and recommendations for the roles and responsibilities and organizational chart from the MHVC Finance & Sustainability SubCommittee, the MHVC Steering Committee and Montefiore Executive Leadership. | Completed | Obtain validation and recommendations for the roles and responsibilities and organizational chart from the MHVC Finance & Sustainability SubCommittee, the MHVC Steering Committee and Montefiore Executive Leadership. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | Develop reporting formats and Accounts payable policies to | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 5. Develop reporting formats and Accounts payable policies to emphasize (a) internal controls, (b) intelligent, flexible reporting formats and (c) coding discipline to allow for tend analysis, drill downs and alignment with program goals and metrics. Develop training programs to ensure appropriate training for MHVC partners on all relevant elements of program design and oversight. | | emphasize (a) internal controls, (b) intelligent, flexible reporting formats and (c) coding discipline to allow for tend analysis, drill downs and alignment with program goals and metrics. Develop training programs to ensure appropriate training for MHVC partners on all relevant elements of program design and oversight. | | | | | | | |
| **Task**<br>6. Work with MHVC Compliance Officer and MHVC IT Director to develop policies (including audits) to support data integrity efforts. | Completed | Work with MHVC Compliance Officer and MHVC IT Director to develop policies (including audits) to support data integrity efforts. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>7. Present finance structure to Montefiore (PPS Lead) Board for sign off. | Completed | Present finance structure to Montefiore (PPS Lead) Board for sign off. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2**<br>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:<br>- identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers;<br>-- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio;<br>-- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers | 04/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| **Task**<br>1. Work with the leadership team of VAPAP hospitals to develop their VAPAP multi-year transformation plan to ensure that it represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's MHVC goals. | Completed | Work with the leadership team of VAPAP hospitals to develop their VAPAP multi-year transformation plan to ensure that it represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's MHVC goals. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** | Completed | Design survey, with input from Finance and Sustainability | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 2. Design survey, with input from Finance and Sustainability SubCommittee, to assess partners' financial health, identify fragile partners, including an assessment of VAPAP status, financial indicators (e.g., days cash on hand, debt ratio, operating margin and current ratio), estimation of DSRIP support, value-based arrangement in place, and sources of funding beyond. Present partner survey to the MHVC Steering Committee for comments and recommendations. | | SubCommittee, to assess partners' financial health, identify fragile partners, including an assessment of VAPAP status, financial indicators (e.g., days cash on hand, debt ratio, operating margin and current ratio), estimation of DSRIP support, value-based arrangement in place, and sources of funding beyond. Present partner survey to the MHVC Steering Committee for comments and recommendations. | | | | | | | |
| **Task**<br>3. Launch survey and analyze results to develop report on current state assessment of PPS and a "Financial Stability Plan" to address key PPS financial issues identified in the survey. | Not Started | Launch survey and analyze results to develop report on current state assessment of PPS and a "Financial Stability Plan" to address key PPS financial issues identified in the survey. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee. | In Progress | Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Define mechanism to update financial health current state assessment and "Financial Stability Plan" routinely based on the recommendations from MHVC Steering Committee and Finance and Sustainability SubCommittee. | Not Started | Define mechanism to update financial health current state assessment and "Financial Stability Plan" routinely based on the recommendations from MHVC Steering Committee and Finance and Sustainability SubCommittee. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>6. Finalize network financial health current state assessment | Not Started | Finalize network financial health current state assessment | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>7. Using survey data, develop list of fragile providers with poor financial indicators that are at-risk of failing to complete DSRIP project requirements. | Not Started | Using survey data, develop list of fragile providers with poor financial indicators that are at-risk of failing to complete DSRIP project requirements. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>8. Develop "Distressed Provider Plan" for monitoring and engaging with fragile providers, obtain recommendations for plan from the | Not Started | Develop "Distressed Provider Plan" for monitoring and engaging with fragile providers, obtain recommendations for plan from the Finance and Sustainability SubCommittee and MHVC Steering Committee, including the frequency of | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Finance and Sustainability SubCommittee and MHVC Steering Committee, including the frequency of monitoring financially fragile MHVC partners and steps to optimize intervention strategies. | | monitoring financially fragile MHVC partners and steps to optimize intervention strategies. | | | | | | | |
| **Task**<br>9. As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan." | Not Started | As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan." | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>10. Conduct network wide survey at a minimum annually or at a frequency defined by the recommendations of the Finance and Sustainability Subcommittee, the MHVC Steering Committee and the PPS Lead (Montefiore). | Not Started | Conduct network wide survey at a minimum annually or at a frequency defined by the recommendations of the Finance and Sustainability Subcommittee, the MHVC Steering Committee and the PPS Lead (Montefiore). | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>11. Finalize financial sustainability strategy to address key issues. | Not Started | Finalize financial sustainability strategy to address key issues. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #3**<br>Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Completed | This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead). | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task**<br>1. Amend the Montefiore Medical Center (MMC) Corporate Compliance Plan to address special considerations related to Montefiore's role as the PPS lead making Medicaid payments to network partners in connection to DSRIP project implementation and performance and ensuring dedication of resources that will assist in preventing and identifying Medicaid payment discrepancies related to DSRIP payments. | Completed | Amend the Montefiore Medical Center (MMC) Corporate Compliance Plan to address special considerations related to Montefiore's role as the PPS lead making Medicaid payments to network partners in connection to DSRIP project implementation and performance and ensuring dedication of resources that will assist in preventing and identifying Medicaid payment discrepancies related to DSRIP payments. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>2. Identify and designate an employee to serve as the DSRIP Compliance Officer who will have day-to-day responsibility for the operation of the DSRIP compliance program, including the activities of Montefiore Hudson Valley | Completed | Identify and designate an employee to serve as the DSRIP Compliance Officer who will have day-to-day responsibility for the operation of the DSRIP compliance program, including the activities of Montefiore Hudson Valley Collaborative, LLC (MHVC), Montefiore Medical Center's (MMC) wholly-owned administrator for DSRIP, consistent with the MMC compliance | 04/01/2015 | 06/30/2015 | 04/01/2015 | 06/30/2015 | 06/30/2015 | DY1 Q1 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Collaborative, LLC (MHVC), Montefiore Medical Center's (MMC) wholly-owned administrator for DSRIP, consistent with the MMC compliance program. The MHVC compliance officer will report to Montefiore Executive Leadership (Lynn Richmond, EVP), the Montefiore Chief Compliance Officer, and the MHVC Executive Director. The MHVC Complaince Officer shall provide regular reports on the DSRIP compliance program to the MHVC Legal and Compliance Subcommittee and the MHVC Steering Committee. The Montefiore Chief Compliance Officer will report on the activities of the MHVC Compliance Program to the Montefiore Compliance Committee of the Board of Trustees. Reports will include compliance program issues identified in connection with the distribution and use of DSRIP funds. | | program. The MHVC compliance officer will report to Montefiore Executive Leadership (Lynn Richmond, EVP), the Montefiore Chief Compliance Officer, and the MHVC Executive Director. The MHVC Complaince Officer shall provide regular reports on the DSRIP compliance program to the MHVC Legal and Compliance Subcommittee and the MHVC Steering Committee. The Montefiore Chief Compliance Officer will report on the activities of the MHVC Compliance Program to the Montefiore Compliance Committee of the Board of Trustees. Reports will include compliance program issues identified in connection with the distribution and use of DSRIP funds. | | | | | | |
| **Task**<br>3. The MHVC Compliance Officer will work with the MHVC Executive Director, and the Montefiore Chief Compliance Officer to develop and implement a compliance plan to ensure that funds distributed as part of the DSRIP program are not connected with fraud, waste or abuse. | Completed | The MHVC Compliance Officer will work with the MHVC Executive Director, and the Montefiore Chief Compliance Officer to develop and implement a compliance plan to ensure that funds distributed as part of the DSRIP program are not connected with fraud, waste or abuse. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>4. MMC's established compliance program maintains policies and procedures in accordance with SSL 363(d) and other compliance requirements; policies and procedures will be updated to describe compliance expectations related to potential compliance issues involving DSRIP funds. Among other considerations, policies and procedures will identify how to communicate DSRIP-related compliance issues identified by performing providers to the MHVC Compliance Officer. | Completed | MMC's established compliance program maintains policies and procedures in accordance with SSL 363(d) and other compliance requirements; policies and procedures will be updated to describe compliance expectations related to potential compliance issues involving DSRIP funds. Among other considerations, policies and procedures will identify how to communicate DSRIP-related compliance issues identified by performing providers to the MHVC Compliance Officer. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>5. MHVC will develop a process to confirm that training and education on compliance expectations related to the DSRIP program is provided at each performing provider to all affected employees and persons associated with performing providers, pursuant to OMIG guidance. Such training and education may include defining performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds. | Completed | MHVC will develop a process to confirm that training and education on compliance expectations related to the DSRIP program is provided at each performing provider to all affected employees and persons associated with performing providers, pursuant to OMIG guidance. Such training and education may include defining performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>6. MHVC will establish a process of reporting DSRIP-related compliance issues to the MHVC Compliance Officer, which will include an anonymous and confidential method of reporting. | Completed | MHVC will establish a process of reporting DSRIP-related compliance issues to the MHVC Compliance Officer, which will include an anonymous and confidential method of reporting. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>7. MMC maintains disciplinary policies and procedures to encourage good faith participation in the compliance program by "all affected individuals"; disciplinary policies and procedures will be updated to include performing providers within the scope of "all affected individuals." | Completed | MMC maintains disciplinary policies and procedures to encourage good faith participation in the compliance program by "all affected individuals"; disciplinary policies and procedures will be updated to include performing providers within the scope of "all affected individuals." | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>8. MHVC will develop and implement a system for routine identification of compliance risk areas related to the distribution and use of DSRIP funds during the current phase of the DSRIP program. | Completed | 8. MHVC will develop and implement a system for routine identification of compliance risk areas related to the distribution and use of DSRIP funds during the current phase of the DSRIP program. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>9. MMC maintains a system for responding to compliance issues that are raised, as well as methods for prompt corrective action and refunding over payments where appropriate. MHVC will update the existing systems to include responding to DSRIP-related compliance issues, including misuse of DSRIP funds and false | Completed | MMC maintains a system for responding to compliance issues that are raised, as well as methods for prompt corrective action and refunding over payments where appropriate. MHVC will update the existing systems to include responding to DSRIP-related compliance issues, including misuse of DSRIP funds and false representations to obtain DSRIP funds, among other potential issues, and will establish a process to provide support to performing providers in | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| representations to obtain DSRIP funds, among other potential issues, and will establish a process to provide support to performing providers in connection with this requirement. | | connection with this requirement. | | | | | | | |
| **Task**<br>10. MMC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program in accordance with federal and state requirements. MHVC will establish a process to provide support to performing providers in connection with these requirements. | Completed | MMC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program in accordance with federal and state requirements. MHVC will establish a process to provide support to performing providers in connection with these requirements. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #4**<br>Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | In Progress | This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board | 04/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| **Task**<br>1. Develop education and communication plan and materials for partners to enhance understanding of value based arrangements including risk sharing, contracting options and estimates of total opportunity. | In Progress | Develop education and communication plan and materials for partners to enhance understanding of value based arrangements including risk sharing, contracting options and estimates of total opportunity. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>2. Engage PPS partners with education and communication plan in an effort to coordinate the shift towards value based arrangements. | In Progress | Engage PPS partners with education and communication plan in an effort to coordinate the shift towards value based arrangements. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>3. Conduct survey of partners' existing readiness to participate in VBP and the level of their current involvement in VBP. | In Progress | Conduct survey of partners' existing readiness to participate in VBP and the level of their current involvement in VBP. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. Compile survey results into a report on the PPS baseline assessment of value based arrangements, and recommendations for approaches to improve the readiness of partners to participate effectively in VBP. | Not Started | Compile survey results into a report on the PPS baseline assessment of value based arrangements, and recommendations for approaches to improve the readiness of partners to participate effectively in VBP. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>5. Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC. | In Progress | Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>6. Building off of Montefiore's existing experience with VBP and the findings of the survey of partners, estimate the potential VBP revenues by source and utilize in the creation / refinement of an outreach strategy to the MCO's in the region. | Not Started | Building off of Montefiore's existing experience with VBP and the findings of the survey of partners, estimate the potential VBP revenues by source and utilize in the creation / refinement of an outreach strategy to the MCO's in the region. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>7. Compile survey results, including an overview of partner readiness, opportunities for training and programmatic enhancements to partner infrastructure to support VBP; estimate of potential VBP revenues by source, and overview of current MCO landscape to the Finance and Sustainability SubCommittee and MHVC Steering Committee. | Not Started | Compile survey results, including an overview of partner readiness, opportunities for training and programmatic enhancements to partner infrastructure to support VBP; estimate of potential VBP revenues by source, and overview of current MCO landscape to the Finance and Sustainability SubCommittee and MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>8. Engage Finance and Sustainability SubCommittee and MHVC Steering Committee to develop the roles and responsibilities of the PPS lead in coordinating the transition to value-based payments. | Not Started | Engage Finance and Sustainability SubCommittee and MHVC Steering Committee to develop the roles and responsibilities of the PPS lead in coordinating the transition to value-based payments. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>9. Obtain Finance and Sustainability Subcommittee and MHVC Committee recommendations for central role in coordination. | On Hold | Obtain Finance and Sustainability Subcommittee and MHVC Committee recommendations for central role in coordination. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #5**<br>Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Not Started | This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board | 04/01/2015 | 03/31/2020 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | YES |
| **Task**<br>1. Build on baseline assessment to identify key PPS provider partners and MCOs to drive transition to value-based payments. | On Hold | Build on baseline assessment to identify key PPS provider partners and MCOs to drive transition to value-based payments. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. Work closely with identified partners to develop a plan to achieve 90% value-based payments across network. | On Hold | Work closely with identified partners to develop a plan to achieve 90% value-based payments across network. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 3. Communicate and collect feedback on plan with Finance and Sustainability SubCommittee and MHVC Steering Committee. | On Hold | Communicate and collect feedback on plan with Finance and Sustainability SubCommittee and MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 4. Hold meetings with key MCO partners and key partners to discuss plan and potential shared savings arrangements. | On Hold | Hold meetings with key MCO partners and key partners to discuss plan and potential shared savings arrangements. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 5. Collectively audit and review plan with PPS partners. | On Hold | Collectively audit and review plan with PPS partners. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 6. Develop and finalize IPA structure. | On Hold | Develop and finalize IPA structure. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 7. Develop and finalize IPA structure. | On Hold | Develop and finalize IPA structure. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 8. Revise and finalize plan. | On Hold | Revise and finalize plan. | 04/01/2015 | 03/31/2020 | 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 | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| **Milestone #7** Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| **Milestone #8** >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | On Hold | | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Finalize PPS finance structure, including reporting structure | mripa123 | Other | 19_MDL0303_1_3_20160202151821_Finance_Sub_Meeting_schedule_template.xlsx | Meeting Template | 02/02/2016 03:18 PM |
| | mripa123 | Other | 19_MDL0303_1_3_20160202151720_charter_finance.pdf | Finance Sub-Committee Charter | 02/02/2016 03:17 PM |
| | mripa123 | Other | 19_MDL0303_1_3_20160202151624_MHVC_Officer's_Certificate_attestation_DY1_Q3.pdf | Officer's Certificate | 02/02/2016 03:16 PM |
| | mripa123 | Other | 19_MDL0303_1_3_20160202151524_MHVCTable of_Org.pptx | Table of Org | 02/02/2016 03:15 PM |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | mripa123 | Other | 19_MDL0303_1_3_20160202154629_NYS_OMIG_Compliance_Certification_(SSL).pdf | OMIG receipt | 02/02/2016 03:46 PM |
| | mripa123 | Other | 19_MDL0303_1_3_20160202152705_MHVC_Compliance_Plan_FINAL.PDF | Compliance Plan | 02/02/2016 03:27 PM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize PPS finance structure, including reporting structure | Governance Milestone 1<br>Over the course of DSRIP Year 1, Quarter 3 the Montefiore Hudson Valley Collaborative (MHVC) worked diligently with our PPS partners and PPS Board to create a finance structure that carefully considered the expertise of PPS partners, our regional footprint, and the attributed lives for which MHVC is responsible.<br><br>We stood up our Formal Finance and Sustainability Subcommittee on November 11th 2015.<br><br>This structure was formally approved and finalized by the PPS Board on January 4th, 2016 |
| 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. | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | |
| Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | |
| Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | |
| >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

## Montefiore Medical Center (PPS ID:19)

### 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.

Risks:
1) There is risk in balancing the short-term financial health of our at-risk partners with the long term DSRIP plan.
2) The timing and availability of capital funds will impact the PPS project implementation and performance, as certain projects may require up-front capital investments that may not be covered by DSRIP funds (e.g., 2.a.iv - medical village development is capital intensive yet simultaneously key to achieving Domain 2 milestones in DSRIP years 1-3). Further, the timing of funds flows may create cash flow risks, especially with at-risk partners.
3) The total DSRIP funding available may not be sufficient to cover the capital costs of DSRIP projects. There is a risk that the PPS fails to identify alternative sources of funding to complete capital-intensive projects.
4) Funds flow and budget decisions will be made in a fair and equitable manner using claims data and performance attribution. There is a risk that the PPS will not be provided with accurate and granular data sufficient to make funding allocation decisions (e.g., full continuum of clinical information including full cost data for claims and accurate performance attribution per partner in the PPS).
5) For quarterly reports, we may be unable to access data or analytics relevant to specific metrics. In addition, partner organizations may fail to provide timely reporting on progress.
Mitigation strategies:
1) We will mitigate risks to financial sustainability by accelerating the transition to value based payments and by identifying additional sources of transition funding for at-risk partners. We will further manage a list of fragile partners and conduct individual outreach as necessary.
2) We will have clear communication and absolute transparency with partners regarding the funds flow plan and methodology.
3) We will detail partner requirements in order to earn funds flow payments including timely and accurate reporting on progress.
4) We will emphasize communication and education of partners on the transition to value-based payments.

### 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.)

1) Finance will have to work closely with care management in order to manage the transition to value-based payments.
2) Finance will also have to work closely with IT to prioritize development of IT capabilities at partners. Many partners currently do not utilize EHRs and do not have sufficient RHIO connectivity. Improved connectivity and EHR automation is critical for integrating the integrated delivery system and advancing the over-arching goals of DSRIP project 2.a.i.
3) Finance will have to work closely with project Transformation work groups and regional committees in order to assess progress and needs of

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|---|
| individual projects and partners.<br>4) Finance will have to work closely with the Performance Reporting teams to assess whether partners are meeting reporting and performance requirements for funding. |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire / MHVC | Lead DSRIP office on financial sustainability strategy |
| Chief Financial Officer | Bayard King / MHVC | Monitor progress towards DSRIP budget, funds flow, and financial sustainability ( including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking) |
| Finance co-lead and member of Finance and Sustainability Transformation work group | James Sinkoff / MHVC | Support progress and decision making and report progress to MHVC Steering Committees |
| Finance co-lead and member of Finance and Sustainability Transformation work group | Patrick Murphy / MHVC | Support progress and decision making and report progress to MHVC Steering Committees |
| Chief Compliance officer | Deborah Brown, JD / MHVC | Lead on compliance activities |
| Finance and Sustainability transformation work group | Partner organization representatives / MHVC | DSRIP lead on compliance activities, e.g., financial compliance and contracts |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| Senior management at partner organizations (CEO, CFO, board members) | Partner leadership | Provide input as needed on specific issues related to financial sustainability |
| MHVC Steering Committee, Sub-Committees and Workgroups | Responsible for providing advisory services | Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System |
| Joel Perlman, CFO, Montefiore | Montefiore CFO | Support progress and decision making and report progress to MHVC Steering Committees |
| David Menashy, AVP Finance, Montefiore | Montefiore AVP Finance | Support progress and decision making and report progress to MHVC Steering Committees |
| **External Stakeholders** | | |
| MCOs | Critical partner in transition to value based arrangements | Input / support for design of Value-based contracts |
| DOH | Consulted as needed for specific decisions related to financial sustainability | Input and support as needed |
| Community and local government leadership | Consulted as needed for specific decisions | Input and support as needed |
| Labor groups | Consulted as needed for specific decisions | Input and support as needed |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

Shared IT infrastructure must be secure and compliant to manage financial sustainability across the PPS. To achieve financial sustainability across our partners, we will require access to data related to project performance, as well as an understanding of partner financial performance. This means there is a dependency between financial sustainability needs and a robust performance reporting system. The reporting technology will allow the PPS to merge claims with cost data to support value-based agreements, together with care management strategies (requiring population health / care coordination management technologies). The performance reporting system will support both the partners and the PPS's finance team.

### IPQR Module 3.8 - Progress Reporting

**Instructions :**

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

Success in this workstream will be defined as progress towards the process milestones defined above (i.e., finance and reporting structure, financial health assessment and strategy, compliance plan, and assessment and plan for value-based arrangements). The MHVC CFO will track progress toward these milestones, together with the project management team and the director of research and evaluation. The MHVC CFO will then report on the overall progress of the PPS to the DSRIP Executive Director, MHVC Steering Committee, and Transformation work group.

In addition, the finance team will be tracking the financial health of partners (through regular financial health assessment surveys) and partner transitions toward a value-based system, while monitoring our contracts with MCOs. Fragile partners will be more closely tracked via individual outreach and more frequent health assessment surveys.

### IPQR Module 3.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Section 04 – Cultural Competency & Health Literacy

#### IPQR Module 4.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Finalize cultural competency / health literacy strategy. | Completed | This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should:<br>-- Identify priority groups experiencing health disparities (based on your CNA and other analyses);<br>-- Identify key factors to improve access to quality primary, behavioral health, and preventive health care<br>-- Define plans for two-way communication with the population and community groups through specific community forums<br>-- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and<br>-- Identify community-based interventions to reduce health disparities and improve outcomes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| **Task**<br>1. Identify and review source reference materials for Cultural Competency and Health Literacy standards (e.g., Cultural Competency CLAS Standards; Health Literacy: A Prescription to End Confusion; The Guide to Community Preventative Services) to use in strategic plan document and cultural competency toolkit for dissemination. | Completed | Identify and review source reference materials for Cultural Competency and Health Literacy standards (e.g., Cultural Competency CLAS Standards; Health Literacy: A Prescription to End Confusion; The Guide to Community Preventative Services) to use in strategic plan document and cultural competency toolkit for dissemination. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Review Community Needs Assessment, | Completed | Review Community Needs Assessment, claims data, and | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| claims data, and other information from partners and Community Based Organizations to determine size and definition of priority groups by region (e.g., culturally and linguistically isolated populations), within PPS experiencing health disparities and need for cultural competency and health literacy strategy. Map identified priory populations (hot spots) to local CBOs, BH, and PCP practices that provide care for these populations. | | other information from partners and Community Based Organizations to determine size and definition of priority groups by region (e.g., culturally and linguistically isolated populations), within PPS experiencing health disparities and need for cultural competency and health literacy strategy. Map identified priory populations (hot spots) to local CBOs, BH, and PCP practices that provide care for these populations. | | | | | | | |
| **Task**<br>3. Identify best practices for cultural competency and health literacy (including self management support, trainings and brief action planning) across multiple care settings, including best practices among partners within the PPS. | Completed | Identify best practices for cultural competency and health literacy (including self management support, trainings and brief action planning) across multiple care settings, including best practices among partners within the PPS. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>4. Create and finalize a cultural competency and health literacy strategy document that includes PPS attributed patients and priority groups experiencing disparities, and details activities that will be carried out to improve access to quality primary care, behavioral health, and preventative care. | Completed | Create and finalize a cultural competency and health literacy strategy document that includes PPS attributed patients and priority groups experiencing disparities, and details activities that will be carried out to improve access to quality primary care, behavioral health, and preventative care. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>5. Create and finalize plan to disseminate cultural competency activities, materials, and best practices into the infrastructure of programs with low baseline cultural competency identified during hotspoting assessments. | Completed | Create and finalize plan to disseminate cultural competency activities, materials, and best practices into the infrastructure of programs with low baseline cultural competency identified during hotspoting assessments. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>6. Determine how lessons learned will be shared and disseminated across the PPS, including testing / piloting material in advance of PPS-wide dissemination, and plan for evaluation and modification (if needed) of materials. | Completed | Determine how lessons learned will be shared and disseminated across the PPS, including testing / piloting material in advance of PPS-wide dissemination, and plan for evaluation and modification (if needed) of materials. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** | Completed | Identify a vendor for, or develop internal capacity (MHVC | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 7. Identify a vendor for, or develop internal capacity (MHVC office, PPS partners, or CBOs), to assess Partners' baseline cultural competency, and identify the key drivers that will improve access to quality primary care, behavioral health, and preventive health care for priority populations by region, including community based interventions. | | office, PPS partners, or CBOs), to assess Partners' baseline cultural competency, and identify the key drivers that will improve access to quality primary care, behavioral health, and preventive health care for priority populations by region, including community based interventions; assess capacity to address these drivers including community resources and | | | | | | | |
| **Task**<br>8. Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management. | Completed | Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>9. Define plans for two-way communication with population and communities through community forums, including a web-based strategy to share information and resources across the network. | Completed | Define plans for two-way communication with population and communities through community forums, including a web-based strategy to share information and resources across the network. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>10. Present strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board. | Completed | Present strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board. | 09/30/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Milestone #2**<br>Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | On Hold | This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include:<br>-- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy<br>-- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| **Task**<br>1. Develop target list of staff, clinical and non-clinical, that need to be trained, based on cultural competency strategy (milestone #1). | On Hold | Develop target list of staff, clinical and non-clinical, that need to be trained, based on cultural competency strategy (milestone #1). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** | On Hold | Evaluate available resources to train clinical and non-clinical | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 2. Evaluate available resources to train clinical and non-clinical staff on cultural competency and health literacy and determine scope of training for different segments of the workforce regarding specific population needs and effective patient engagement approaches. | | staff on cultural competency and health literacy and determine scope of training for different segments of the workforce regarding specific population needs and effective patient engagement approaches. | | | | | | | |
| **Task**<br>3. Develop training for MHVC leadership staff on the importance and principles of self management support strategies, awareness of cultural competency, and other health literacy issues. | On Hold | Develop training for MHVC leadership staff on the importance and principles of self management support strategies, awareness of cultural competency, and other health literacy issues. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Identify training strategies, target outcomes, and training objectives to train staff, working in partner organizations (both clinical and non-clinical), to address health disparities among target populations outlined in community needs assessment; consider multiple channels for training (e.g., online, seminars, and train-the-trainer). | On Hold | Identify training strategies, target outcomes, and training objectives to train staff, working in partner organizations (both clinical and non-clinical), to address health disparities among target populations outlined in community needs assessment; consider multiple channels for training (e.g., online, seminars, and train-the-trainer). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Identify a vendor for, or design, pre- and post-training assessment of cultural competency and health literacy knowledge. | On Hold | Identify a vendor for, or design, pre- and post-training assessment of cultural competency and health literacy knowledge | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Develop plan to implement training strategies and evaluate effectiveness. | On Hold | Develop plan to implement training strategies and evaluate effectiveness | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Present training strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board. | On Hold | Present training strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Finalize cultural competency / health literacy strategy. | mripa123 | Other | 19_MDL0403_1_3_20160315141426_Cultural_Competency_Strategy_Final_clean_3.15.16.docx | Revised Cultural Competency & Health Literacy Strategy | 03/15/2016 02:14 PM |
| | mripa123 | Other | 19_MDL0403_1_3_20160202165943_CCHL_MTG_Template_DY1_Q3.xlsx | Cultural Competency Meetings | 02/02/2016 04:59 PM |
| | mripa123 | Other | 19_MDL0403_1_3_20160202150122_MHVC_Officer's_Certificate_attestation_DY1_Q3.pdf | Officers Certificate | 02/02/2016 03:01 PM |
| | mripa123 | Other | 19_MDL0403_1_3_20160202145942_Cultural_Competency_Strategy_Final.docx | Cultural Competency Strategy | 02/02/2016 02:59 PM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize cultural competency / health literacy strategy. | In DSRIP year 1, quarter 3 the Montefiore Hudson Valley Collaborative (MHVC) finalized our cultural competency and health literacy (CCHL) strategy. To develop this CCHL strategy for the MHVC PPS we worked with an external consultant NKI, our workforce (WF) subcommittee, and our CCHL workgroup. Our WF subcommittee and CCHL workgroup include hospital and community partners who represent behavioral health, substance abuse, developmentally disabled, peer support, LGUs, patients, and labor unions. Our methodology and approach to formulate the strategy included identifying need domains from community needs assessment including hot spots and top health issues identified by community members; identifying theoretical constructs: examining what best practices are necessary to promote and develop community-defined quality of care and patient self-management; researching resources in the community: focus groups, attendance and community forums and community-based provider interviews to learn about current practices and resources; and support for our vision of cultural competency in context, an expanded view of cultural competency that takes into account the social determinants of health and seeks to understand and support the whole person. |
| Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 4.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

The implementation of our cultural competency and health literacy strategy involves several risks. First, it will be difficult to measure the effectiveness of our cultural competency and health literacy strategy considering the size of our network. The MHVC DSRIP office, together with cultural competency leads across the PPS, will collaborate to ensure an effective measurement system is in place. Second, we will need a shared IT infrastructure to disseminate materials and assess readiness and success, and partners are at different levels of IT readiness. To address this, the MHVC Director of IT will work closely partners to ensure IT requirements are met as quickly as possible. Third, our training and communication strategy will need to take into account accessibility issues for urban, suburban, and rural populations. To address this we will work with affinity groups within the PPS, as well as with CBO/FBOs, to identify venues for health literacy and cultural competency education and meetings. Lastly, there is a risk is that CBOs may not have the resources to adopt new standards and policies around cultural competency and health literacy. To help mitigate this risk, we will develop centralized materials and shared resources to distribute throughout the PPS.

### 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.)

IT: We are exploring technical solutions to share materials, assess cultural competency readiness, and evaluate success
Workforce: The workforce team will be integral to our cultural competency and health literacy strategy, to ensure cultural competency and health literacy training is integral to overall workforce training strategy.

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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 |
|---|---|---|
| Executive Director | Allison McGuire, MHVC | Lead DSRIP office on cultural competency strategy |
| Director Workforce & Training | Joan Chaya, MHVC | Co-lead for Cultural Competency & Health Literacy. Planning and implementation of cultural competency strategy |
| Medical Director | Damara Gutnick, MD | Co-lead for Cultural Competency & Health Literacy. Planning and implementation of cultural competency strategy |
| Analytics | Yoon Yang, MHVC | Data analysis and mapping of identified priority populations |
| Communications | Chelsea Lynn Rudder, MHVC | Responsible for developing communication strategy |
| Partner cultural competency leads | Representatives of partner organizations | Input on cultural competency strategy |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| Partner project leads | Project Leads | Partner with DSRIP office on cultural competency needs and timelines for projects |
| MHVC Project Specialists | Central project coordination | Partner with DSRIP workforce director on cultural competency needs and timelines for projects |
| Gloria Kenny, Montefiore VP of Human Resources | Montefiore VP of Human Resources | Input on training activities |
| Nicole Hollingsworth, AVP Community & Population Health | Montefiore cultural competency lead | Planning and input on cultural competency strategy and training |
| Cultural Competency Sub-Committee and workgroups | Collaborative design of strategy to asses and spread best practice | Responsible for providing subject matter expertise, investigating and planning for the distribution of tools/training to increase competency |
| CBOs in network | Partner organizations | Input on cultural competency strategy |
| NKI | Vendor | Input on cultural competency strategy |
| Joan Chaya, Director of Workforce and Cultural competency | Montefiore HVC cultural competency lead | Planning and input on cultural competency strategy and training |
| **External Stakeholders** | | |
| MHVC patients | Exact forums for patient engagement on the design of cultural competency and other initiatives are to be defined in conjunction with Hudson Valley PHIP and provider partners. | Feedback and engagement on developing cultural competency and health literacy initiatives as needed. |
| Non-partner providers and CBOs / FBOs | Local resource | Consultation on cultural competency strategy, as needed |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

Using IT as a communications channel to support the adoption of cultural competency/health literacy standards is most effective when delivered via a widely used, commercially available application that meets regulatory requirements. The IT performance management platform will facilitate partner progress toward cultural competency and health literacy goals, while enabling the PPS to monitor progress. We will select and implement the platform in time to meet the target dates presented in this plan to support implementation. In addition, the use of a standardized care plan across our network will give us the ability to share with the providers where necessary patients' cultural and religious preferences, thus giving us the ability to deliver culturally appropriate services.

### IPQR Module 4.8 - Progress Reporting

**Instructions :**

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

The success of the Cultural Competency/Health Literacy strategy implementation over the five DSRIP Years will be evaluated as follows:
(1) MHVC will measure the adoption of cultural competency / health literacy standards or protocols amongst network providers (e.g. CLAS standards)
(2) MHVC will investigate options for partnering with an outside agency to develop and track measurements of: (a) the improvements in health outcomes amongst member populations that are key targets for cultural competency / health literacy initiatives; and (b) patient engagement.

### IPQR Module 4.9 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

## Section 05 – IT Systems and Processes

### IPQR Module 5.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | In Progress | Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment. | 04/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task** 2. Create Cross PPS HIT/HIE committee for sharing and learning opportunities | Completed | Create Cross PPS HIT/HIE committee for sharing and learning opportunities | 04/01/2015 | 05/01/2015 | 04/01/2015 | 05/01/2015 | 06/30/2015 | DY1 Q1 | |
| **Task** 1. Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance | Completed | Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 5. Categorize results by provider type and project selection; Inventory current capabilities. | On Hold | Categorize results by provider type and project selection; Inventory current capabilities. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 4. Conduct IT assessment Survey using standardized assessment tools (structured interviews and email survey methods) and analyze survey results | In Progress | Conduct IT assessment Survey using standardized assessment tools (structured interviews and email survey methods) and analyze survey results | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 3. Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment. | Completed | Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** | On Hold | Explore with Partners other supporting technologies (non | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 16. Explore with Partners other supporting technologies (non clinical). | | clinical). | | | | | | | |
| **Task** 15. Create a CBO IT Infrastructure transformation work group. | On Hold | Create a CBO IT Infrastructure transformation work group. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 14. Finalize plan with MHVC Steering Committee. | On Hold | Finalize plan with MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 13. Review plan with CFO and Executive Director to establish alignment of budgets with funds flow mode as well as requested capital funding. | On Hold | Review plan with CFO and Executive Director to establish alignment of budgets with funds flow mode as well as requested capital funding. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 12. Validation of plan with IT sub committee and Montefiore IT leadership. Collaborate on plan of communication PPS wide. | On Hold | Validation of plan with IT sub committee and Montefiore IT leadership. Collaborate on plan of communication PPS wide. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 11. Finalize DSRIP IT Strategy through collaboration with Partners and project implementation plans Areas of system concentration are: EHR, HIE, Quality Measures, Clinical Decision support and performance management. | On Hold | Finalize DSRIP IT Strategy through collaboration with Partners and project implementation plans Areas of system concentration are: EHR, HIE, Quality Measures, Clinical Decision support and performance management. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 10. Engage and collaborate with Local extension Center (eHealthCollaborative) and RHIO to create outreach plan based on GAP analysis and IT Infrastructure Transformation work group input. | In Progress | Engage and collaborate with Local extension Center (eHealthCollaborative) and RHIO to create outreach plan based on GAP analysis and IT Infrastructure Transformation work group input. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 9. Create education curriculum on project technologies with the IT infrastructure transformation work group. | On Hold | Create education curriculum on project technologies with the IT infrastructure transformation work group. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 8. Collaborate with Local RHIO on survey results | On Hold | Collaborate with Local RHIO on survey results | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 7. Share results of assessment and validate GAP | On Hold | Share results of assessment and validate GAP analysis with Montefiore IT SME leadership | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| analysis with Montefiore IT SME leadership | | | | | | | | | |
| **Task**<br>6. Organize, review and assess survey to create GAP analysis of project requirements and partner capabilities; Prioritize GAPs to be addressed and analyze interoperability points in consultation with IT sub Committee | On Hold | Organize, review and assess survey to create GAP analysis of project requirements and partner capabilities; Prioritize GAPs to be addressed and analyze interoperability points in consultation with IT sub Committee | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #2**<br>Develop an IT Change Management Strategy. | Not Started | IT change management strategy, signed off by PPS Board. The strategy should include:<br>-- Your approach to governance of the change process;<br>-- A communication plan to manage communication and involvement of all stakeholders, including users;<br>-- An education and training plan;<br>-- An impact / risk assessment for the entire IT change process; and<br>-- Defined workflows for authorizing and implementing IT changes | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>7. Establish a Change Management monitoring and reporting strategy to status process with MHVC Steering Committee. | On Hold | Establish a Change Management monitoring and reporting strategy to status process with MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Educate affected partners on IT Change Management approved procedures, align with QE education curriculum as appropriate. | On Hold | Educate affected partners on IT Change Management approved procedures align with QE education curriculum as appropriate. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Present to MHVC Steering Committee for recommendations and validation. | On Hold | Present to MHVC Steering Committee for recommendations and validation. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Create training/communication plan for PPS partners, which identifies escalation to the Montefiore IT Change Advisory Board. Include QE in the communication plan. | On Hold | Create training/communication plan for PPS partners, which identifies escalation to the Montefiore IT Change Advisory Board. Include QE in the communication plan. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Validate change management procedure with IT sub committee | On Hold | Validate change management procedure with IT sub committee | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Integrate DSRIP technologies to existing | On Hold | Integrate DSRIP technologies to existing Montefiore IT change management policy that outlines roles& | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

# New York State Department Of Health
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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Montefiore IT change management policy that outlines roles& responsibilities, documentation standards, communication requirements and testing & approval processes. | | responsibilities, documentation standards, communication requirements and testing & approval processes. | | | | | | | |
| **Task**<br>1. Create RACI Matrix outlining the individuals responsible, accountable, consulted or informed by actual technology deployed to partners. Align approach with strategic direction of QE. | On Hold | Create RACI Matrix outlining the individuals responsible, accountable, consulted or informed by actual technology deployed to partners. Align approach with strategic direction of QE. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #3**<br>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:<br>-- A governance framework with overarching rules of the road for interoperability and clinical data sharing;<br>-- A training plan to support the successful implementation of new platforms and processes; and<br>-- Technical standards and implementation guidance for sharing and using a common clinical data set<br>-- 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). | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>1. Execute DEAA for PHI data with DOH. | Completed | Execute DEAA for PHI data with DOH. | 04/01/2015 | 04/01/2015 | 04/01/2015 | 04/01/2015 | 06/30/2015 | DY1 Q1 | |
| **Task**<br>8. Create data usage & tool standards for training plan with contribution from IT work groups where needed. | On Hold | Create data usage & tool standards for training plan with contribution from IT work groups where needed. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Finalize clinical data sharing and interoperability plan. Present for approval to Compliance Officer and MHVC steering Committee. | On Hold | Finalize clinical data sharing and interoperability plan. Present for approval to Compliance Officer and MHVC steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Leveraging current established Montefiore | On Hold | Leveraging current established Montefiore Health System policy and procedures to design ongoing monitoring reporting | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Health System policy and procedures to design ongoing monitoring reporting that will be aligned with agreements in place. | | that will be aligned with agreements in place. | | | | | | | |
| **Task**<br>5. Collaborate with QE in alignment with strategic direction to optimize partner data contribution and finalize migration plan from paper to EHR for those providers involved. | On Hold | Collaborate with QE in alignment with strategic direction to optimize partner data contribution and finalize migration plan from paper to EHR for those providers involved. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Inform governance with data exchange agreement requirements into Data Sharing Consent Agreements and Consent Change Protocols , including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs as monitored by compliance Officer. | On Hold | Inform governance with data exchange agreement requirements into Data Sharing Consent Agreements and Consent Change Protocols , including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs as monitored by compliance Officer. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Create data matrix based on Partner project selection and level of participation. This will inform and define the data needs, security requirements and governance standards. Validate with IT Sub Committee , local QE and PPS stakeholders. | On Hold | Create data matrix based on Partner project selection and level of participation. This will inform and define the data needs, security requirements and governance standards. Validate with IT Sub Committee , local QE and PPS stakeholders. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Map current state assessment and interoperability requirements (HIE) with data exchange and privacy requirements of Montefiore Health System as monitored by Compliance Officer. | On Hold | Map current state assessment and interoperability requirements (HIE) with data exchange and privacy requirements of Montefiore Health System as monitored by Compliance Officer. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #4**<br>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 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>6. Identify and assess options for communication channels to be used to enhance patient engagement. | In Progress | Identify and assess options for communication channels to be used to enhance patient engagement. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** | In Progress | Create educational curriculum to communicate patient portal | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 5. Create educational curriculum to communicate patient portal best practices coordinated with the PPS leads in the region. | | best practices coordinated with the PPS leads in the region. | | | | | | | |
| **Task**<br>4. Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers. | Not Started | Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers. | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>3. Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO. | Completed | Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>2. Evaluate in current assessment of care management application member identification and outreach functionality/requirements. | In Progress | Evaluate in current assessment of care management application member identification and outreach functionality/requirements. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>1. Address consent requirements in partners agreement responsibilities. | In Progress | Address consent requirements in partners agreement responsibilities. | 04/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #5**<br>Develop a data security and confidentiality plan. | In Progress | Data security and confidentiality plan, signed off by PPS Board, including:<br>-- Analysis of information security risks and design of controls to mitigate risks<br>-- Plans for ongoing security testing and controls to be rolled out throughout network. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>6. Create usage competency requirements that will influence the ongoing training and security monitoring procedures with partners. | On Hold | Create usage competency requirements that will influence the ongoing training and security monitoring procedures with partners. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Create usage competency requirements that will influence the ongoing training and security monitoring procedures. | On Hold | Create usage competency requirements that will influence the ongoing training and security monitoring procedures. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Communicate access procedures and requirements with Transformation work group to information needed training plan for the Partners. | On Hold | Communicate access procedures and requirements with Transformation work group to information needed training plan for the Partners. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Present to MHVC Steering Committee and | On Hold | Present to MHVC Steering Committee and compliance Officer for recommendations and validation. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| compliance Officer for recommendations and validation. | | | | | | | | | |
| **Task** 2. Enhance Montefiore Health System User Access Procedures to address DSRIP governance. | On Hold | Enhance Montefiore Health System User Access Procedures to address DSRIP governance. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 1. Analyze Data Matrix developed in data exchange and create risk mitigation plan. Incorporate standards for clinical connectivity into partner contracts | On Hold | Analyze Data Matrix developed in data exchange and create risk mitigation plan. Incorporate standards for clinical connectivity into partner contracts | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| Develop a data security and confidentiality plan. | mripa123 | Other | 19_MDL0503_1_3_20160316215050_AC_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)encrypted.docx | AU Updated | 03/16/2016 09:50 PM |
| | mripa123 | Other | 19_MDL0503_1_3_20160203111923_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PS_Family)_f_.docx | SSP 5 | 02/03/2016 11:19 AM |
| | mripa123 | Other | 19_MDL0503_1_3_20160203111820_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PE_Family)_f_.docx | SSP 4 | 02/03/2016 11:18 AM |
| | mripa123 | Other | 19_MDL0503_1_3_20160203111713_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(IR_Family)_f_.docx | SSP 3 | 02/03/2016 11:17 AM |
| | mripa123 | Other | 19_MDL0503_1_3_20160203111627_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AU_Family)_f_.docx | SSP 2 | 02/03/2016 11:16 AM |

### NYS Confidentiality – High

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---|---|---|---|---|
| | mripa123 | Other | 19_MDL0503_1_3_20160203111527_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(AT_Family)_f_.docx | SSP 1 | 02/03/2016 11:15 AM |

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | |
| 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. | Please note, a revised AU Workbook has been uploaded. MHVC will continue to work on implementing all required controls. |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 5.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

As has been outlined and indicated in survey results the capabilities of our Partners varies greatly. They have communicated that the usual barriers to acquiring technology are affecting their progress in adoption. The most significant are financial and technical expertise.

Risk A - Managing technology by provider type can add complexity to implementing a truly integrated IT model. We will try to address this by grouping parthttps://commerce.health.state.ny.us/mapp/ntwk/projimpl/orgsec/ipqrSection07.jsfners by the technology and partner type. These groupings will create additional workgroup teams so that there is appropriate input to the needed implementation thus supporting adoption.
Risk B - There are multiple PPS leads in the Hudson Valley and one QE, HealthlinkNY. The demand on the QE will impact the ability to deliver the connectivity to the QE on a timely basis. In conjunction with the QE we have coordinated the three PPS Leads so that we optimize the efforts for both the QE and our shared partners.

Risk C - There is a large number of partners utilizing paper-based records – in the interim we will leverage an EMR agnostic/Non EMR approach to assisting in the care management of the attributed lives. We will prioritize the providers who will need to meet the multiple requirements to deliver the projects and care. We will also leverage the technology groups identified in Risk A.
Risk D -Data Security Measures may not be in place or the proposed requirements might be beyond the capabilities of the partner. Although we are confident that our partners who have or will be signing data agreements will continue to ensure data security measures are in place, in order to mitigate data security risks, we will work with our partners to identify areas where they need support and also limit the data as identified in Data matrix to the minimum requirements needed to implement and achieve the project requirements. We will implement dual authentication to access data as needed by Partner

### 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.)

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure technology is an important factor in many other workstreams. In particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, it will not be possible to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT resources and the PPS's leads will be vital to ensure that the IT infrastructure that we develop meets the needs of the whole PPS network. DSRIP capital funding will be a critical factor as well as securing the appropriate resources. The Finance workstream is in a support role to fulfill this requirement along with the workforce strategy team. To this end there will be cross representation of IT resources on each of the work stream teams.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire/ MHVC | Lead DSRIP office on IT systems and processes strategy. |
| Director of IT Transformation | Josephine Anderson/ MHVC | Partner IT transformation support and coordination of IT services in conjunction with MIT operations, Performance reporting management |
| Chief Information Officer | Jack Wolf/ Montefiore Health System | IT Governance, Change Management, IT Architecture and Operations |
| Montefiore Data and infrastructure | J. Albert, B. Hoch, A. Banchu/ Montefiore Health System | Data security and confidentiality plan, Data Exchange Plan in conjunction with MIT Operations |
| Montefiore IT Security Officer | A. Banchu/ Montefiore Health System | Data security and confidentiality plan, Data Exchange Plan in conjunction with MIT Operations. Adherance to HIPPA |
| IT Infrastructure Transformation work group | TBD | Input on IT strategy |
| Medical Director | Damara Gutnick/ MHVC | Alignment with Clinical objectives and goals |
| Chief Compliance Officer | Deborah Brown/ MHVC | Compliance and Privacy oversight |
| Workstream leads ( CFO, Workforce Director,) | Bayard King, Joan Chaya/ MHVC | IT application support and strategy |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| Partner project leads | Project leads | Partner with DSRIP IT director on meeting IT project requirements |
| MHVC project specialists | Central project coordination | Input on IT transformation strategy to help partners meet IT project requirements |
| MHVC Steering Committee, IT Sub Committee and workgroups | Project and DSRIP goverance | Provide advisory services to meet DSRIP goals and Objective in conjuction with MHVC and Montefiore Health System Leadership |
| **External Stakeholders** | | |
| Local QE - HealthLinkNY | Supporter | Collaboration with MHVC IT director to help partners meet HIE project requirements |
| Local extension Center (eHealthCollaborative) | Supporter | Collaboration with DSRIP IT director on outreach to partners |
| PPS HIT/HIE Workgroup | Partners in regional collaborations with RHIO(s) and on IT initiatives | Collaboration or input as needed on the design of regional IT initiatives that recognize partners may be in multiple PPSs and top assist with prioritization |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 5.7 - Progress Reporting

**Instructions :**

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

Success of the IT systems and processes workstream will be defined as progress toward establishing a fully integrated IT infrastructure. This will involve tracking the process milestones defined above (i.e., current state assessment, change management strategy, clinical data sharing roadmap, plan for engaging members in qualifying entities, and data security and confidentiality plan) and outlined below as some ongoing performance reports. The MHVC IT director will track progress toward these milestones, together with the project management team and the director of research and evaluation. We will closely monitor the progress of our partners' transition to effective, interoperable EHR systems with appropriate certifications. This will include using surveys, outreach, and a performance / project management tool to track EHR adoption, HIE connectivity, and progress toward PCMH certifications as relevant. Partner agreements will establish the expectations with all partners to supply key artifacts and monthly reports on key performance metrics. These will be necessary to ensure continuing progress against our IT change management strategy. This will be accomplished in conjunction with the Regional Managers who will be responsible for the ongoing relationship and monitoring of performance.
Performance reports currently identified:
1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual Data Security Monitoring
3. Monthly workforce training compliance report
4. Monthly HIE usage report

IT Transformation work group will assist in conducting quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

### IPQR Module 5.8 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

## Section 06 – Performance Reporting

### IPQR Module 6.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>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:<br>-- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways;<br>-- Your plans for the creation and use of clinical quality & performance dashboards<br>-- Your approach to Rapid Cycle Evaluation | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>6. Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts). | In Progress | Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts). | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Establish data collection processes for key metrics at relevant participating PPS sites. | In Progress | Establish data collection processes for key metrics at relevant participating PPS sites. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. Identify individuals within partner organizations with responsibility for clinical and financial outcomes related to projects, who will report to MHVC Clinical Sub-Committee | In Progress | Identify individuals within partner organizations with responsibility for clinical and financial outcomes related to projects, who will report to MHVC clinical committees | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>3. Confirm performance reporting system(s) to be used across MHVC, including data collection and analytical tool/capability or IT systems. | In Progress | Confirm performance reporting system(s) to be used across MHVC, including data collection and analytical tool/capability or IT systems. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>2. Establish set of required metrics and milestones, relevant data and requirements, and dates for collecting all required metrics to be | In Progress | Establish set of required metrics and milestones, relevant data and requirements, and dates for collecting all required metrics to be collected at relevant participating PPS sites. MHVC will develop data collection and analytical capabilities | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| collected at relevant participating PPS sites. MHVC will develop data collection and analytical capabilities that will identify key opportunities for performance improvement. | | that will identify key opportunities for performance improvement. | | | | | | | |
| **Task** 1. Establish performance reporting governance structure within the Clinical Quality Sub Committee | Completed | Establish performance reporting governance structure within the Clinical Quality Sub Committee | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** 8. Incorporate partner feedback to finalize dashboards and performance reporting strategy and establish process and lines of two-way communication for reporting results of analyses of metrics. | In Progress | Incorporate partner feedback to finalize dashboards and performance reporting strategy and establish process and lines of two-way communication for reporting results of analyses of metrics. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 7. Hold meetings with partners and include professional group representation, particularly those with expertise in each area to drive transformation of the culture, to get feedback and suggestions for improving performance reporting strategy and pilot dashboards. | In Progress | Hold meetings with partners and include professional group representation, particularly those with expertise in each area to drive transformation of the culture, to get feedback and suggestions for improving performance reporting strategy and pilot dashboards. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #2** Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | In Progress | Finalized performance reporting training program. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task** 5. Establish process for incorporating evaluation feedback and updating training as needed. Include the validating of respective updates with appropriate governing body for approval. | On Hold | Establish process for incorporating evaluation feedback and updating training as needed. Include the validating of respective updates with appropriate governing body for approval. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 4. Develop plan for monitoring the uptake and training outcomes for those undertaking performance reporting training. Including a process via survey to capture attendee evaluation feedback. | On Hold | Develop plan for monitoring the uptake and training outcomes for those undertaking performance reporting training. Including a process via survey to capture attendee evaluation feedback. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 3. Develop plan for delivery of training to | On Hold | Develop plan for delivery of training to organizations and individual providers in the MHVC network and present to | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| organizations and individual providers in the MHVC network and present to MHVC Steering Committee for review and recommendations. | | MHVC Steering Committee for review and recommendations. | | | | | | | |
| **Task**<br>2. Develop training materials and programs that incorporate the core elements of MHVC performance reporting structures and processes (e.g. ongoing self-assessment and critical evaluation, dashboards and reduced potentially preventable spending metrics). | On Hold | Develop training materials and programs that incorporate the core elements of MHVC performance reporting structures and processes (e.g. ongoing self-assessment and critical evaluation, dashboards and reduced potentially preventable spending metrics). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>1. Identify training objectives and vision based on performance reporting structures and processes defined above. | In Progress | Identify training objectives and vision based on performance reporting structures and processes defined above. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 6.2 - PPS Defined Milestones

**Instructions :**

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

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

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### PPS Defined Milestones Current File Uploads

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

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### PPS Defined Milestones Narrative Text

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

Achieving the DSRIP performance metrics will depend on partner support and training to standardize quality and accuracy across sites. The use of a single PMO platform, accessible by partners throughout the network, will facilitate data collection and analysis, as well as reporting to the state and to the PPS partners using dashboards.
There are a number of risks to achievement of high performance on required DOH metrics.
First, there is variable performance on a number of metrics across different provider types and sites within our network. This creates a challenge in terms of the adoption of standardized metrics. This is complicated by the risk that some of our partners may not have the appropriate capabilities to ensure high performance on these system transformation metrics. To mitigate this risk, we will use dashboards to drive peer comparison and performance improvement across sites.
Second, we face a challenge in terms of the IT required for data collection and reporting - a large proportion of providers are, for example, recording data in paper-based charts. As referenced in the IT Systems & Processes section, a number of our partners face financial and technical challenges in acquiring and utilizing the required IT. This risk and our approach to mitigating it are described in more detail in the IT Systems and Processes section. This includes our clinical data sharing and interoperability plan.
Third, there may be resistance by stakeholders to transformation of the health care management system and therefore to the collection of performance measures. A robust change management strategy with plans for two way communication and training will be developed. Data collection expectations will be included and articulated in the provider agreements, which will be monitored/managed and which will include provisions and penalties for non-compliance.

### 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.)

In order to provide high quality care that is successfully measured, the system must remain financially sustainable through building value-based/shared savings arrangements. This workstream is therefore dependent upon the financial sustainability workstream. The PMO system that MHVC has procured and will adopt will be the tool that we use to ensure complete quality data collection tied to the performance measures, monitored via appropriate dashboards. Our performance reporting is therefore dependent on our effective implementation and use of this tool. Our performance reporting workstream also relies upon our provider partners being engaged and motivated and having the technology and capability to use dashboards to improve performance in real-time. Working closely with the IT Systems and Processes workstream will therefore be crucial for the success of the performance reporting workstream.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire/ MHVC | Lead DSRIP office on Performance Reporting strategy. |
| Medical Director | Damara Gutnick, MD/ MHVC | Alignment with Clinical reporting requirements to monitor partner performance |
| Director of IT Transformation | Josephine Anderson/ MHVC | IT strategy to support performance reporting |
| Compliance Lead | Deborah Brown, JD, MHVC | DSRIP lead on compliance activities, e.g. financial compliance and contracts |
| Montefiore Strategic Planning Analytics Department | Ben Wade VP of Strategic Planning/ Montefiore Health System | Support of partner data analysis ,PPS key indicator identification, inform performance thresholds and making reporting recommendations |
| Workstream leads (CFO, Workforce Director) | Bayard King, Joan Chaya/ MHVC | Performance reporting support ,strategy and area subject matter expert |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| Performance reporting support ,strategy and area subject matter expert | Project leads | Tracking progress across project milestones and requirements |
| MHVC Steering Committee, IT Sub Committee and workgroups | Project and DSRIP governance | Provide advisory services to meet DSRIP goals and Objective in conjunction with MHVC and Montefiore Health System Leadership |
| All MHVC Partners | Provide input as needed for specific decisions | Implementing projects, performance leadership, reporting |
| MHVC project specialists | Central project coordination | Input on performance reporting strategy to help partners meet reporting requirements |
| **External Stakeholders** | | |
| County Health Departments | Provide input as needed for specific decisions | Input and support as needed |
| MCOs | Provide input as needed for specific decisions | Input and support as needed |
| Performance Logic Cross PPS Workgroup | Vendor platform and coordination | Learning collaborative for best practices sharing |
| MHVC Clinical Quality Sub-committee | Subject matter experts from partnering organizations including clinicians, quality professionals and appropriate healthcare executives serving in an advisory role to the MHVC Steering Committee | Input to performance reporting requirements |
| ACOs and Health Homes | ACOs and Health Homes will manage their respective provider networks and act as administrators on their behalf. | Adequate IT/EHR infrastructure supported by DSRIP funds |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

We will be leveraging our IT infrastructure and processes to perform the necessary reporting to properly monitor the performance of our PPS. It will also be necessary to coordinate with the various work stream leads to achieve the appropriate vehicle that will measure, monitor and report accurately. The end product has to be a useable tool that will provide value and our training tasks will be critical in accomplishing this goal.

Initially, performance reporting will be a matter of manually collecting data points as necessary. This approach will support us in meeting performance reporting deadlines as the IT infrastructure is established and resources are trained. Our approach to this infrastructure and training, as is described in the IT Systems & Processes section of this implementation plan, will prioritize those providers who will be integral to the delivery of the DSRIP projects and improvements in system transformation metrics. A PPS wide tool will be established by leveraging existing infrastructure enhanced by capital expenditures and resource acquisition. We anticipate our Enterprise data warehouse will accommodate data transferred from the state's MAPP tool and Salient's SIM tool, to implement a robust system. It will require the ability to collect data from multiple sources, perform the necessary analytics, monitor project and partner performance and finally visualize the data in a format that will assist various audiences in monitoring performance and making informed decisions.

### IPQR Module 6.8 - Progress Reporting

**Instructions :**

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

We will be leveraging our IT infrastructure and processes to perform the necessary reporting to properly monitor the performance of our PPS. It will also be necessary to coordinate with the various work stream leads to achieve the appropriate vehicle that will measure, monitor and report accurately. The end product has to be a useable tool that will provide value and our training tasks will be critical in accomplishing this goal.

Initially, performance reporting will be a matter of manually collecting data points as necessary. This approach will support us in meeting performance reporting deadlines as the IT infrastructure is established and resources are trained. Our approach to this infrastructure and training, as is described in the IT Systems & Processes section of this implementation plan, will prioritize those providers who will be integral to the delivery of the DSRIP projects and improvements in system transformation metrics. A PPS wide tool will be established by leveraging existing infrastructure enhanced by capital expenditures and resource acquisition. We anticipate our Enterprise data warehouse will accommodate data transferred from the state's MAPP tool and Salient's SIM tool, to implement a robust system. It will require the ability to collect data from multiple sources, perform the necessary analytics, monitor project and partner performance and finally visualize the data in a format that will assist various audiences in monitoring performance and making informed decisions.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 6.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

## Section 07 – Practitioner Engagement

### IPQR Module 7.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Develop Practitioners communication and engagement plan. | In Progress | Practitioner communication and engagement plan. This should include:<br>-- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure<br>-- The development of standard performance reports to professional groups<br>--The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>1. Initiate collaboration with other PPSs in the Hudson valley (Refuah and WMC) to develop engagement strategies for Local Government Units | Completed | Initiate collaboration with other PPSs in the Hudson valley (Refuah and WMC) to develop engagement strategies for Local Government Units | 04/01/2015 | 06/15/2015 | 04/01/2015 | 06/15/2015 | 06/30/2015 | DY1 Q1 | |
| **Task**<br>2. Identify professional groups to engage on strategy for practitioner engagement including, but not limited to, government agencies, professional groups, and social services group. | Completed | Identify professional groups to engage on strategy for practitioner engagement including, but not limited to, government agencies, professional groups, and social services group. | 04/01/2015 | 06/15/2016 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>3. Initiate discussions with other PPSs in the Hudson Valley (Refuah and WMC) about opportunities and strategy for collaborative efforts to facilitate alignment of reporting and transformation as well as sharing clinical protocols for common partners. | Completed | Initiate discussions with other PPSs in the Hudson Valley (Refuah and WMC) about opportunities and strategy for collaborative efforts to facilitate | 07/15/2015 | 09/30/2015 | 07/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task** | In Progress | 4. Begin discussions with providers to identify best practices | 07/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 4. Begin discussions with providers to identify best practices and opportunities of economies of scale )e.g. investments, training curriculum, etc). | | and opportunities of economies of scale )e.g. investments, training curriculum, etc). | | | | | | | |
| **Task** 5. Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums). | In Progress | Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums). | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 6.Work with Performance Reporting group to design performance reports, keeping in mind practitioner audiences. | In Progress | Work with Performance Reporting group to design performance reports, keeping in mind practitioner audiences. | 04/01/2016 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 7. Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process. | In Progress | Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 8. Identify representatives from professional communities for MHVC committees and work groups. | In Progress | Identify representatives from professional communities for MHVC committees and work groups. | 04/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Milestone #2** Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | In Progress | Practitioner training / education plan. | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| **Task** 1.Design a standard DSRIP training program for practitioners including: DSRIP basics, overview of PPS projects, quality improvement, population health strategies, care transitions, patient centered communication strategies and cultural competency, as well as design targeted training needs to specific providers involved in certain projects (e.g. motivational interviewing and health literacy). | In Progress | Design a standard DSRIP training program for practitioners including: DSRIP basics, overview of PPS projects, quality improvement, population health strategies, care transitions, patient centered communication strategies and cultural competency, as well as design targeted training needs to specific providers involved in certain projects (e.g. motivational interviewing and health literacy). | 07/01/2015 | 06/30/2016 | 07/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 2.Identify each professional group impacted by projects; Identify opportunities for each | In Progress | Identify each professional group impacted by projects; Identify opportunities for each professional group to participate in training. | 04/01/2015 | 03/31/2020 | 10/31/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| professional group to participate in training. | | | | | | | | | |
| **Task** 3. Identify which groups of providers/practitioner require the specific training needs (e.g. practitioners in medical village who need regulatory waiver training ,etc.) and distribute educational materials to providers participating in the PPS accordingly. | In Progress | Identify which groups of providers/practitioner require the specific training needs (e.g. practitioners in medical village who need regulatory waiver training ,etc.) and distribute educational materials to providers participating in the PPS accordingly. | 04/01/2015 | 03/31/2020 | 10/31/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task** 4. Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy | In Progress | Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy | 04/01/2015 | 03/31/2020 | 10/31/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task** 5. Develop training strategy and establish a plan to periodically review training strategy and revise as necessary. | In Progress | Develop training strategy and establish a plan to periodically review training strategy and revise as necessary. | 04/01/2015 | 03/31/2020 | 10/31/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| **Task** 6. Collect and monitor post-training evaluations and adjust training curriculum, delivery style and content to meet learners needs and project objectives. | On Hold | Collect and monitor post-training evaluations and adjust training curriculum, delivery style and content to meet learners needs and project objectives. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Develop Practitioners communication and engagement plan. | |
| Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 7.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

The practitioner community is currently engaged in the DSRIP program through regular newsletter distributions, postings to the Montefiore Hudson Valley Collaborative Website and Regional Meetings.

There are several risks associated with practitioner engagement:

First, not every provider will be completely satisfied with the manner in which DSRIP projects are implemented, as the Hudson Valley Collaborative represents a network of providers spread over a significant geography. To address these risk, we have organized a governance structure that allows all providers to be heard in the planning process. Further, we have divided our network into regional areas to allow local concerns to be highlighted. In general, we are committed to effective and ongoing communications, which is one of the obligations of managing programs over such a diverse network.

In addition, some providers may see their current business model threatened by changes brought about by DSRIP.
For example, The ED care triage and medical village projects may present a perceived threat to community hospitals that are not prepared for the transition from inpatient to ambulatory services. To address these concerns, we will work with these providers to find other opportunities within the new care delivery system.

There is a risk created by providers/practitioners that are included in multiple PPSs. These practitioners may face conflicting information, demands, and expectations. This creates a risk they will not be able to commit sufficient energy and resources to MHVC initiatives. To mitigate this, the 3 PPS's in the Hudson valley (MHVC, WMC and Refuah) have agreed to collaborate to ease implementation complexity for shared partners, align community wide messaging, leverage meaningful economies of scale where appropriate and ensure prudent resource utilization.

Further, we must ensure work group membership includes stakeholder groups which represent MHVC's entire geography in order to support the representation of local concerns. MHVC is revising its geographic approach to engagement and communication - in conjunction with the PHIP and provider partners - in order to align more closely with the ideal participation model for stakeholders.

Lastly we are actively recruiting a Director of Partner Support to facilitate relationship building and trust with partners and support contracting efforts. We have hired a communications manager and community liaison to support provider and community engagement activities and are exploring buy vs build, and will obtain temporary help or purchase services as needed.

### IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

Practitioner Engagement is dependent on Performance Reporting. Practitioners will need to regularly receive updates on their performance as well as network performance to effectively deliver outcomes.
Clinical Integration is an interdependent work stream. The participating practitioners provide the resources for delivering the goals of the clinical programs.
IT Systems and Process is dependent on Practitioner Engagement. Participating providers must understand the functionality of the new IT systems and know how to integrate these systems into their clinical operation. Targeted training will be provided, as needed to practitioners on new healthcare IT systems.
Funds Flow will be of great interest to the participating practitioners. Clear transparency is essential in this work stream.
Governance is an important dependency. Participating providers will need to understand how the PPS is managed and how they may get involved to voice their opinions.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire, MHVC | Lead DSRIP office on Practitioner Engagement strategy. |
| Director, Partner Support | TBD | Responsible for creating partner communications strategy and management of partner connection with DSRIP office, in terms of project reporting and shared services |
| Communications Manager | Chelsea Lynn Anderson, MHVC | Responsible for operationalizing partner communication strategy through newsletter, website, social media, and planning regional meetings and other communications forums. |
| Community Liaison | Christina Hamilton, MHVC | Responsible for communication with Community Based Organizations. |
| Medical Director | Damara Gutnick, MD, MHVC | Responsible for leading development of clinical programs to support project implementation |
| Montefiore Strategic Planning & Analytics Department | Ben Wade, VP of Strategic Planning, MHS | Support of partner data analysis, PPS key indicator identification, inform performance thresholds and make recommendations. |
| Project Management Office | Yvette Sylvester, Montefiore, Director of Business Information Systems (BIS) | Responsible for providing project management support |
| Provider Engagement Support | Andrew Loose, Montefiore, Director of Corporate and Foundation Relations<br><br>Montefiore, Director, Public Policy<br>Office of Government Relations<br>CMO, Montefiore Care Management | Responsible for identifying and making connections to foundation and grant funding opportunities that can potentially fund CBO programming that does not directly support PPS projects. |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups | Project and DSRIP governance | Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership |
| **External Stakeholders** | | |
| Professional groups (JHMCA, CBHS) | Membership drawn from practitioner groups at provider partners. | Provide input on PPS activities / issues that affect the group |
| Medical Societies of the Hudson Valley | Provide discussion and feedback on clinical changes. | Provide input as needed on protocols . Help to engage provider partners in transformation (PCMH) |
| Hudson Region DSRIP Public Health Council | Cross PPS Collaboration with DSRIP staff representation from MHVC, Refuah and WMC, as well as multiple CBO partners and LGUs | Cross PPS collaboration to engage multiple stakeholders and Local Government Units |
| Hudson Region DSRIP Clinical Council | Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council | Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience. |
| PHIP – Public Health Implementation Program | Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings | Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings |
| Local Government Units (LGUs) | Supporting organization | Participate in partner engagement strategy, provide regional guidance to align with organizational strategic objectives |

## Montefiore Medical Center (PPS ID:19)

### 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 practitioner engagement workstream depends upon a centralized repository of practitioner data that is well managed and readily accessible. This is required to support effective communication with practitioners through multiple channels, as well performance reporting across partners. The technology solutions for communication and performance reporting will need to be aligned with DSRIP requirements and goals. Practitioners will need to adopt these solutions, although we recognize the need for sensitivity to the various levels of IT readiness across partners.

### IPQR Module 7.8 - Progress Reporting

**Instructions :**

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

Success in this workstream will be defined as progress towards establishing full practitioner engagement and education. We will closely monitor the groups, progress reports, and educational outcomes in line with the milestones outlined above. The PPS will encourage engaging participation of CBOs and professional organizations and track improvement in participation. Enhanced practitioner engagement will be monitored closely in parallel with success on scale and speed performance metrics.

### IPQR Module 7.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

## Section 08 – Population Health Management

### IPQR Module 8.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Develop population health management roadmap. | In Progress | Population health roadmap, signed off by PPS Board, including:<br>-- The IT infrastructure required to support a population health management approach<br>-- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations<br>--Defined priority target populations and define plans for addressing their health disparities. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| **Task**<br>12. Access and plan for cross PPS registry functionality with local QE. | In Progress | 12. Access and plan for cross PPS registry functionality with local QE. | 07/23/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>13. Establish expectation for two-way communication for multidisciplinary care team members to facilitate seamless clinical information transfer at point of care and deliver a consistent patient centered approach to care. (e.g. health homes ,etc.). | In Progress | 13. Establish expectation for two-way communication for multidisciplinary care team members to facilitate seamless clinical information transfer at point of care and deliver a consistent patient centered approach to care. (e.g. health homes ,etc.). | 06/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>1. Collaborate with neighboring PPSs (Refuah and WMC) to convene the Hudson Valley DSRIP Public Health Council. This council will collaboratively address Domain 4 Projects (Tobacco, cancer prevention) and engaging LGU's across 7 counties. | Completed | 1. Collaborate with neighboring PPSs (Refuah and WMC) to convene the Hudson Valley DSRIP Public Health Council. This council will collaboratively address Domain 4 Projects (Tobacco, cancer prevention) and engaging LGU's across 7 counties. | 04/01/2015 | 05/30/2015 | 04/01/2015 | 05/30/2015 | 06/30/2015 | DY1 Q1 | |
| **Task**<br>2. Convene the Cross PPS HRD BH Crisis | Completed | 2. Convene the Cross PPS HRD BH Crisis Leadership Group (3 PPSs agree to collaborate around coordinating crisis | 04/01/2015 | 07/13/2015 | 04/01/2015 | 07/13/2015 | 09/30/2015 | DY1 Q2 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| Leadership Group (3 PPSs agree to collaborate around coordinating crisis intervention and prevention services across the Hudson Region.) | | intervention and prevention services across the Hudson Region.) | | | | | | | |
| **Task** 3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected. | In Progress | 3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 4. Utilizing partner assessment create strategic plan to support phased strategy of PCMH adoption in relevant provider organizations; including assessment, gap analysis, and coaching support and ongoing monitoring of certification requirements. | In Progress | 4. Utilizing partner assessment create strategic plan to support phased strategy of PCMH adoption in relevant provider organizations; including assessment, gap analysis, and coaching support and ongoing monitoring of certification requirements. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 5. Establish APC/PCMH Certification workgroup to finalize PPS wide roadmap for achieving level 3 certification for relevant providers | Completed | 5. Establish APC/PCMH Certification workgroup to finalize PPS wide roadmap for achieving level 3 certification for relevant providers | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task** 6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools). | In Progress | 6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools). | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 7. Finalize phased strategy and timelines to achieve 2014 Level 3 NCQA PCMH and present for approval to MHVC Steering Committee. (practices on track (Wave 1) with timeline extending out to DY3Q4 for practices that require additional support (Wave 2). | On Hold | 7. Finalize phased strategy and timelines to achieve 2014 Level 3 NCQA PCMH and present for approval to MHVC Steering Committee. (practices on track (Wave 1) with timeline extending out to DY3Q4 for practices that require additional support (Wave 2). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 8. Analyze the Community Needs Assessment and further refine to identify key target patient populations for projects and identify gaps of the partners involved. | In Progress | 8. Analyze the Community Needs Assessment and further refine to identify key target patient populations for projects and identify gaps of the partners involved. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 9. Determine PPS-wide approach for care management services (e.g., what will be | In Progress | 9. Determine PPS-wide approach for care management services (e.g., what will be centralized v. standardized v. local). | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| centralized v. standardized v. local). | | | | | | | | | |
| **Task**<br>10. Determine methodology to identify members within target populations (e.g., performing risk stratification using claims data on member population), drawing on current care management capabilities within the network. | In Progress | 10. Determine methodology to identify members within target populations (e.g., performing risk stratification using claims data on member population), drawing on current care management capabilities within the network. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>11. Develop plan to build central IT capabilities (e.g., care management tool) and help providers develop individual capabilities. | In Progress | 11. Develop plan to build central IT capabilities (e.g., care management tool) and help providers develop individual capabilities. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Milestone #2**<br>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. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 | NO |
| **Task**<br>1. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization | In Progress | 1. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization | 04/01/2015 | 03/31/2020 | 10/11/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 | |
| **Task**<br>2. Pilot the template and refine as needed in 1-2 practice sites | On Hold | 2. Pilot the template and refine as needed in 1-2 practice sites | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Create standardized tool kit for project planning at each medical village site. | On Hold | 3. Create standardized tool kit for project planning at each medical village site. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Include revenue loss as a component of funds flow to ease transition | On Hold | 4. Include revenue loss as a component of funds flow to ease transition | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Model financial implications of bed reduction scenarios to inform sustainability plan. | On Hold | 5. Model financial implications of bed reduction scenarios to inform sustainability plan. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other | On Hold | 6. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| delivery system transformation programs. | | | | | | | | | |
| **Task** 7. Initiate standardized process to spread strategy across planned medical village projects | On Hold | 7. Initiate standardized process to spread strategy across planned medical village projects | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 8. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets. | On Hold | 8. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 9. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy. | On Hold | 9. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 10. Finalize bed reduction plan, reviewed by the MHVC Steering Committee. | On Hold | 10. Finalize bed reduction plan, reviewed by the MHVC Steering Committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

### IA Instructions / Quarterly Update

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

No Records Found

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 8.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

Key risks and associated mitigation strategies for population health management include:
1) IT infrastructure development: Approximately 40% of our PPS members are connected to the local RHIO and 30% receive meaningful use incentives. Conducting a needs assessment and developing our technology strategy becomes a core foundation for DSRIP, and we have already begun these activities. One of our earlier implementation milestones is the development of this program.
2) PCMH Level 3: Only about 20% of the primary care providers in our PPS have achieved Level 3 certification in 2014, compared to 25% statewide. We need to rapidly identify ways to mitigate this and will have a plan in place by DY1, Q3.
3 ) Timing and content of claims data from the DOH: Claims data is critical for our PPS's ability to identify target populations and perform risk stratification. A delay in receiving this information, (such as the delay expected due to the Opt-Out process) will set us behind, seeing as it will take significant time to analyze the data once we have it. Further, if the data doesn't have what we need to do member identification properly (e.g., cost data), this could compromise our population health efforts. In addition if a significant number of our attributed population do opt out of data sharing this would represent a risk. To mitigate these risks, we encourage the DOH for expedient delivery of the data that includes cost data, as well as consider other potential data sources to use in lieu of claims data. We will also educate our partners about the opt-out process so that they will be able to help educate their patients about the benefits of data sharing.
4) Adequate workforce: may be insufficient workforce initially to staff medical villages. To mitigate, will need to integrate carefully with workforce plan so that hiring will lead staffing needs. Training program will need to prepare workforce to be flexible to meet changing operational structure.
5) Patient engagement: inadequate patient engagement with this new model is a risk. To mitigate, will need to develop patient communications to be delivered via medical villages to help patients adapt to this new model of care and associated referral/medical team patterns

The specific risks around bed reduction are detailed in the medical village section of this plan.

### IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

**Instructions :**

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

IT Systems and Processes: Core foundation for population health management
Clinical Integration: Development of care coordination shared services and training programs to be done based on definition of the target population
Cultural competency and workforce: will ensure medical village staff is prepared to adapt to new referral patterns and patient types
Project 2.a.iv: Bed reduction will be driven partly by medical village development, with shared activities related to planning and stakeholder management

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

Projects 2.a.i, 2.a.iii, and 2.b.iii: Care management of high-risk populations will be critical to the success of these domain 2 projects
Governance: Structure needs to enable accountability for IT and PCMH standards, as well as to align on the bed reduction plan.
Financial Sustainability: Financial assessment is a key input and sustainability a key output for population health management - with a need for financial modeling of bed reduction impact and gains from value-based arrangements. We have built this into our implementation plan and expect to complete it in the first half of DY1.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire/MHVC | Lead DSRIP office on Population Health Management strategy. |
| Director of IT Transformation | Josephine Anderson/MHVC | IT assessment and planning for infrastructure development |
| Medical Director | Damara Gutnick, MD/MHVC | Facilitation of assessments and training around PCMH certification within the network and Development of PCMH strategy and planning for execution as well as coordination of other stakeholders |
| Vice President, Community & Population Health (Montefiore | Amanda Parsons, MD/MHVC | Input in PHM strategy and planning for execution |
| Montefiore Strategic Planning & Analytics Department | Ben Wade, VP of Strategic Planning/MHS | Responsible for partner segmentation using analytics |
| Project Management Office | Yvette Sylvester, Montefiore, Director of Business Information Systems (BIS) | Responsible for providing project management support |
| Communications Manager | Chelsea Lyn Anderson/MHVC | Responsible for operationalizing partner communication strategy through newsletter, website, social media, and planning regional meetings and other communications forums. |
| Community Liaison | Christina Hamilton/MHVC | Responsible for communication with Community Based Organizations |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups | Project and DSRIP governance | Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership |
| Partner Health Homes | Will be critical to development and execution of population health strategy | Input into population health and care management strategy |
| Montefiore Care Management Organization | Will be critical to development and execution of population health strategy | Planning and implementation of care management strategy across network |
| Montefiore IT department | Needed to support central analytics and data management | Needs assessment and strategy development |
| **External Stakeholders** | | |
| HealthLinkNY (Local RHIO) | Supporter | Enhancing uptake of connectivity among PPS providers |
| DOH | Data source | Provide data required to identify members in target populations at assess risk level |
| Local Government Units (County) | Supporting organizations | Participate in prevention and smoking cessation agenda and in crisis stabilization planning, offer insights toward population health management strategy |
| Medical Societies of the Hudson Valley | Provide discussion and feedback on clinical changes. | Provide input on PPS activities / issues that affect the group |
| Neighboring PPS Networks | Potential collaboration on project guidance and implementation | Input into project guidance / joint communications to practitioners. |
| Hudson Region DSRIP Public Health Council | Cross PPS Collaboration with DSRIP staff representation from MHVC, Refuah and WMC, as well as multiple CBO partners and LGUs | Cross PPS collaboration to engage multiple stakeholders and Local Government Units |
| Hudson Region DSRIP Clinical Council | Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council | Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience. |
| PHIP – Public health Implementation Program | Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple AIM. Convene cross PPS Clinical Council meetings | Facilitate cross PPS collaboration on Public and Population health initiatives |
| Professional groups | Membership drawn from practitioner groups at provider partners. | Provide input on PPS activities / issues that affect the group |
| NCQA | PCMH accrediting body | Resource for PCMH certification process, as needed |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

We are in the process of selecting new IT infrastructure, in conjunction with the Bronx PPS that will build on the experience of the Montefiore Care Management Organization to develop a robust approach to population health. The selection process is being performed by a cross-functional team with clinical, operational, and technology subject matter experts. We are considering three vendors who have completed self-assessments and three days of application demonstration.

We will also work with our local RHIO(s) and PPS leads in the Hudson Valley and leadership to require all partners to connect with the RHIO to service our attributed population. This will give us the ability to gather robust data to inform the success of population management.

### IPQR Module 8.8 - Progress Reporting

**Instructions :**

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

Success in this workstream will be defined as progress towards establishing improved population health. We will closely monitor our partners' transition to improved clinical care within the integrated value based system in order to meet the milestones outlined above.

### IPQR Module 8.9 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Section 09 – Clinical Integration

#### IPQR Module 9.1 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Perform a clinical integration 'needs assessment'. | In Progress | Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including:<br>-- 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)<br>-- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration<br>-- Identify other potential mechanisms to be used for driving clinical integration | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>8. Use Community Needs Assessment data to identify existing shared access points, interfaces for clinical integration, and mechanisms to drive further clinical integration. | In Progress | Use Community Needs Assessment data to identify existing shared access points, interfaces for clinical integration, and mechanisms to drive further clinical integration. | 06/01/2015 | 03/31/2016 | 06/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>7. Develop a plan to fill gaps. | In Progress | Develop a plan to fill gaps. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>6. Identify central capabilities needed to achieve clinical integration future state (e.g., care management infrastructure). | In Progress | Identify central capabilities needed to achieve clinical integration future state (e.g., care management infrastructure). | 04/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Perform gap analysis. Identify partner needs to achieve clinical integration future state, by provider type (e.g., EHR and HIE capabilities; access to central care management infrastructure) and specific population (i.e. SUD) | In Progress | Perform gap analysis. Identify partner needs to achieve clinical integration future state, by provider type (e.g., EHR and HIE capabilities; access to central care management infrastructure) and specific population (i.e. SUD) | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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

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## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 4. Assess current state clinical integration for partnering providers. | In Progress | Assess current state clinical integration for partnering providers. | 04/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 3. Define clinical integration "future state" aligned with requirements for project 2.a.i and IT systems and processes including reference to relevant project requirements. | In Progress | Define clinical integration "future state" aligned with requirements for project 2.a.i and IT systems and processes including reference to relevant project requirements. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 2. Validate final strategy with all appropriate governing bodies | On Hold | Validate final strategy with all appropriate governing bodies | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 1. Identify key data elements that support clinical integration strategy in alignment with enterprise data warehouse and reporting strategy | In Progress | Identify key data elements that support clinical integration strategy in alignment with enterprise data warehouse and reporting strategy | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 9. Clinical integration 'needs assessment' document, signed off by the Clinical Quality Sub-committee. | On Hold | Clinical integration 'needs assessment' document, signed off by the Clinical Quality Sub-committee. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #2** Develop a Clinical Integration strategy. | In Progress | Clinical Integration Strategy, signed off by Clinical Quality Committee, including:<br>-- Clinical and other info for sharing<br>-- Data sharing systems and interoperability<br>-- 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<br>-- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination<br>-- Training for operations staff on care coordination and communication tools | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| **Task** 4. Create plan to build central infrastructure needed approach for data sharing future state. | In Progress | Create plan to build central infrastructure needed approach for data sharing future state. | 04/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 3. Convene clinical work group to develop care transitions strategy (e.g. virtual or in person | In Progress | Convene clinical work group to develop care transitions strategy (e.g. virtual or in person "warm handoffs") across provider types. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| "warm handoffs") across provider types. | | | | | | | | | |
| **Task** 2. Establish expectation for two-way communications for multidisciplinary care teams that interact and treat patients, to ensure seamless clinical information transfer at point of care and consistent patient centered approach to care. (e.g. health homes ,etc.). | In Progress | Establish expectation for two-way communications for multidisciplinary care teams that interact and treat patients, to ensure seamless clinical information transfer at point of care and consistent patient centered approach to care. (e.g. health homes ,etc.). | 06/01/2015 | 03/31/2016 | 06/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** 1. Work with IT Sub-committee to define data sharing "future state" across the PPS and identify the IT systems and processes used for clinical information sharing. | In Progress | Work with IT Sub-committee to define data sharing "future state" across the PPS and identify the IT systems and processes used for clinical information sharing. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task** 7. Decide on training options for providers on behavioral health assessments to identify unmet needs of patients. | On Hold | Decide on training options for providers on behavioral health assessments to identify unmet needs of patients. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 6. Identify and decide on options for training for administrative and operations staff. Training would cover care coordination skills, patient centered communication skills and the use of care coordination tools. | On Hold | Identify and decide on options for training for administrative and operations staff. Training would cover care coordination skills, patient centered communication skills and the use of care coordination tools. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 5. Identify and decide on options for patient centered communication skills training, for providers across clinical settings. (e.g., potentially utilizing Montefiore CMO training center). | On Hold | Identify and decide on options for patient centered communication skills training, for providers across clinical settings. (e.g., potentially utilizing Montefiore CMO training center). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## IA Instructions / Quarterly Update

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

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

| Milestone Name | Narrative Text |
|---|---|
| Perform a clinical integration 'needs assessment'. | We are requesting the ability to push back the completion of this milestone. Over the past few months we have been further building out the future state for our projects, and our IDS. We have been reviewing CHNA data as well as survey data that was collected in February 2015. We have also begun to collect additional data regarding the current state of our partners within our Workforce Survey. During DY1 Q4 we will continue to refine this analysis with the project workgroups to ensure that our clinical integration strategy incorporates a validation process on data collected thus far and leverages fine tuned requirements for needed data exchange. |
| Develop a Clinical Integration strategy. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 9.2 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

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### PPS Defined Milestones Narrative Text

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

We foresee two major risks to clinical integration and have developed mitigation strategies to address them:
1) IT integration: Only 40% of our partners are connected to the local RHIO and ~30% receive Meaningful Use incentives. Focus groups with staff and peers of partner organizations show that there is a gap in systems for sharing treatment plans and EHR across provider sites. To address these technology gaps, we have launched a partner technology and capability survey to rapidly assess partner needs and plan against them, such that the PPS is ready for performance milestones beginning in DY2.
2) Ensuring best practice care coordination and management of care transitions: Given the heterogeneity in member needs and in provider and CBO structures across the 7 counties, we need to strike a balance between standardization and regional tailoring. In the system design for care coordination, MHVC will work with our partners to identify activities that are to be deployed centrally, ones that will be standardized and those that will be tailored/customized locally. Our planned regional learning collaboratives will allow partners to share best practices for implementation. Finally, we would like to finalize training programs by the end of DY2, such that they can be rolled out to staff in time for the start of the performance period.

### 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.)

IT Systems and Processes: Core foundation for clinical integration
Practitioner Engagement: Training modules need to ensure best practice adoption together with appropriate regional training, and be developed and rolled out in time for the performance period.
Governance: Structure needs to enable accountability for clinical integration standards, with appropriate degree of central management and regional autonomy.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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 |
|---|---|---|
| Executive Director | Allison McGuire/ MHVC | Lead DSRIP office on Clinical Integration strategies |
| Director of IT Transformation | Josephine Anderson/ MHVC | IT needs assessment; IT integration strategy development |
| Medical Director | Damara Gutnick, MD/ MHVC | Strategy for care coordination across providers, Behavioral Health Leadership |
| Montefiore Strategic Planning & Analytics Department | Ben Wade, VP of Strategic Planning, MHS/ Montefiore Health System | Responsible for assistance with creation of and maintenance of provide survey data, and clinical integration needs assessment analysis |
| Project Management Office | Yvette Sylvester, Director of Business Information Systems (BIS)/ Montefiore Health System | Responsible for providing project management support |
| Communications Manager | Chelsea Lynn Anderson/ MHVC | Responsible for operationalizing partner communication strategy through newsletter, website, social media, and planning regional meetings and other communications forums. |
| Community Liaison | Christina Hamilton/ MHVC | Responsible for communication with Community Based Organizations. Feedback CBO concerns to DSRIP Leadership team and share opportunities for collaboration with CBO's. Facilitate Needs assessment completion. |
| Montefiore Care Management Organization | Will be critical to development and execution of clinical integration and care management strategy | Planning and implementation of clinical integration and care management strategy across network |
| Montefiore IT department | Needed to support central analytics and data management | Needs assessment and strategy development |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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** | | |
| MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups | Project and DSRIP governance | Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership |
| Partner Health Homes | Will be critical to development and execution of population health strategy | Input into care management strategy |
| **External Stakeholders** | | |
| Local RHIO | Supporter | Enhancing uptake of connectivity among PPS providers |
| DOH | Data source | Provide data required to identify members in target populations at assess risk level |
| Medical Societies of the Hudson Valley | Provide discussion and feedback on clinical changes. | Provide input as needed on protocols. Help to engage provider partners in transformation (PCMH) |
| Hudson Region DSRIP Clinical Council | Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council | Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience. |
| PHIP - Public Health Implementation Program | Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings | Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings |
| Professional groups | Membership drawn from practitioner groups at provider partners. | Provide input on PPS activities / issues that affect the group |
| CBHC | CBO – BH IPA | Provide input on PPS activities / issues that affect the group |
| Addiction and Recovery Based Providers (Arms Acres, Lexington Center for Recovery | CBO- Addiction and Recovery Based Programming | Provide input on PPS activities / issues that affect the group |
| NCQA | PCMH accrediting body | Resource for PCMH certification process, as needed |

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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.

Shared IT infrastructure will be critical to achieving clinical integration across providers. The IT transformation team will work with the clinical teams to (1) identify IT requirements needed to achieve clinical integration and data sharing goals (including EHR adoption, access to the RHIO, and access to a Care Management platform); (2) integrate these requirements into the final IT strategy; and (3) implement and support the strategy.

### IPQR Module 9.8 - Progress Reporting

**Instructions :**

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

Success in this workstream will be defined as progress from DY1 Q2 through the end of DY 5 towards establishing the achievement of clinical integration by provider type to grow the value-based arrangements. We will closely monitor our contracts with MCOs and our partners' transition to an integrated value based system fully staffed with educated providers in order to meet the milestones outlined above with positive clinical outcomes evidenced by high achievement on the metrics that drive DSRIP incentive-base payments by DOH to 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.

Throughout the implementation planning period, we have worked with our partners to ensure they understand DOH requirements for participation and begun identifying which providers will participate in each project over the five year timeframe. Partners will opt in to projects via the execution of cooperating partner agreements, which will include addendums that outline project participation requirement including, performance reporting.

We are also working to develop a comprehensive set of shared services that will support common elements across projects and assist providers in design and implementation of projects, for example care management services. We expect these services to ensure successful development and implementation of all projects across the PPS. This approach ensures that elements that are common to multiple projects will only be done once, and that the PPS can benefit from standardization and /or centralization of common elements where appropriate.

Project implementation will be supported by a partner support team, together with partner project leads. The partner support team will be responsible for tracking project progress and ensure that partners are able to meet project requirements in keeping with speed and scale commitments.

### 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.

There are extensive interdependencies between projects within our portfolio. Many project requirements apply to multiple projects, particularly IT requirements. For example, the success of our projects relies on the ability of partners to meet EHR and data sharing requirements. There are also many synergies between projects. For example, the patient care navigators that are central to the ED care triage project will also contribute to the success of domain 3 projects, such as behavioral health crisis stabilization and asthma management. Care management and care coordination will also be critical for multiple projects.

Further, there are interdependencies between all organizational workstreams and the projects they support. For example, workforce changes will be a direct result of project implementation, and adequately trained staff will be critical to the success of projects. Project specilaists and the workforce team will work closely together to determine the workforce needs of each project.

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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 |
|---|---|---|
| Executive Director | Allison McGuire, MHVC | Oversight of DSRIP implementation |
| Medical Director | Damara Gutnick, MD, MHVC | Planning and design of clinical project elements |
| Director of IT Transformation | Josie Anderson, MHVC | Partner IT transformation support and coordination of IT services in conjunction with MIT operations, Performance reporting management |
| Director of Workforce & Training | Joan Chaya, MHVC | lkl |
| Chief Financial Official | Bayard King, MHVC | Monitor progress towards DSRIP budget, funds flow, and financial sustainability ( including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking) |
| Director of Systems Transformation | Marlene Ripa, MHVC | Planning, design and implementation lead for system transformation projects |
| Montefiore Strategic Planning Analytics Department | Ben Wade VP of Strategic Planning/ Montefiore Health System | Support of partner data analysis ,PPS key indicator identification, inform performance thresholds and make reporting recommendations |
| Project Management Office | Yvette Sylvester, Montefiore, Director of Business Information Systems (BIS) | Responsible for providing project management support |
| Project Specialists | Positions currently being recruited | Central project coordination-support the implementation of DSRIP initiatives through provider engagement, training, |
| Platform Administrator | Victoria Kolonikina, MHVC | Responsible for the configuration of DSRIP reporting platform |

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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** | | |
| MHVC Steering Committee, Sub-Committees and Workgroups | Project and DSRIP governance | Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership |
| **External Stakeholders** | | |
| Labor unions | Union leaders / representatives | Collaboration on workforce transformation efforts, which will continue to evolve throughout project implementation |
| OASAS & OMH | Inform planning and implementation decisions | Insight into best practices, particularly for 3.a.i and 3.a.ii |
| Universities | Support education and training | Insight into best practices for training required to meet project requirements and outcomes |
| Hudson Regional DSRIP (HRD) Council | Regional Clinical Quality Council and Regional Public Health Council | Collaboration on select clinical topics, such as clinical methods and protocols |
| PHIP - Public Health Implementation Program | Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings | Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings |
| DOH | Data Source | Provide data required to identify members in target populations and assess risk level |
| MCOs | Provide input as needed for specific decisions | Input and support as needed |

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### IPQR Module 10.5 - IT Requirements

**Instructions :**

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

As a PPS we are developing a strategy for design and implementation of IT infrastructure across four major categories:
1)Data collection, analytics and reporting -- we are building a shared capability to collect data from multiple sources (e.g., DOH, PPS partners, RHIO), perform analytics to support project implementation and monitor performance overtime and to generate reports to share progress and performance back with key stakeholders (e.g., DOH, PPS committees and PPS partners)
2) EHR adoption -- we are working with our partners to understand how many partners are in need of a Meaningful Use compliant EHR system and to develop a plan to facilitate implementation
3) HIE connectivity -- we have been working closely with the local RHIO to understand current level of connectivity and develop a plan to increase use of direct secure messaging and increase data exchange across the PPS and across the region
4) Care management platform -- we are in the process of assessing potential care management platforms and solutions that can enable care plan development and sharing across PPS partners
Note: We are facilitating communication between regional extension center and partners around EHR adoption and RHIO connectivity

### IPQR Module 10.6 - Performance Monitoring

**Instructions :**

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

The overall success of the projects will be defined as progress toward establishing value-based, integrated system with successful performance reporting and improved outcomes over the five years of DSRIP. The DSRIP projects are critical to our performance reporting system (as described in the performance reporting section of this plan), which will track progress toward meeting the project requirements as well as the relevant outcomes. The MHVC office, project team, director of research and evaluation, and clinical committees will work closely with partners to track and support project success, which will include partners' transition to a value based system in keeping with project milestones.

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### IPQR Module 10.7 - Community Engagement

**Instructions :**

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

MHVC's overall approach to community engagement is described in more detail in the Governance section of this implementation plan. We will define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1. Two of the key aspects of our plan for community engagement will be:

1. The role of CBOs in MHVC's initiatives and DSRIP projects
2. Our approach to cultural competency

Our approach to ensuring that CBOs play an active role in the MHVC DSRIP Program - and therefore that they help to foster strong community engagement in the DSRIP projects - will be based on the following steps. First, we would identify key CBO stakeholders through communication and engagement with MHVC Steering Committee members. We will then include these key CBOs within project planning workgroups (as well as other organizational work groups as applicable). We will then develop opportunities for CBO involvement and participation in the MHVC governance structure. Finally, we will identify communication channels for sharing information and resources with CBOs. This will include materials and updates on the DSRIP projects, made available through the weekly PPS newsletter and DSRIP website.

MHVC is revisiting its geographic approach to engagement and communication in conjunction with provider partners, as well as requesting feedback from regional coalitions such as the PHIP, in order to align more closely with the ideal participation model for stakeholders. This process will allow us to develop a model that supports effective community engagement in the DSRIP projects.

The cultural competency section of this Implementation Plan describes in more detail our approach to the development and implementation of a cultural competency strategy that will focus on priority groups from within the communities served by MHVC.

### IPQR Module 10.8 - IA Monitoring

**Instructions :**

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## Montefiore Medical Center (PPS ID:19)

## Section 11 – Workforce

### IPQR Module 11.1 - Workforce Strategy Spending

**Instructions :**

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

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

**Current File Uploads**

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

No Records Found

**Narrative Text :**

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

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### IPQR Module 11.2 - Prescribed Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Define target workforce state (in line with DSRIP program's goals). | In Progress | Finalized PPS target workforce state, signed off by PPS workforce governance body. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | NO |
| **Task**<br>1. Hire MHVC director of workforce development and management, who will identify the needed project resources and who will take the lead responsibility for defining the target workforce state. | Completed | 1. Hire MHVC director of workforce development and management, who will identify the needed project resources and who will take the lead responsibility for defining the target workforce state. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| **Task**<br>2. Establish a workforce sub-committee with PPS partner workforce leads that will be co-chaired by PPS partners and advise on workforce development and management strategy. | Completed | 2. Establish a workforce sub-committee with PPS partner workforce leads that will be co-chaired by PPS partners and advise on workforce development and management strategy. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>3. Director of Workforce Development & Management and project leads and partners who are involved with the initial wave of projects*will work together to understand the timing and scope of projects selected by PPS Partners. This will include an assessment of requirements and services involved, recognizing that project design and scope will evolve.<br><br>* i.e. those projects set to begin implementation first | In Progress | 3. Director of Workforce Development & Management and project leads and partners who are involved with the initial wave of projects*will work together to understand the timing and scope of projects selected by PPS Partners. This will include an assessment of requirements and services involved, recognizing that project design and scope will evolve.<br><br>* i.e. those projects set to begin implementation first | 07/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>4. The Director of Workforce Development & Management will partner with project leads and partners to identify the needed resources for | In Progress | 4. The Director of Workforce Development & Management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competecy models, training | 07/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| projects including but not limited to: data collection, critical staffing roles, competecy models, training curriculum, and staffing models for projects (with identification of project overlap) | | curriculum, and staffing models for projects (with identification of project overlap) | | | | | | | |
| **Task**<br>5. Identify means of workforce survey and assessment. Determine if MHVC will use a third party or build a survey in-house. | Completed | 5. Identify means of workforce survey and assessment. Determine if MHVC will use a third party or build a survey in-house. | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>6. Distribute workforce survey to partners to determine baseline for planning target workforce state | Completed | 6. Distribute workforce survey to partners to determine baseline for planning target workforce state | 07/01/2015 | 03/31/2016 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| **Task**<br>7."Meet with stakeholders to understand their expectations for future state workforce including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Acute care clinical staff (Inpatient/ED) will be affected by an acceleration in already declining volumes in these care settings and if these staff members will need support moving to new care settings, and training to prepare them for new roles.:<br>■ Physicians/PAs/NPs/APRNs<br>■ Nurses (e.g. RNs, LPNs,)<br>■ Non-professional patient care (e.g., NAs, PCTs)<br>■ Patient Navigators<br>■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, social workers)" | In Progress | 7."Meet with stakeholders to understand their expectations for future state workforce including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Acute care clinical staff (Inpatient/ED) will be affected by an acceleration in already declining volumes in these care settings and if these staff members will need support moving to new care settings, and training to prepare them for new roles.:<br>■ Physicians/PAs/NPs/APRNs<br>■ Nurses (e.g. RNs, LPNs,)<br>■ Non-professional patient care (e.g., NAs, PCTs)<br>■ Patient Navigators<br>■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, social workers)" | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>8."Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for | In Progress | "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed. and confirm through survey of PPS partners if | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| MHVC projects; adjust target state as needed. and confirm through survey of PPS partners if following Ambulatory care staff (Medical and behavioral health) will see an increase in volume, and will require an expansion in workforce,<br>■ Physicians/PAs/NPs/APRNs<br>■ Nurses (e.g., RNs, LPNs)<br>■ Non-professional patient care (e.g., NA, PCTs)<br>■ Chronic Care RNs<br>■ Referral Coordinators<br>■ Patient Service Reps<br>■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, Dental technicians)<br>■ Dentists<br>■ Mental health specialists, psychologists, MD psychiatrists, Psychiatric NPs<br>■ Population Management experts<br>■ Case managers<br>■ Social Workers<br>■ Home health workers<br>■ Nutritionists<br>■ Healthcare Counselors<br>■ Paramedics and Emergency technicians<br>■ Ambulatory Care practice managers<br>" | | following Ambulatory care staff (Medical and behavioral health) will see an increase in volume, and will require an expansion in workforce,<br>■ Physicians/PAs/NPs/APRNs<br>■ Nurses (e.g., RNs, LPNs)<br>■ Non-professional patient care (e.g., NA, PCTs)<br>■ Chronic Care RNs<br>■ Referral Coordinators<br>■ Patient Service Reps<br>■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, Dental technicians)<br>■ Dentists<br>■ Mental health specialists, psychologists, MD psychiatrists, Psychiatric NPs<br>■ Population Management experts<br>■ Case managers<br>■ Social Workers<br>■ Home health workers<br>■ Nutritionists<br>■ Healthcare Counselors<br>■ Paramedics and Emergency technicians<br>■ Ambulatory Care practice managers<br>" | | | | | | | |
| **Task**<br>9. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Community-based care delivery staff wil see an increase in volume, and will require an expansion in workforce | In Progress | "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Community-based care delivery staff wil see an increase in volume, and will require an expansion in workforce<br>■ Visiting nurses/Home health aides | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| ■ Visiting nurses/Home health aides<br>■ Patient educators/community health workers<br>■ Peer coaches/ Peer support staff<br>■ Crisis intervention professionals<br>" | | ■ Patient educators/community health workers<br>■ Peer coaches/ Peer support staff<br>■ Crisis intervention professionals<br>" | | | | | | | |
| **Task**<br>10. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Healthcare-related administrative and supporting staff will experience a change in the nature of care they are supporting, as care increasingly shifts to outpatient and community settings, and becomes more integrated, with a greater focus on coordination:<br>■ Data analysts and statisticians<br>■ Human Resources Professionals<br>■ Training and development staff<br>■ Registration clerks<br>■ Financial counseling staff<br>■ Translators/foreign language speakers<br>■ Communications and media experts<br>■ Marketing professionals<br>■ Managers/Supervisors<br>■ Ancillary workers<br>■ IT staff" | In Progress | 10. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Healthcare-related administrative and supporting staff will experience a change in the nature of care they are supporting, as care increasingly shifts to outpatient and community settings, and becomes more integrated, with a greater focus on coordination:<br>■ Data analysts and statisticians<br>■ Human Resources Professionals<br>■ Training and development staff<br>■ Registration clerks<br>■ Financial counseling staff<br>■ Translators/foreign language speakers<br>■ Communications and media experts<br>■ Marketing professionals<br>■ Managers/Supervisors<br>■ Ancillary workers<br>■ IT staff" | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>11. Using staffing models for MHVC projects work with MHVC Workforce subcommittee to define competencies and skills required for roles associated with project implementation | In Progress | 11. Using staffing models for MHVC projects work with MHVC Workforce subcommittee to define competencies and skills required for roles associated with project implementation | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>12. Using staffing models for MHVC projects, | In Progress | 12. Using staffing models for MHVC projects, competency and skill requirements for roles, and survey results confirm | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| competency and skill requirements for roles, and survey results confirm which roles will be filled through retraining or new hires. Training will be required to increase familiarity with community-based care integration and coordination, and the implications the transition to value- based payment models. | | which roles will be filled through retraining or new hires. Training will be required to increase familiarity with community-based care integration and coordination, and the implications the transition to value- based payment models. | | | | | | | |
| **Task**<br>13. Define target workforce state for project implementation for early stage projects set to begin implementation first, recognizing it will evolve over the course of project implementation. (Workforce target state for later implementation project dates will be revised at a later date and on an ongoing basis). | In Progress | 13. Define target workforce state for project implementation for early stage projects set to begin implementation first, recognizing it will evolve over the course of project implementation. (Workforce target state for later implementation project dates will be revised at a later date and on an ongoing basis). | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>14. The MHVC director of workforce development & management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competency models, and training curriculum. | In Progress | 14. The MHVC director of workforce development & management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competency models, and training curriculum. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Milestone #2**<br>Create a workforce transition roadmap for achieving defined target workforce state. | In Progress | Completed workforce transition roadmap, signed off by PPS workforce governance body. | 12/31/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| **Task**<br>1. The MHVC director of workforce development and management, who has the lead responsibility for creating a transition roadmap, will work with workforce subcommittee members, labor unions, and other stakeholders, to identify infrastructure needed to transform the workforce, including IT solutions (e.g., job board, and data collection tools). | In Progress | 1. The MHVC director of workforce development and management, who has the lead responsibility for creating a transition roapmap, will work with workforce subcommittee members, labor unions, and other stakeholders, to identify infrastructure needed to transform the workforce, including IT solutions (e.g., job board, and data collection tools). | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>2. Engage organized labor in development of the workforce transformation strategy, as needed. | In Progress | 2. Engage organized labor in development of the workforce transformation strategy, as needed. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** | In Progress | 3. Analyze root cause of potential shortages for key priority | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |

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|---|---|---|---|---|---|---|---|---|---|
| 3. Analyze root cause of potential shortages for key priority positions, using data from the Center for Health Workforce studies to identify professional shortage areas that will affect implementation of MHVC projects. | | positions, using data from the Center for Health Workforce studies to identify professional shortage areas that will affect implementation of MHVC projects. | | | | | | | |
| **Task**<br>4. "Using research data from DSRIP application regarding community based resource shortages, and working with workforce subcommittee, determine strategy for fortifying key roles including peer staff for coaching and crisis intervention, mobile crisis teams, and respite facilities staff.<br>" | In Progress | 4. "Using research data from DSRIP application regarding community based resource shortages, and working with workforce subcommittee, determine strategy for fortifying key roles including peer staff for coaching and crisis intervention, mobile crisis teams, and respite facilities staff.<br>" | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task**<br>5. Conduct gap analysis between current and target workforce state (milestone #3), and identify potential shortages. | On Hold | 5. Conduct gap analysis between current and target workforce state (milestone #3), and identify potential shortages. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Perform cross tabulation of survey results and assess for accuracy . | On Hold | 6. Perform cross tabulation of survey results and assess for accuracy . | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Develop strategy to transform workforce to achieve target workforce state, which may include plans for: infrastructure, community partnerships, employee assistance programs and services, non-deployable staff strategy, partnerships with existing state programs, framework to collaborate with other PPS's, assessment of potential vendors, change management, and risk mitigation. | On Hold | 7. Develop strategy to transform workforce to achieve target workforce state, which may include plans for: infrastructure, community partnerships, employee assistance programs and services, non-deployable staff strategy, partnerships with existing state programs, framework to collaborate with other PPS's, assessment of potential vendors, change management, and risk mitigation. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>8. Develop DSRIP Workforce Metrics to track progress of workforce transformation strategy (e.g., EEO Stats, hours trained, number of associates displaced, reductions, upgraded, promotions, failed probations, new jobs added, training spend per organization, training spend | On Hold | 8. Develop DSRIP Workforce Metrics to track progress of workforce transformation strategy (e.g., EEO Stats, hours trained, number of associates displaced, reductions, upgraded, promotions, failed probations, new jobs added, training spend per organization, training spend per effected employee, cross PPS placement, county unemployment levels, turnover, expenses, relocations, job refusals, FT to PT | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| per effected employee, cross PPS placement, county unemployment levels, turnover, expenses, relocations, job refusals, FT to PT placement). | | placement). | | | | | | | |
| **Task**<br>9. Finalize workforce transformation strategy with workforce workgroup. | On Hold | 9. Finalize workforce transformation strategy with workforce workgroup. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #3**<br>Perform detailed gap analysis between current state assessment of workforce and projected future state. | Not Started | Current state assessment report & gap analysis, signed off by PPS workforce governance body. | 12/31/2015 | 12/31/2016 | 03/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| **Task**<br>1. The MHVC director of workforce development and management, who has the lead responsibility for conducting a detailed gap analysis will conduct a current state assessment of PPS partners through the survey described in milestone #1, by project, including: (1) assessment of current employees' skills and potential for redeployment; (2) partner current capabilities and structures (e.g., training capabilities, HR capabilities, current vendor usage, change management structure). | On Hold | 1. The MHVC director of workforce development and management, who has the lead responsibility for conducting a detailed gap analysis will conduct a current state assessment of PPS partners through the survey described in milestone #1, by project, including: (1) assessment of current employees' skills and potential for redeployment; (2) partner current capabilities and structures (e.g., training capabilities, HR capabilities, current vendor usage, change management structure). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>2. Compare current state assessment to target state (#1 Milestone), and assess gap in resource needs (redeployment, retraining, and hiring needs). | On Hold | 2. Compare current state assessment to target state (#1 Milestone), and assess gap in resource needs (redeployment, retraining, and hiring needs). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>3. Using staffing models defined by projects and roles outlined in milestone #1, confirm staff eligible for redeployment given project selection, staffing models, and DSRIP goals, and review esisting HR policies and labor agreements. | On Hold | 3. Using staffing models defined by projects and roles outlined in milestone #1, confirm staff eligible for redeployment given project selection, staffing models, and DSRIP goals, and review esisting HR policies and labor agreements. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Identify positions that are in short supply that will not be filled through redeployment | On Hold | 4. Identify positions that are in short supply that will not be filled through redeployment | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** | On Hold | 5. Identify workforce gap closing strategies including training, | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 5. Identify workforce gap closing strategies including training, shared services, career ladders, tiered staffing, telemedicine, subcontracting, joint appointments, etc. | | shared services, career ladders, tiered staffing, telemedicine, subcontracting, joint appointments, etc. | | | | | | | |
| **Task**<br>6. Develop a MHVC job board and identify other sites for job posting. | On Hold | 6. Develop a MHVC job board and identify other sites for job posting. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Create recruitment plans for new hires | On Hold | 7. Create recruitment plans for new hires | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>8. Implement strategy to fill positions in short supply and that are difficult to retain, recruit, and train | On Hold | 8. Implement strategy to fill positions in short supply and that are difficult to retain, recruit, and train | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>9. Complete workforce budget analysis to establish revised workforce budget, for duration of DSRIP. | On Hold | 9. Complete workforce budget analysis to establish revised workforce budget, for duration of DSRIP. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>10. Finalize current state assessment and obtain PPS governance approval. | On Hold | 10. Finalize current state assessment and obtain PPS governance approval. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #4**<br>Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | In Progress | Compensation and benefit analysis report, signed off by PPS workforce governance body. | 03/31/2016 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |
| **Task**<br>1. The MHVC director of workforce development and management, who has the lead responsibility for producing a compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #3 milestone, and compensation and HR policy results from partner survey described in milestone #1, including compensation and benefits. | In Progress | 1. The MHVC director of workforce development and management, who has the lead responsibility for producing a compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #3 milestone, and compensation and HR policy results from partner survey described in milestone #1, including compensation and benefits. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| **Task** | On Hold | 2. Define the skills, competencies, education requirements, | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| 2. Define the skills, competencies, education requirements, and license and certification requirements of newly required roles in target future state (as defined in #1 milestone); compare with current roles. | | and license and certification requirements of newly required roles in target future state (as defined in #1 milestone); compare with current roles. | | | | | | | |
| **Task**<br>3. Work with PPS partners and unions to review benchmark data needed to establish pay scales and benefits by geographical location for newly required roles; include special compensation considerations such as relocation, geography, skill scarcity, license and certification requirements, commutation, retention bonuses, and job sharing. | On Hold | 3. Work with PPS partners and unions to review benchmark data needed to establish pay scales and benefits by geographical location for newly required roles; include special compensation considerations such as relocation, geography, skill scarcity, license and certification requirements, commutation, retention bonuses, and job sharing. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>4. Define policies/guidelines on: pay practices, bonuses, job sharing, recall rights, redeployment refusals, and partial redeployments. Work with partners to review processes for redeployment and share best practices associated with staffing changes. | On Hold | Define policies/guidelines on: pay practices, bonuses, job sharing, recall rights, redeployment refusals, and partial redeployments. Work with partners to review processes for redeployment and share best practices associated with staffing changes. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>5. Using data from partner survey and ongoing reporting from partner on staffing, complete a cross tabulation of data to determine compensation impact on fully and partially placed staff, and review data for accuracy with labor groups and other stakeholders. | On Hold | 5. Using data from partner survey and ongoing reporting from partner on staffing, complete a cross tabulation of data to determine compensation impact on fully and partially placed staff, and review data for accuracy with labor groups and other stakeholders. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Finalize compensation analysis and policies with workforce workgroup, based on input from partners, labor unions, and other stakeholders. | On Hold | Finalize compensation analysis and policies with workforce workgroup, based on input from partners, labor unions, and other stakeholders. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>7. Finalize compensation and benefits analysis and obtain PPS governance approval | On Hold | 7. Finalize compensation and benefits analysis and obtain PPS governance approval | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Milestone #5**<br>Develop training strategy. | In Progress | Finalized training strategy, signed off by PPS workforce governance body. | 12/31/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |

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|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>1. The MHVC director of workforce development and management, who has the lead responsibility for developing the training strategy will work with the workforce subcommittee and key stakeholders to identify training resources at PPS partner organizations, including subject matter experts. | In Progress | 1. The MHVC director of workforce development and management, who has the lead responsibility for developing the training strategy will work with the workforce subcommittee and key stakeholders to identify training resources at PPS partner organizations, including subject matter experts. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>2. Identify any early stage training needs and develop strategy to address the requirements. Focus on building training resources to support training of peer coaches and peer support staff. Peer coaches and peer support staff are critical care team members drawn from local communities who can fully engage members in their care plans, and who will also serve critical roles in behavioral health crisis stabilization units. | In Progress | 2. Identify any early stage training needs and develop strategy to address the requirements. Focus on building training resources to support training of peer coaches and peer support staff. Peer coaches and peer support staff are critical care team members drawn from local communities who can fully engage members in their care plans, and who will also serve critical roles in behavioral health crisis stabilization units. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>3. Conduct a training needs assessment by organization and selected projects (based on target state and staffing models outlined in mileston #1; and gap analysis in milestone #3), to identify the skills and certifications needed for staff who will be retrained, redeployed, or newly hired. | In Progress | Conduct a training needs assessment by organization and selected projects (based on target state and staffing models outlined in mileston #1; and gap analysis in milestone #3), to identify the skills and certifications needed for staff who will be retrained, redeployed, or newly hired. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>4. Collaborate with local stakeholders (e.g., unions, schools / universities) on identifying resources to support PPS workforce training. | In Progress | Collaborate with local stakeholders (e.g., unions, schools / universities) on identifying resources to support PPS workforce training. | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| **Task**<br>5. Review training options and engage in contracts and or agreements with Montefiore CMO, 1199 TEF, and Montefiore Learning Network; and review other vendors to close gaps on training needs e.g., GNYHA, CCMI, and NKI. | On Hold | 5. Review training options and engage in contracts and or agreements with Montefiore CMO, 1199 TEF, and Montefiore Learning Network; and review other vendors to close gaps on training needs e.g., GNYHA, CCMI, and NKI. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task**<br>6. Identify training programs with respect to | On Hold | 6. Identify training programs with respect to meaningful use of electronic health records | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|---|---|---|---|---|---|---|---|---|
| meaningful use of electronic health records | | | | | | | | | |
| **Task** 7. Partner with Community Colleges to identify opportunity to have college credits or certifications associated with training. | On Hold | Partner with Community Colleges to identify opportunity to have college credits or certifications associated with training. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 8. Develop training strategy, including plan to onboard newly hired, redeployed, and retrained DSRIP employees and plan for nurse practitioner residency program. | On Hold | Develop training strategy, including plan to onboard newly hired, redeployed, and retrained DSRIP employees and plan for nurse practitioner residency program. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 9. Finalize plan to implement training strategy, including blended delivery approach (e.g., classroom training, on the job training, e-learning), length of trainings, and process for vendor selection. | On Hold | 9. Finalize plan to implement training strategy, including blended delivery approach (e.g., classroom training, on the job training, e-learning), length of trainings, and process for vendor selection. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 10. Determine how the effectiveness of training programs will be evaluated and how such evaluations will be used to improve training programs. Include pre- and post-tests to assess knowledge gained | On Hold | 10. Determine how the effectiveness of training programs will be evaluated and how such evaluations will be used to improve training programs. Include pre- and post-tests to assess knowledge gained | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| **Task** 11. Adjust budget allocated to redeployment and retraining, to reflect needs by organization and project. | On Hold | 11. Adjust budget allocated to redeployment and retraining, to reflect needs by organization and project. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

## IA Instructions / Quarterly Update

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

No Records Found

## Prescribed Milestones Current File Uploads

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

No Records Found

## NYS Confidentiality – High

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

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Define target workforce state (in line with DSRIP program's goals). | |
| Create a workforce transition roadmap for achieving defined target workforce state. | |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | |
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | |
| Develop training strategy. | |

### Milestone Review Status

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 11.3 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

Several risks could interfere with our PPS's ability to achieve workforce milestones on time. First, there is the risk that regulatory waivers will be delayed or not approved, which will affect our ability to meet our milestones. To mitigate this risk, we will continue to work closely with the state on regulatory relief and advocate for faster timelines or reconsiderations as needed. Second, there is the risk that capital requests will not be approved, which will affect our ability to develop the infrastructure needed (e.g., online job boards) for the workforce transformation. In the event that this happens, we will explore alternative funding options, as well as alternative infrastructure solutions such as collaboration with other PPS's. Third, there is the risk that unanticipated lay-offs within the network could make it difficult to achieve our target workforce state. In the event that this happens, we will work with union leadership and internal and external stakeholders to minimize the impact of unanticipated lay-offs. Fourth there is a risk that partner organizations may not be able to mitigate regional wage disparities. To address this we will work closely with our partners to understand their compensation structures and capability to mitigate wage disparities, and ensure this is incorporated into our workforce transformation strategy. Fifth, there is a risk that labor strikes will impact our ability to conduct trainings according to planned timelines. In this case we will need to increase the number of trainings delivered once labor issues are resolved. Sixth, there may be resistance to change among staff, which we will address with a robust change management and engagement strategy. Finally, we will address potential workforce shortages by exploring possible incentives to work in underserved areas.

### IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

**Instructions :**

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

The workforce workstream is interdependent with several other areas:

First, the workforce team will work closely with the cultural competency workstream on trainings. This will include using some of the same vendors / channels / resources for cultural competency training as for other workforce training, as well as incorporating cultural competency elements into staff training. In addition, analysis around underserved populations will inform the workforce needs assessment.

Second, the workforce team will work closely with the Partner Support and the Communications teams on general DSRIP education for practitioners, as well as overall workforce communications.

Third, the workforce team will work closely with the IT workstream and the performance reporting workstream on tools to track the retraining, redeployment, and hiring of new staff, as well as on job board and eLearning functions.

Finally, the workforce workstream will collaborate extensively with the Partner Support team and the MHVC Project Specialists (as well as the project leads at each partner) to identify the workforce needs of each project for each provider.

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### IPQR Module 11.6 - Roles and Responsibilities

**Instructions :**

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

| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|---|
| MHVC Executive Director | Allison McGuire | Lead DSRIP office on workforce activities; manage DSRIP team |
| MHVC Director, Workforce and Training | Joan Chaya | Lead - workforce transformation activities; accountable for all milestones and reporting requirements above |
| MHVC Workforce Team | TBD | Execute all workforce transformation activities, and deliver milestones and reporting requirements above and Training |
| Workforce Workgroup | Partner organization representatives | Input on workforce transformation strategy and Training |
| MHVC Project Specialists | TBD | Input on workforce transformation strategy; support in identifying workforce needs of projects and Training |

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### IPQR Module 11.7 - Key Stakeholders

**Instructions :**

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

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|---|---|
| **Internal Stakeholders** | | |
| Partner project leads | Project leads | Partner with MHVC workforce Director and Project Specialists on workforce and training needs and timelines for projects |
| Gloria Kenny, Montefiore VP of Human Resources | Montefiore VP of Human Resources | Planning and input on workforce transformation |
| Susan Roti, Montefiore Senior Director, Organization Development | Montefiore Senior Director Organization Development | Planning and input on workforce transformation |
| **External Stakeholders** | | |
| External vendors | Provide services, including IT and training | Contracted services, including training, as needed |
| Labor groups | Labor / union representation | Collaborate on workforce strategy, including management and development of impacted union employees |
| CMO and Learning Network | Training and workforce strategy resource | Collaborate on workforce and training strategy |

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### IPQR Module 11.8 - IT Expectations

**Instructions :**

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

Our workforce transformation requires an IT platform that optimizes accessibility, robust application capabilities, and ease of use. This is because the workforce effort will have the broadest range of users with varying skill levels and needs (e.g., leaders of partner organizations; staff). Learning management and job board functionality will need to communicate information at appropriate levels to specified users. Alignment with the IT workstream will be integral to deliver on these needs. Using a tool based on 'software as a service' will address the accessibility issues. At a minimum, we will explore using IT infrastructure to track staff movement across the PPS, in order to account for redeployment as well as net new hires.

### IPQR Module 11.9 - Progress Reporting

**Instructions :**

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

Success in this workstream will be defined as progress towards delivering a workforce that is suited to meeting the needs of a value-based integrated health care delivery system. Developing and delivering the MHVC workforce strategy by the end of DY 5 (12/31/2019) will be the primary tool for achieving this and we will use the milestones outlined above to monitor progress towards this. Responsible stakeholders will be identified, and a collaborative data collection tool will be used that allows for real time reporting and performance scorecards. This system will collect and aggregate data for analysis and will be tailored to operationalizing and assessing the approved workforce strategy on an ongoing basis.

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### IPQR Module 11.10 - Staff Impact

**Instructions :**

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

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

**Current File Uploads**

| User ID | File Type | File Name | File Description | Upload Date |
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# New York State Department Of Health
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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

**IPQR Module 11.11 - IA Monitoring:**

**Instructions :**

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## Montefiore Medical Center (PPS ID:19)

### 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: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms.

Mitigation: Expand the IT platforms of health homes in the region and leverage the experience of our partners innovating in this realm to develop practical IT solutions for our partner organizations in the early stages of IT development. The IT survey will provide current state assessment which will feed into mitigating this risk

Risk: Financial and/or Cultural readiness of partners for the shift to value-based payment models and risk-based arrangements.

Mitigation strategies include: a) Leverage the experience of Montefiore and other partners with value based payment models and practice transformation b) Engage in regular outreach and communication with partners, focused on aligning them to shifting payment models.

Risk: MHVC applied for regulatory relief in a number of areas as part of its Organizational Application.

Mitigation: Pursue the potential alternatives to regulatory waivers detailed in the application.

Further, the PPS will need to address the challenges of engaging members, especially considering 20-30% of respondents to our CNA said they were not aware of how to access healthcare services. This current lack of awareness poses significant risk to meeting speed and scale goals. We will do this through active outreach to community organizations and local health departments to educate patients about our PPSs projects, as well as a public facing website to help engage the community in our efforts. We will track efforts to reaching patient engagement targets, and escalate accordingly (e.g. if we are behind on care plan speed and scale targets, we will escalate outreach and communications support through CBOs).

Risk: Receipt of timely claims data provided by the state, and opt out sharing this would represent a risk.

Mitigation strategies include: a) Encourage the DOH for expedient delivery of the data that includes cost data, as well as consider other potential data sources to use in lieu of claims data. b) Educate our partners about the opt-out process so that they will be able to help educate their patients about the benefits of data sharing.

Risk: Impact of ICD-10 rollout on providers resources, workflow and project timelines.

| |
|---|
| Mitigation: Survey partners to access if they anticipate that ICD-10 will negatively impact work and timelines. If so, we will develop strategies or adjust timelines to to address these risks. |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 1. Develop a list of elements that will need to be part of each provider agreement /contract to develop draft contract | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Prepare a draft Coordinating Provider Agreement (CPA) and present to MHVC Steering Committee | Project | | Completed | 06/01/2015 | 07/09/2015 | 06/01/2015 | 07/09/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 3. Finalize CPA in collaboration with MHVC Steering Committee | Project | | Completed | 07/09/2015 | 08/13/2015 | 07/09/2015 | 08/13/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 4. Distribute the form of agreement and educational materials to PPS participants. | Project | | Completed | 04/01/2015 | 03/31/2020 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 5. Perform survey by type of provider and services offered, to understand providers' readiness to participate in IDS, and determine scope and nature of participation | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 6. Request letter of intent from partners regarding project participation | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 7. Identify list of partners per project | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 8. Develop plan to outreach to partners that have not been actively engaged or that have asked for additional information | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 9. Develop plan to monitor and support bring less experienced providers | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 10. Commence outreach to partners to include CBOs and FBOs and develop refined plan for engaging partners over next 4 years | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 11. Create process that tracks provider performance compared to contract terms/requirements, including corrective action | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 12. Commence outreach to create alignment with payers and social service organizations | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 13. Establish plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 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 | 07/30/2015 | 03/31/2017 | 07/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS produces a list of participating HHs and ACOs. | Project | | In Progress | 07/30/2015 | 03/31/2017 | 07/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | Project | | In Progress | 07/30/2015 | 03/31/2017 | 07/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery. | Project | | In Progress | 07/30/2015 | 03/31/2017 | 07/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Commence routine working meetings with regional Health Homes | Project | | Completed | 07/30/2015 | 03/31/2017 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Leverage IT capability survey to inventory HH partners and ACO population health management system | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Define proposed workflows for review and discussion with Health Home partners | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Create and execute proposal for which capabilities or services HH partners can deliver within the PPS to achieve project goal; define strategy for integrating existing systems and offerings | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Clinically Interoperable System is in place for all participating providers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS trains staff on IDS protocols and processes. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Conduct population profile of attributed patients to understand current utilization patterns and identify opportunities for improvement. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Identify appropriate projects and care management services for specific patient segments | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Develop plan to integrate Community Based Organizations (CBOs) into IDS by identifying specific opportunities for their involvement (e.g. Patient engagement by CHWs, FBO, housing assistance, etc.) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Evaluate baseline performance on relevant Domain 2, 3 and 4 indicators and design feedback proces to empower Provider QI | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| efforts. Performance against these indicators will continue to be monitored on an ongoing basis. | | | | | | | | | |
| **Task** 5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Identify most appropriate channels for direct outreach to patients and begin outreach to ensure they are aware of resources available in a manner that is culturally competent. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | On Hold | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Nursing Home | On Hold | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS uses alerts and secure messaging functionality. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Coordinate with local QE and Cross PPS workgroup to | Project | | In Progress | 04/01/2015 | 12/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| develop strategy to increase participation adoption and integration | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Project | N/A | In Progress | 06/01/2015 | 03/31/2018 | 06/01/2015 | 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 | | On Hold | 06/01/2015 | 03/31/2018 | 06/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 06/01/2015 | 12/31/2018 | 06/01/2015 | 12/31/2018 | 12/31/2018 | DY4 Q3 |
| **Task** 1. Define scope and assess eligible participating partners | Project | | In Progress | 06/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #6** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **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 | 03/31/2020 | 11/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | |
| **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 | 07/01/2015 | 03/31/2018 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Assess risks and benefits of various strategies of support for PCMH. i.e. (Vendors vs build) | Project | | In Progress | 07/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

# New York State Department Of Health
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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #8** Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task** Medicaid Managed Care contract(s) are in place that include value-based payments. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Build on baseline assessment to identify and engage key PPS partners and MCOs that will drive transition to value-based payments. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. Define MHVC objectives for MCO contracts via case based business models that align with DSRIP objectives. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Review criteria for MCO contracting with Finance Sub-Committee and workgroups | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Draft MCO contract elements for review leveraging Montefiore's experience with existing VBP contracts and methodologies | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Develop contracting guidance to support partners in their efforts to contract with MCOs | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Develop and finalize IPA structure | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Develop detailed plan for transition to value-based-payments as well as for overall PPS financial sustainability. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 8. Communicate and collect feedback on plan with governing bodies. | | | | | | | | | |
| **Task** 9. Communicate final plan with all PPS partners | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. First value-based arrangements in place | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #9** Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify MCOs currently engaging majority of PPS attributed lives | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Hold regular meetings with MCOs, including proposed agenda, structure, and choices for meeting cadence. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Bring information to appropriate governing bodies for integration into project development | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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 | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Perform outreach to largest partners to understand models that partners are currently using to align provider compensation | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Develop set of potential models to create incentives and align compensation for providers | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Collaborate with partners in selecting from this set of potential | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| models developed above | | | | | | | | | |
| **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 | Not Started | 04/01/2015 | 03/31/2020 | 03/31/2016 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task** Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Conduct population profile utilizing data available on attributed population to identify patient segments that will benefit from DSRIP projects (e.g. geographic, socioeconomic, disease state, etc.) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Survey partners regarding use of and interest in expanding navigation services and use of cultural competency techniques. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Provide data to partners to enable outreach in accordance with data privacy laws. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Profile CBOS with best practices to serve as model of best practice. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Based on survey, create expansion plan including training. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. Develop a list of elements that will need to be part of each provider agreement /contract to develop draft contract | | | | | | | | | | |
| **Task** 2. Prepare a draft Coordinating Provider Agreement (CPA) and present to MHVC Steering Committee | | | | | | | | | | |
| **Task** 3. Finalize CPA in collaboration with MHVC Steering Committee | | | | | | | | | | |
| **Task** 4. Distribute the form of agreement and educational materials to PPS participants. | | | | | | | | | | |
| **Task** 5. Perform survey by type of provider and services offered, to understand providers' readiness to participate in IDS, and determine scope and nature of participation | | | | | | | | | | |
| **Task** 6. Request letter of intent from partners regarding project participation | | | | | | | | | | |
| **Task** 7. Identify list of partners per project | | | | | | | | | | |
| **Task** 8. Develop plan to outreach to partners that have not been actively engaged or that have asked for additional information | | | | | | | | | | |
| **Task** 9. Develop plan to monitor and support bring less experienced providers | | | | | | | | | | |
| **Task** 10. Commence outreach to partners to include CBOs and FBOs and develop refined plan for engaging partners over next 4 years | | | | | | | | | | |
| **Task** 11. Create process that tracks provider performance compared to contract terms/requirements, including corrective action | | | | | | | | | | |
| **Task** 12. Commence outreach to create alignment with payers and social service organizations | | | | | | | | | | |
| **Task** 13. Establish plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed | | | | | | | | | | |
| **Milestone #2** Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 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** 1. Commence routine working meetings with regional Health Homes | | | | | | | | | | |
| **Task** 2. Leverage IT capability survey to inventory HH partners and ACO population health management system | | | | | | | | | | |
| **Task** 3. Define proposed workflows for review and discussion with Health Home partners | | | | | | | | | | |
| **Task** 4. Create and execute proposal for which capabilities or services HH partners can deliver within the PPS to achieve project goal; define strategy for integrating existing systems and offerings | | | | | | | | | | |
| **Milestone #3** Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | | | | | | | | | | |
| **Task** Clinically Interoperable System is in place for all participating providers. | | | | | | | | | | |
| **Task** PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | | | | | | | | | | |
| **Task** PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed. | | | | | | | | | | |
| **Task** PPS trains staff on IDS protocols and processes. | | | | | | | | | | |
| **Task** 1. Conduct population profile of attributed patients to understand current utilization patterns and identify opportunities for improvement. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 2. Identify appropriate projects and care management services for specific patient segments | | | | | | | | | | |
| **Task**<br>3. Develop plan to integrate Community Based Organizations (CBOs) into IDS by identifying specific opportunities for their involvement (e.g. Patient engagement by CHWs, FBO, housing assistance, etc.) | | | | | | | | | | |
| **Task**<br>4. Evaluate baseline performance on relevant Domain 2, 3 and 4 indicators and design feedback proces to empower Provider QI efforts. Performance against these indicators will continue to be monitored on an ongoing basis. | | | | | | | | | | |
| **Task**<br>5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts. | | | | | | | | | | |
| **Task**<br>6. Identify most appropriate channels for direct outreach to patients and begin outreach to ensure they are aware of resources available in a manner that is culturally competent. | | | | | | | | | | |
| **Milestone #4**<br>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**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS uses alerts and secure messaging functionality. | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **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 | 0 | 0 |
| **Task** 1. Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #6**<br>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**<br>PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | | | | | | | | | | |
| **Task**<br>2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task**<br>3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task**<br>4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |
| **Task**<br>5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | | | | | | | | | | |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task**<br>7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |
| **Milestone #7**<br>Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 0 | 0 |
| **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** 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |
| **Task** 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Assess risks and benefits of various strategies of support for PCMH. i.e. (Vendors vs build) | | | | | | | | | | |
| **Task** 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #8** Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** Medicaid Managed Care contract(s) are in place that include value-based payments. | | | | | | | | | | |
| **Task** 1. Build on baseline assessment to identify and engage key PPS partners and MCOs that will drive transition to value-based payments. | | | | | | | | | | |
| **Task** 2. Define MHVC objectives for MCO contracts via case based business models that align with DSRIP objectives. | | | | | | | | | | |
| **Task** 3. Review criteria for MCO contracting with Finance Sub-Committee and workgroups | | | | | | | | | | |
| **Task** 4. Draft MCO contract elements for review leveraging Montefiore's experience with existing VBP contracts and methodologies | | | | | | | | | | |
| **Task** 5. Develop contracting guidance to support partners in their efforts to contract with MCOs | | | | | | | | | | |
| **Task** 6. Develop and finalize IPA structure | | | | | | | | | | |
| **Task** 7. Develop detailed plan for transition to value-based-payments as well as for overall PPS financial sustainability. | | | | | | | | | | |
| **Task** 8. Communicate and collect feedback on plan with governing bodies. | | | | | | | | | | |
| **Task** 9. Communicate final plan with all PPS partners | | | | | | | | | | |
| **Task** 10. First value-based arrangements in place | | | | | | | | | | |
| **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** 1. Identify MCOs currently engaging majority of PPS attributed lives | | | | | | | | | | |
| **Task** 2. Hold regular meetings with MCOs, including proposed | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| agenda, structure, and choices for meeting cadence. | | | | | | | | | | |
| **Task** 3. Bring information to appropriate governing bodies for integration into project development | | | | | | | | | | |
| **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** 1. Perform outreach to largest partners to understand models that partners are currently using to align provider compensation | | | | | | | | | | |
| **Task** 2. Develop set of potential models to create incentives and align compensation for providers | | | | | | | | | | |
| **Task** 3. Collaborate with partners in selecting from this set of potential models developed above | | | | | | | | | | |
| **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** 1. Conduct population profile utilizing data available on attributed population to identify patient segments that will benefit from DSRIP projects (e.g. geographic, socioeconomic, disease state, etc.) | | | | | | | | | | |
| **Task** 2. Survey partners regarding use of and interest in expanding navigation services and use of cultural competency techniques. | | | | | | | | | | |
| **Task** 3. Provide data to partners to enable outreach in accordance with data privacy laws. | | | | | | | | | | |
| **Task** 4. Profile CBOS with best practices to serve as model of best practice. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>5. Based on survey, create expansion plan including training. | | | | | | | | | | |

| Project 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**<br>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**<br>PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers. | | | | | | | | | | |
| **Task**<br>1. Develop a list of elements that will need to be part of each provider agreement /contract to develop draft contract | | | | | | | | | | |
| **Task**<br>2. Prepare a draft Coordinating Provider Agreement (CPA) and present to MHVC Steering Committee | | | | | | | | | | |
| **Task**<br>3. Finalize CPA in collaboration with MHVC Steering Committee | | | | | | | | | | |
| **Task**<br>4. Distribute the form of agreement and educational materials to PPS participants. | | | | | | | | | | |
| **Task**<br>5. Perform survey by type of provider and services offered, to understand providers' readiness to participate in IDS, and determine scope and nature of participation | | | | | | | | | | |
| **Task**<br>6. Request letter of intent from partners regarding project participation | | | | | | | | | | |
| **Task**<br>7. Identify list of partners per project | | | | | | | | | | |
| **Task**<br>8. Develop plan to outreach to partners that have not been actively engaged or that have asked for additional information | | | | | | | | | | |
| **Task**<br>9. Develop plan to monitor and support bring less experienced providers | | | | | | | | | | |
| **Task**<br>10. Commence outreach to partners to include CBOs and FBOs | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 develop refined plan for engaging partners over next 4 years | | | | | | | | | | |
| **Task**<br>11. Create process that tracks provider performance compared to contract terms/requirements, including corrective action | | | | | | | | | | |
| **Task**<br>12. Commence outreach to create alignment with payers and social service organizations | | | | | | | | | | |
| **Task**<br>13. Establish plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed | | | | | | | | | | |
| **Milestone #2**<br>Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | | | | | | | | | | |
| **Task**<br>PPS produces a list of participating HHs and ACOs. | | | | | | | | | | |
| **Task**<br>Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | | | | | | | | | | |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery. | | | | | | | | | | |
| **Task**<br>1. Commence routine working meetings with regional Health Homes | | | | | | | | | | |
| **Task**<br>2. Leverage IT capability survey to inventory HH partners and ACO population health management system | | | | | | | | | | |
| **Task**<br>3. Define proposed workflows for review and discussion with Health Home partners | | | | | | | | | | |
| **Task**<br>4. Create and execute proposal for which capabilities or services HH partners can deliver within the PPS to achieve project goal; define strategy for integrating existing systems and offerings | | | | | | | | | | |
| **Milestone #3**<br>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**<br>Clinically Interoperable System is in place for all participating | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| providers. | | | | | | | | | | |
| **Task**<br>PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | | | | | | | | | | |
| **Task**<br>PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed. | | | | | | | | | | |
| **Task**<br>PPS trains staff on IDS protocols and processes. | | | | | | | | | | |
| **Task**<br>1. Conduct population profile of attributed patients to understand current utilization patterns and identify opportunities for improvement. | | | | | | | | | | |
| **Task**<br>2. Identify appropriate projects and care management services for specific patient segments | | | | | | | | | | |
| **Task**<br>3. Develop plan to integrate Community Based Organizations (CBOs) into IDS by identifying specific opportunities for their involvement (e.g. Patient engagement by CHWs, FBO, housing assistance, etc.) | | | | | | | | | | |
| **Task**<br>4. Evaluate baseline performance on relevant Domain 2, 3 and 4 indicators and design feedback proces to empower Provider QI efforts. Performance against these indicators will continue to be monitored on an ongoing basis. | | | | | | | | | | |
| **Task**<br>5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts. | | | | | | | | | | |
| **Task**<br>6. Identify most appropriate channels for direct outreach to patients and begin outreach to ensure they are aware of resources available in a manner that is culturally competent. | | | | | | | | | | |
| **Milestone #4**<br>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. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 74 | 74 | 74 | 74 | 74 | 74 | 74 | 74 | 74 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **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 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
| **Task** 1. Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **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** 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | | | | | | | | | | |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | | | | | | | | | | |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task**<br>7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |
| **Milestone #7**<br>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**<br>Primary care capacity increases improved access for patients seeking services - particularly in high-need areas. | | | | | | | | | | |
| **Task**<br>All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | | | | | | | | | |
| **Task**<br>1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |
| **Task**<br>2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task**<br>3. Assess risks and benefits of various strategies of support for PCMH. i.e. (Vendors vs build) | | | | | | | | | | |
| **Task**<br>4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task**<br>5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task**<br>6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task**<br>7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #8**<br>Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | | | | | | | | | | |
| **Task**<br>Medicaid Managed Care contract(s) are in place that include value-based payments. | | | | | | | | | | |
| **Task**<br>1. Build on baseline assessment to identify and engage key PPS partners and MCOs that will drive transition to value-based payments. | | | | | | | | | | |
| **Task**<br>2. Define MHVC objectives for MCO contracts via case based business models that align with DSRIP objectives. | | | | | | | | | | |
| **Task**<br>3. Review criteria for MCO contracting with Finance Sub-Committee and workgroups | | | | | | | | | | |
| **Task**<br>4. Draft MCO contract elements for review leveraging Montefiore's experience with existing VBP contracts and methodologies | | | | | | | | | | |
| **Task**<br>5. Develop contracting guidance to support partners in their efforts to contract with MCOs | | | | | | | | | | |
| **Task**<br>6. Develop and finalize IPA structure | | | | | | | | | | |
| **Task**<br>7. Develop detailed plan for transition to value-based-payments as well as for overall PPS financial sustainability. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| 8. Communicate and collect feedback on plan with governing bodies. | | | | | | | | | | |
| **Task**<br>9. Communicate final plan with all PPS partners | | | | | | | | | | |
| **Task**<br>10. First value-based arrangements in place | | | | | | | | | | |
| **Milestone #9**<br>Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | | | | | | | | | | |
| **Task**<br>PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted. | | | | | | | | | | |
| **Task**<br>1. Identify MCOs currently engaging majority of PPS attributed lives | | | | | | | | | | |
| **Task**<br>2. Hold regular meetings with MCOs, including proposed agenda, structure, and choices for meeting cadence. | | | | | | | | | | |
| **Task**<br>3. Bring information to appropriate governing bodies for integration into project development | | | | | | | | | | |
| **Milestone #10**<br>Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | | | | | | | | | | |
| **Task**<br>PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation | | | | | | | | | | |
| **Task**<br>Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | | | | | | | | | | |
| **Task**<br>1. Perform outreach to largest partners to understand models that partners are currently using to align provider compensation | | | | | | | | | | |
| **Task**<br>2. Develop set of potential models to create incentives and align compensation for providers | | | | | | | | | | |
| **Task**<br>3. Collaborate with partners in selecting from this set of potential models developed above | | | | | | | | | | |
| **Milestone #11**<br>Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| organizations, as appropriate. | | | | | | | | | | |
| **Task** Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | | | | | | | | | | |
| **Task** 1. Conduct population profile utilizing data available on attributed population to identify patient segments that will benefit from DSRIP projects (e.g. geographic, socioeconomic, disease state, etc.) | | | | | | | | | | |
| **Task** 2. Survey partners regarding use of and interest in expanding navigation services and use of cultural competency techniques. | | | | | | | | | | |
| **Task** 3. Provide data to partners to enable outreach in accordance with data privacy laws. | | | | | | | | | | |
| **Task** 4. Profile CBOS with best practices to serve as model of best practice. | | | | | | | | | | |
| **Task** 5. Based on survey, create expansion plan including training. | | | | | | | | | | |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | |
| Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 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. | |
| Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | |
| Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | |
| Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |

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

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

# New York State Department Of Health
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### IPQR Module 2.a.i.4 - 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: Delay in claims data has prevented our ability to risk stratify the population and identify the at risk population

Mitigation: HH at Risk workgroup has discussed leveraging partners internal capacity to identify members with targeted chronic conditions for initial program focus.

Risk: IT readiness of partners for integrated care plans and interactions / transitions among partners.

Mitigation: a) Ensure easily implementable integration strategies are in place, such as increasing EHR and RHIO adoption; and b) focus on longer-term solutions, including building a more uniform and sustainable IT infrastructure with a common IT platform and common care-management tools.

Risk: Strain on central resources due to ambitious speed and scale targets

Mitigation: Consistently encourage advance planning through provider communications and supply additional support as needed before deadlines.

Risk: Enrolling members in care management will be difficult if contact information is either out of date or unavailable.

Mitigation: Leverage IT infrastructure to enable our partners to quickly share data and access member contact information, often available through inpatient discharge paperwork, community signup sheets, etc.

Risk: Ability to scale the care management model from the smaller models in existence today, while gaining partner alignment across the network.

Mitigation: Train the workforce in best-in-class practices throughout the region

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

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY2,Q4 | 67,254 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 468 | 468 | 3.46% | 13,073 | 0.70% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (13,541)

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL2215_1_3_20160202201533_ActivatedPatientsNarrative.docx | Activated Patients Narrative | 02/02/2016 08:16 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time

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on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

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

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Establish the HH at Risk Workgroup (including at a minimum: HHs, PCPs, Hospitals, CBOs), sitting under Clinical Sub-committee. | Project | | Completed | 06/01/2015 | 12/30/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. In consultation with HH at Risk workgroup and Montefiore CMO define HH at Risk population | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Define the services to be provided to HH at Risk population. ( Assessment, creation of Care plan, etc) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. In consultation with HH at Risk Workgroup and Montefiore CMO co- create standardized assessment and referral workflow for HH at risk members deemed HH eligible | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Define interim mechanism of communicating patients identified as HH at risk members to partners | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Co-create a provider level tool kit to include a standard comprehensive care plan and assessments | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Assess partner capability/desire to provide CM services | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 8. Develop partner approach to CM - centralized vs. localized depending on assessment results, and clearly define roles of all parties (HHs, PCMH/APC and PCPs) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 9. Access existing and develop proposed workflows at partner sites to support implementation of CM approach | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. In consultation with Workforce Lead complete assessment of CM staffing needs at each participating site | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 11. In consultation with Workforce Lead and Cultural Competency Lead create training curriculum | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 12. Present HH at Risk model and co-created toolkit to Clinical Quality Sub-Committee and Workforce Sub-Committee for review and comment. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #2** Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and APCM standards | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1.Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | Project | | Completed | 08/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build) | Project | | In Progress | 07/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** | Project | | In Progress | 04/01/2015 | 03/31/2020 | 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Case Management / Health Home | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS uses alerts and secure messaging functionality. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup | Project | | In Progress | 04/01/2015 | 03/31/2020 | 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| to develop strategy to increase participation adoption and integration | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1.Define scope and assess eligible participating partners | Project | | In Progress | 06/01/2015 | 12/31/2015 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS on results from Feb 2015 IT survey of partners) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Support partner EHR Implementations and PCMH standards | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| adoption | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Assess current level of connectivity across PPS (refresh of survey completed in Feb. 2015) | Project | | Completed | 04/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Utilize data available on attributed population to begin creating relevant patient registries | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Establish data analytics function to support registries. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #6** Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Procedures to engage at-risk patients with care management plan instituted. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Convene HH at Risk Workgroup to participate in the development of standardized assessment and care plan | Project | | Completed | 04/01/2015 | 03/31/2020 | 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| elements | | | | | | | | | |
| **Task** 2. Access current systems in use by Health Homes, CBOs and Primary Care Sites. (ability to identify patients needing services, ability generate alerts based on evidence based guidelines, ability to communicate with HIE) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Develop reports and plan to implement alerting functionality to identify members that would benefit from care management | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Develop policies and procedures detailing protocols for initiating outreach, assessments used, and for interoperability | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Define mechanism for partners to report to PPS at risk members not identified in stratification for inclusion in HH at risk denominator | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Establish regular reporting based on agreed upon standards to monitor HH @ risk engagement report and patients not yet engaged | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Define, in conjunction with HH at Risk Workgroup and Workforce Sub-Committee, training curriculum for PPS provider staff | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Design ongoing analysis and communications process utilizing claims data to track progress of engaged patients and to monitor for new patient at risk identification. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #7** Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | Provider | Case Management / Health Home | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. HH At Risk Workgroup in consultation with the CMO to create a resource repository describing the full range of tools and resources available to support PCP's in the CM process | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. PCP training curriculum will include policies and procedures to guide use of resource repository and referrals for Care Management | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Establish communication links between PCP and health homes (e.g. community forum) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #8** Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | Provider | Case Management / Health Home | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1.Review CHNA to assess shortages of community resources i.e. (transportation providers, peer resources, transitional housing) | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Survey LGUs to identify scope of current services and identify gaps to foster alignment and improve the continuum of care | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. HH at Risk Work Group in consultation with the CMO to create a resource repository describing the full range of tools and resources available | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Establish communication links between PCP and behavioral | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| health providers/social services (e.g. community forum, formal networks) | | | | | | | | | |
| **Task** 5. Assess existing collaborations in the community (between primary care and behavioral health/social services/LGUs) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Assess current partner EMR capability to track referrals to HH, behavioral, and social services | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. HH at Risk workgroup to develop protocols for documentation and referral, including use of resource repository | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Training curriculum will include policies and procedures to guide use of resource repository to facilitate referral to Behavioral Health or Social Services, as needed. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #9** Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has included social services agencies in development of risk reduction and care practice guidelines. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. HH at Risk Workgroup (to include social services agencies) establishes regularly scheduled formal meetings | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. HH at Risk workgroup identifies patient populations for which | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| evidence based guidelines are needed | | | | | | | | | |
| **Task** 3. Health Home at Risk group works in collaboration with Clinical Quality Sub-committee to review existing and establish new evidence based guidelines drawing on latest best practice | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Health Home at Risk Training curriculum, described above, includes use of evidence based guidelines | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Clinical Quality Sub-committee signs off on updates and changes, as needed | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. HH at Risk training curriculum, developed in consultation with and reviewed by Workforce and Cultural Competency Lead reflects use of evidence based guidelines | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | | | | | | | | | | |
| **Task** A clear strategic plan is in place which includes, at a minimum:<br>- Definition of the Health Home At-Risk Intervention Program<br>- Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | | | | | | | | | | |
| **Task** 1. Establish the HH at Risk Workgroup (including at a minimum: HHs, PCPs, Hospitals, CBOs), sitting under Clinical Sub-committee. | | | | | | | | | | |
| **Task** 2. In consultation with HH at Risk workgroup and Montefiore CMO define HH at Risk population | | | | | | | | | | |
| **Task** 3. Define the services to be provided to HH at Risk population. ( Assessment, creation of Care plan, etc) | | | | | | | | | | |
| **Task** 4. In consultation with HH at Risk Workgroup and Montefiore CMO co- create standardized assessment and referral workflow for HH at risk members deemed HH eligible | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 5. Define interim mechanism of communicating patients identified as HH at risk members to partners | | | | | | | | | | |
| **Task** 6. Co-create a provider level tool kit to include a standard comprehensive care plan and assessments | | | | | | | | | | |
| **Task** 7. Assess partner capability/desire to provide CM services | | | | | | | | | | |
| **Task** 8. Develop partner approach to CM - centralized vs. localized depending on assessment results, and clearly define roles of all parties (HHs, PCMH/APC and PCPs) | | | | | | | | | | |
| **Task** 9. Access existing and develop proposed workflows at partner sites to support implementation of CM approach | | | | | | | | | | |
| **Task** 10. In consultation with Workforce Lead complete assessment of CM staffing needs at each participating site | | | | | | | | | | |
| **Task** 11. In consultation with Workforce Lead and Cultural Competency Lead create training curriculum | | | | | | | | | | |
| **Task** 12. Present HH at Risk model and co-created toolkit to Clinical Quality Sub-Committee and Workforce Sub-Committee for review and comment. | | | | | | | | | | |
| **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 | 0 |
| **Task** 1.Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |
| **Task** 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Assess risks and benefits of various strategies of support for | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| PCMH. Ie. (Vendors vs build) | | | | | | | | | | |
| **Task** 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **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 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **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 | 0 |
| **Task** 1.Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **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 | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| reporting. | | | | | | | | | | |
| **Task** 1. Assess current level of connectivity across PPS (refresh of survey completed in Feb. 2015) | | | | | | | | | | |
| **Task** 2. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 3. Utilize data available on attributed population to begin creating relevant patient registries | | | | | | | | | | |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries | | | | | | | | | | |
| **Task** 5. Establish data analytics function to support registries. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |
| **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** 1. Convene HH at Risk Workgroup to participate in the development of standardized assessment and care plan elements | | | | | | | | | | |
| **Task** 2. Access current systems in use by Health Homes, CBOs and Primary Care Sites. (ability to identify patients needing services, ability generate alerts based on evidence based guidelines, ability to communicate with HIE) | | | | | | | | | | |
| **Task** 3. Develop reports and plan to implement alerting functionality to identify members that would benefit from care management | | | | | | | | | | |
| **Task** 4. Develop policies and procedures detailing protocols for initiating outreach, assessments used, and for interoperability | | | | | | | | | | |
| **Task** 5. Define mechanism for partners to report to PPS at risk members not identified in stratification for inclusion in HH at risk denominator | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 6. Establish regular reporting based on agreed upon standards to monitor HH @ risk engagement report and patients not yet engaged | | | | | | | | | | |
| **Task** 7. Define, in conjunction with HH at Risk Workgroup and Workforce Sub-Committee, training curriculum for PPS provider staff | | | | | | | | | | |
| **Task** 8. Design ongoing analysis and communications process utilizing claims data to track progress of engaged patients and to monitor for new patient at risk identification. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. HH At Risk Workgroup in consultation with the CMO to create a resource repository describing the full range of tools and resources available to support PCP's in the CM process | | | | | | | | | | |
| **Task** 2. PCP training curriculum will include policies and procedures to guide use of resource repository and referrals for Care Management | | | | | | | | | | |
| **Task** 3. Establish communication links between PCP and health homes (e.g. community forum) | | | | | | | | | | |
| **Milestone #8** Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | | | | | | | | | | |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| **Task** 1.Review CHNA to assess shortages of community resources i.e. (transportation providers, peer resources, transitional housing) | | | | | | | | | | |
| **Task** 2. Survey LGUs to identify scope of current services and identify gaps to foster alignment and improve the continuum of care | | | | | | | | | | |
| **Task** 3. HH at Risk Work Group in consultation with the CMO to create a resource repository describing the full range of tools and resources available | | | | | | | | | | |
| **Task** 4. Establish communication links between PCP and behavioral health providers/social services (e.g. community forum, formal networks) | | | | | | | | | | |
| **Task** 5. Assess existing collaborations in the community (between primary care and behavioral health/social services/LGUs) | | | | | | | | | | |
| **Task** 6. Assess current partner EMR capability to track referrals to HH, behavioral, and social services | | | | | | | | | | |
| **Task** 7. HH at Risk workgroup to develop protocols for documentation and referral, including use of resource repository | | | | | | | | | | |
| **Task** 8. Training curriculum will include policies and procedures to guide use of resource repository to facilitate referral to Behavioral Health or Social Services, as needed. | | | | | | | | | | |
| **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 | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| risk reduction and care practice guidelines. | | | | | | | | | | |
| **Task** Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | | | | | | | | | | |
| **Task** 1. HH at Risk Workgroup (to include social services agencies) establishes regularly scheduled formal meetings | | | | | | | | | | |
| **Task** 2. HH at Risk workgroup identifies patient populations for which evidence based guidelines are needed | | | | | | | | | | |
| **Task** 3. Health Home at Risk group works in collaboration with Clinical Quality Sub-committee to review existing and establish new evidence based guidelines drawing on latest best practice | | | | | | | | | | |
| **Task** 4. Health Home at Risk Training curriculum, described above, includes use of evidence based guidelines | | | | | | | | | | |
| **Task** 5. Clinical Quality Sub-committee signs off on updates and changes, as needed | | | | | | | | | | |
| **Task** 6. HH at Risk training curriculum, developed in consultation with and reviewed by Workforce and Cultural Competency Lead reflects use of evidence based guidelines | | | | | | | | | | |

| Project 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:<br>- Definition of the Health Home At-Risk Intervention Program<br>- Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs | | | | | | | | | | |
| **Task** 1. Establish the HH at Risk Workgroup (including at a minimum: HHs, PCPs, Hospitals, CBOs), sitting under Clinical Sub-committee. | | | | | | | | | | |
| **Task** 2. In consultation with HH at Risk workgroup and Montefiore CMO define HH at Risk population | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Define the services to be provided to HH at Risk population. ( Assessment, creation of Care plan, etc) | | | | | | | | | | |
| **Task** 4. In consultation with HH at Risk Workgroup and Montefiore CMO co- create standardized assessment and referral workflow for HH at risk members deemed HH eligible | | | | | | | | | | |
| **Task** 5. Define interim mechanism of communicating patients identified as HH at risk members to partners | | | | | | | | | | |
| **Task** 6. Co-create a provider level tool kit to include a standard comprehensive care plan and assessments | | | | | | | | | | |
| **Task** 7. Assess partner capability/desire to provide CM services | | | | | | | | | | |
| **Task** 8. Develop partner approach to CM - centralized vs. localized depending on assessment results, and clearly define roles of all parties (HHs, PCMH/APC and PCPs) | | | | | | | | | | |
| **Task** 9. Access existing and develop proposed workflows at partner sites to support implementation of CM approach | | | | | | | | | | |
| **Task** 10. In consultation with Workforce Lead complete assessment of CM staffing needs at each participating site | | | | | | | | | | |
| **Task** 11. In consultation with Workforce Lead and Cultural Competency Lead create training curriculum | | | | | | | | | | |
| **Task** 12. Present HH at Risk model and co-created toolkit to Clinical Quality Sub-Committee and Workforce Sub-Committee for review and comment. | | | | | | | | | | |
| **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 | 0 |
| **Task** 1.Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task**<br>3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build) | | | | | | | | | | |
| **Task**<br>4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task**<br>5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task**<br>6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task**<br>7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #3**<br>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**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task**<br>1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **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 | 0 |
| **Task** 1.Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #5** 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** 1. Assess current level of connectivity across PPS (refresh of survey completed in Feb. 2015) | | | | | | | | | | |
| **Task** 2. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 3. Utilize data available on attributed population to begin creating relevant patient registries | | | | | | | | | | |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries | | | | | | | | | | |
| **Task** 5. Establish data analytics function to support registries. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |
| **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** 1. Convene HH at Risk Workgroup to participate in the development of standardized assessment and care plan elements | | | | | | | | | | |
| **Task** 2. Access current systems in use by Health Homes, CBOs and Primary Care Sites. (ability to identify patients needing services, ability generate alerts based on evidence based guidelines, ability to communicate with HIE) | | | | | | | | | | |
| **Task** 3. Develop reports and plan to implement alerting functionality to identify members that would benefit from care management | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 4. Develop policies and procedures detailing protocols for initiating outreach, assessments used, and for interoperability | | | | | | | | | | |
| **Task** 5. Define mechanism for partners to report to PPS at risk members not identified in stratification for inclusion in HH at risk denominator | | | | | | | | | | |
| **Task** 6. Establish regular reporting based on agreed upon standards to monitor HH @ risk engagement report and patients not yet engaged | | | | | | | | | | |
| **Task** 7. Define, in conjunction with HH at Risk Workgroup and Workforce Sub-Committee, training curriculum for PPS provider staff | | | | | | | | | | |
| **Task** 8. Design ongoing analysis and communications process utilizing claims data to track progress of engaged patients and to monitor for new patient at risk identification. | | | | | | | | | | |
| **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 | 0 | 0 | 0 | 0 | 0 |
| **Task** Each identified PCP establish partnerships with the local Health Home for care management services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. HH At Risk Workgroup in consultation with the CMO to create a resource repository describing the full range of tools and resources available to support PCP's in the CM process | | | | | | | | | | |
| **Task** 2. PCP training curriculum will include policies and procedures to guide use of resource repository and referrals for Care Management | | | | | | | | | | |
| **Task** 3. Establish communication links between PCP and health homes (e.g. community forum) | | | | | | | | | | |
| **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 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| departments). | | | | | | | | | | |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS has established partnerships to medical, behavioral health, and social services. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS uses EHRs and HIE system to facilitate and document partnerships with needed services. | | | | | | | | | | |
| **Task** 1.Review CHNA to assess shortages of community resources i.e. (transportation providers, peer resources, transitional housing) | | | | | | | | | | |
| **Task** 2. Survey LGUs to identify scope of current services and identify gaps to foster alignment and improve the continuum of care | | | | | | | | | | |
| **Task** 3. HH at Risk Work Group in consultation with the CMO to create a resource repository describing the full range of tools and resources available | | | | | | | | | | |
| **Task** 4. Establish communication links between PCP and behavioral health providers/social services (e.g. community forum, formal networks) | | | | | | | | | | |
| **Task** 5. Assess existing collaborations in the community (between primary care and behavioral health/social services/LGUs) | | | | | | | | | | |
| **Task** 6. Assess current partner EMR capability to track referrals to HH, behavioral, and social services | | | | | | | | | | |
| **Task** 7. HH at Risk workgroup to develop protocols for documentation and referral, including use of resource repository | | | | | | | | | | |
| **Task** 8. Training curriculum will include policies and procedures to guide use of resource repository to facilitate referral to Behavioral Health or Social Services, as needed. | | | | | | | | | | |
| **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 | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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** 1. HH at Risk Workgroup (to include social services agencies) establishes regularly scheduled formal meetings | | | | | | | | | | |
| **Task** 2. HH at Risk workgroup identifies patient populations for which evidence based guidelines are needed | | | | | | | | | | |
| **Task** 3. Health Home at Risk group works in collaboration with Clinical Quality Sub-committee to review existing and establish new evidence based guidelines drawing on latest best practice | | | | | | | | | | |
| **Task** 4. Health Home at Risk Training curriculum, described above, includes use of evidence based guidelines | | | | | | | | | | |
| **Task** 5. Clinical Quality Sub-committee signs off on updates and changes, as needed | | | | | | | | | | |
| **Task** 6. HH at Risk training curriculum, developed in consultation with and reviewed by Workforce and Cultural Competency Lead reflects use of evidence based guidelines | | | | | | | | | | |

## Prescribed Milestones Current File Uploads

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | |
| Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | |
| Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | |
| Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | |
| Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | |
| Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | |
| Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Project 2.a.iv – Create a medical village using existing hospital infrastructure

#### IPQR Module 2.a.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: Partners may not receive CRFP funding to support required transformation

Mitigation: Projects for Medical Villages that do not receive capital funding will be scaled appropriately and HVC will explore "virtual" medical villages to include use of tele-health and/or diversion to nearby Primary Care or Behavioral Health services as indicated in the ED Care Triage project

Risk: Participating partners may not be able to transition their planning to reflect value-based concepts

Mitigation: Provide continued planning services to partner boards and executive teams. Through it's Care Management Office (CMO) and in partnership with the HVC, Montefiore will expand its efforts to implement population health services to include all payers thus allowing for consistent planning that can be applied to all patients.

Risk: Legal risk, associated with anti-trust issues.

Mitigation: The DSRIP framework and constraints will help manage this risk in relation to the Medicaid population. For other lines of business, care will be taken to develop policies, procedures, and governance to protect consumers' access to high quality care at reasonable costs.

Risk: Increased financial strain on the host Medical Village community hospitals due to reduction of staffed beds without corresponding replacement of revenue.

Mitigation strategies include: a) Engaging stakeholder to co-design the medical villages and allow for phased reductions of staffed beds and phased transformation of the unused space. b) Utilizing Montefiore's experience in managing risk to implement and offer population health services to the Medicaid MCOs active in the Medical Village service areas, with a goal of entering into shared savings and risk bearing contracts prior to the end of the DSRIP period. The shared savings and risk bearing operating margins have the potential to offset lost inpatient and emergency room revenue. Coupled with the DSRIP program, the phased approach will reduce negative financial impact. c) Implementing and offering shared savings and risk bearing contracts to other types of payers active in the service area d)evaluate this risk as part of VAPAP financial sustainability analysis

Risk: As the transition to VBP evolves there will be more reductions in staffed beds and increased need for remodeled space. There is a risk that that capital will not be available for future renovations.

Mitigation: Develop a focused and collaborative effort to raise capital for Medical Villages

Risk: Medical Villages may have multiple cultures operating within one physical structure, due to varying approaches to value-based reimbursement for different lines of business.

Mitigation: Convert to value-based care for all payers in the most efficient manner possible, leveraging the experience of Montefiore's CMO.

Risk: Ability to retrain and hire staff in a timeframe consistent with transformation timetables for the Medical Villages.

Mitigation: Leverage the experience of Montefiore CMO and partnership with 1199 in designing curriculum for retraining of the current workforce and training new healthcare workers.

Risk: The physical space and the governance structure of the Medical Villages may not be designed appropriately.

Mitigation: HVC will design the medical village governance and business structures to reflect the interests of all parties and the desired objectives of a) phased reductions of staffed beds; b) repurposing of under-utilized space in a manner that improves the health status for the populations served; c) lowering costs for all payers.

Risk: Obtaining the necessary permits and the associate risk of potential construction cost overruns.

Mitigation: Ongoing monitoring of project including budget and process, escalate potential issues with appropriate governing body.Leverage the decades of experience in managing construction projects each Medi

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.a.iv.2 - Patient Engagement Speed

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY3,Q4 | 18,560 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 1,249 | 1,249 | 134.59% | -321 | 6.73% |

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL2315_1_3_20160202201941_ActivatedPatientsNarrative.docx | Activated patients narrative | 02/02/2016 08:20 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.a.iv.3 - Prescribed Milestones

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | Project | N/A | In Progress | 04/01/2015 | 09/30/2018 | 04/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task**<br>A strategic plan is in place which includes, at a minimum:<br>- Definition of services to be provided in medical village and justification based on CNA<br>- Plan for transition of inpatient capacity<br>- Description of process to engage community stakeholders<br>- Description of any required capital improvements and physical location of the medical village<br>- Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2018 | 09/30/2018 | DY4 Q2 |
| **Task**<br>Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. Engage partner hospitals to discuss the co-creation of the future state vision. | Project | | Completed | 04/01/2015 | 06/01/2016 | 04/01/2015 | 06/01/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>2. Conduct preliminary facility surveys to assess suitability of space for potential uses and estimated required capital. | Project | | Completed | 04/01/2015 | 06/01/2015 | 04/01/2015 | 06/01/2015 | 06/30/2015 | DY1 Q1 |
| **Task**<br>3. Conduct preliminary partner baseline financial evaluation | Project | | Completed | 04/01/2015 | 06/01/2015 | 04/01/2015 | 06/01/2015 | 06/30/2015 | DY1 Q1 |
| **Task**<br>4. Support partners in submitting requests for CRFP funding. | Project | | Completed | 04/01/2015 | 06/01/2015 | 04/01/2015 | 06/01/2015 | 06/30/2015 | DY1 Q1 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 5. Coordinate with VAPAP facilities to develop VAPAP plans that are supported by and leverage DSRIP programatic initiatives. Monitor throughout DSRIP project. | Project | | In Progress | 06/01/2015 | 03/31/2018 | 06/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 6. Develop strategic program plan including population projections, partner opportunities, readiness assessments, community need, etc.) for projects. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 7. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 8. Identify pilot sites and project champions for each site and establish regularly scheduled meetings. | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 9. Develop standardized approach for planning at each medical village site, develop future state of program for facilities; to include transition of inpatient capacity and programs that migrate to another setting | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 10. Establish community engagement workgroups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, & CBOs | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 11. Finalize strategic plan . | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 12. Create site specific facility plan, and construction plan. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 13. In consultation with Cultural Competency Lead and Communications Manager create consumer education regarding medical village services | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 14. Develop communications plan to engage media and create community awareness | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 15. Collect and assess feedback from pilot sites and modify the | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| plan as appropriate | | | | | | | | | |
| **Task** 16. Replicate steps with next wave/s of Medical Village sites | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #2** Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Model financial implications of bed reduction scenarios to inform sustainability plan. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Initiate standardized process to spread strategy across planned medical village projects | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Finalize bed reduction plan, reviewed by the MHVC Steering Committee. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving level 3 certification for all relevant providers | | | | | | | | | |
| **Task** 2. Assess PCMH readiness and certification, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. Identify practices on track (Wave 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Wave 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 5. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 6. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| requirements. | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation (refresh of February survey) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1.Establish requirements to track actively engaged patients and align with population health objectives. Requirements will include performance measures. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #6** Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1.Define scope and assess eligible participating partners | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2.Assess current level of connectivity and EHR usage by provider site across PPS | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3.Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #7** Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.). | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 1. Review CNA to identify deficiencies in services | | | | | | | | | |
| **Task**<br>2. Establish community engagement work groups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, CBOs and LGUs. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>3. In consultation with Cultural Competency lead and Communication Manager create consumer education regarding access to Medical Village services. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>4. Develop communications plan to engage media and create community awareness | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | | | | | | | | | | |
| **Task**<br>A strategic plan is in place which includes, at a minimum:<br>- Definition of services to be provided in medical village and justification based on CNA<br>- Plan for transition of inpatient capacity<br>- Description of process to engage community stakeholders<br>- Description of any required capital improvements and physical location of the medical village<br>- Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services | | | | | | | | | | |
| **Task**<br>Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term. | | | | | | | | | | |
| **Task**<br>1. Engage partner hospitals to discuss the co-creation of the future state vision. | | | | | | | | | | |
| **Task**<br>2. Conduct preliminary facility surveys to assess suitability of space for potential uses and estimated required capital. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Conduct preliminary partner baseline financial evaluation | | | | | | | | | | |
| **Task** 4. Support partners in submitting requests for CRFP funding. | | | | | | | | | | |
| **Task** 5. Coordinate with VAPAP facilities to develop VAPAP plans that are supported by and leverage DSRIP programatic initiatives. Monitor throughout DSRIP project. | | | | | | | | | | |
| **Task** 6. Develop strategic program plan including population projections, partner opportunities, readiness assessments, community need, etc.) for projects. | | | | | | | | | | |
| **Task** 7. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization | | | | | | | | | | |
| **Task** 8. Identify pilot sites and project champions for each site and establish regularly scheduled meetings. | | | | | | | | | | |
| **Task** 9. Develop standardized approach for planning at each medical village site, develop future state of program for facilities; to include transition of inpatient capacity and programs that migrate to another setting | | | | | | | | | | |
| **Task** 10. Establish community engagement workgroups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, & CBOs | | | | | | | | | | |
| **Task** 11. Finalize strategic plan . | | | | | | | | | | |
| **Task** 12. Create site specific facility plan, and construction plan. | | | | | | | | | | |
| **Task** 13. In consultation with Cultural Competency Lead and Communications Manager create consumer education regarding medical village services | | | | | | | | | | |
| **Task** 14. Develop communications plan to engage media and create community awareness | | | | | | | | | | |
| **Task** 15. Collect and assess feedback from pilot sites and modify the plan as appropriate | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 16. Replicate steps with next wave/s of Medical Village sites | | | | | | | | | | |
| **Milestone #2** Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | | | | | | | | | | |
| **Task** PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds. | | | | | | | | | | |
| **Task** 1. Model financial implications of bed reduction scenarios to inform sustainability plan. | | | | | | | | | | |
| **Task** 2. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs. | | | | | | | | | | |
| **Task** 3. Initiate standardized process to spread strategy across planned medical village projects | | | | | | | | | | |
| **Task** 4. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets. | | | | | | | | | | |
| **Task** 5. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy. | | | | | | | | | | |
| **Task** 6. Finalize bed reduction plan, reviewed by the MHVC Steering Committee. | | | | | | | | | | |
| **Milestone #3** Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | | | | | | | | | | |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving level 3 certification for all relevant providers | | | | | | | | | | |
| **Task** 2. Assess PCMH readiness and certification, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>3. Identify practices on track (Wave 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Wave 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task**<br>4. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task**<br>5. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements | | | | | | | | | | |
| **Task**<br>6. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #4**<br>Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | | | | | | | | | | |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Identify provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation (refresh of February survey) | | | | | | | | | | |
| **Task**<br>2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task**<br>3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1.Establish requirements to track actively engaged patients and align with population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task** 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | | | | | | | | | | |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |
| **Milestone #6** Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | | | | | | | | | | |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| **Task** 1.Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2.Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>3.Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task**<br>4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task**<br>5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #7**<br>Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | | | | | | | | | | |
| **Task**<br>Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.). | | | | | | | | | | |
| **Task**<br>1. Review CNA to identify deficiencies in services | | | | | | | | | | |
| **Task**<br>2. Establish community engagement work groups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, CBOs and LGUs. | | | | | | | | | | |
| **Task**<br>3. In consultation with Cultural Competency lead and Communication Manager create consumer education regarding access to Medical Village services. | | | | | | | | | | |
| **Task**<br>4. Develop communications plan to engage media and create community awareness | | | | | | | | | | |

| Project 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**<br>Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | | | | | | | | | | |
| **Task**<br>A strategic plan is in place which includes, at a minimum:<br>- Definition of services to be provided in medical village and justification based on CNA | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 for transition of inpatient capacity<br>- Description of process to engage community stakeholders<br>- Description of any required capital improvements and physical location of the medical village<br>- Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services | | | | | | | | | | |
| **Task**<br>Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term. | | | | | | | | | | |
| **Task**<br>1. Engage partner hospitals to discuss the co-creation of the future state vision. | | | | | | | | | | |
| **Task**<br>2. Conduct preliminary facility surveys to assess suitability of space for potential uses and estimated required capital. | | | | | | | | | | |
| **Task**<br>3. Conduct preliminary partner baseline financial evaluation | | | | | | | | | | |
| **Task**<br>4. Support partners in submitting requests for CRFP funding. | | | | | | | | | | |
| **Task**<br>5. Coordinate with VAPAP facilities to develop VAPAP plans that are supported by and leverage DSRIP programatic initiatives. Monitor throughout DSRIP project. | | | | | | | | | | |
| **Task**<br>6. Develop strategic program plan including population projections, partner opportunities, readiness assessments, community need, etc.) for projects. | | | | | | | | | | |
| **Task**<br>7. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization | | | | | | | | | | |
| **Task**<br>8. Identify pilot sites and project champions for each site and establish regularly scheduled meetings. | | | | | | | | | | |
| **Task**<br>9. Develop standardized approach for planning at each medical village site, develop future state of program for facilities; to include transition of inpatient capacity and programs that migrate to another setting | | | | | | | | | | |
| **Task**<br>10. Establish community engagement workgroups by geographic area to identify community resources, & build awareness of the | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| availability of services. Workgroups will include patients, & CBOs | | | | | | | | | | |
| **Task** 11. Finalize strategic plan . | | | | | | | | | | |
| **Task** 12. Create site specific facility plan, and construction plan. | | | | | | | | | | |
| **Task** 13. In consultation with Cultural Competency Lead and Communications Manager create consumer education regarding medical village services | | | | | | | | | | |
| **Task** 14. Develop communications plan to engage media and create community awareness | | | | | | | | | | |
| **Task** 15. Collect and assess feedback from pilot sites and modify the plan as appropriate | | | | | | | | | | |
| **Task** 16. Replicate steps with next wave/s of Medical Village sites | | | | | | | | | | |
| **Milestone #2** Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | | | | | | | | | | |
| **Task** PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds. | | | | | | | | | | |
| **Task** 1. Model financial implications of bed reduction scenarios to inform sustainability plan. | | | | | | | | | | |
| **Task** 2. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs. | | | | | | | | | | |
| **Task** 3. Initiate standardized process to spread strategy across planned medical village projects | | | | | | | | | | |
| **Task** 4. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets. | | | | | | | | | | |
| **Task** 5. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy. | | | | | | | | | | |
| **Task** 6. Finalize bed reduction plan, reviewed by the MHVC Steering | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| Committee. | | | | | | | | | | |
| **Milestone #3** Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | | | | | | | | | | |
| **Task** All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving level 3 certification for all relevant providers | | | | | | | | | | |
| **Task** 2. Assess PCMH readiness and certification, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Identify practices on track (Wave 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Wave 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task** 4. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task** 5. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements | | | | | | | | | | |
| **Task** 6. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #4** Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Identify provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation (refresh of February survey) | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1.Establish requirements to track actively engaged patients and align with population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task** 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |
| **Milestone #6** Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | | | | | | | | | | |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| **Task** 1.Define scope and assess eligible participating partners | | | | | | | | | | |
| **Task** 2.Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |
| **Task** 3.Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #7** Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | | | | | | | | | | |
| **Task** Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.). | | | | | | | | | | |
| **Task** 1. Review CNA to identify deficiencies in services | | | | | | | | | | |
| **Task** 2. Establish community engagement work groups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, CBOs and LGUs. | | | | | | | | | | |
| **Task** 3. In consultation with Cultural Competency lead and Communication Manager create consumer education regarding access to Medical Village services. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>4. Develop communications plan to engage media and create community awareness | | | | | | | | | | |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | |
| Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | |
| Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | |
| Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |
| Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | |
| Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.a.iv.4 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.a.iv.5 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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

**Instructions :**

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

Risk: Regulatory restrictions on paramedics will prevent diversion away from the ER.

Mitigation strategies include: HVC has applied for regulatory relief to enable the necessary diversion away from the ER for non-emergency patient needs. Further, we will recruit supervising ER physicians to aid in diversion and support services (both for the EMT as well as for the member's primary care provider)

Risk: Difficulty shifting the culture of physicians away from sending patients to the ER as a default and toward shifting members to outpatient settings.

Mitigation strategies include: a) Dedicate efforts to engaging physicians and helping them understand not only the transition to value-based payments but also the financial incentives in meeting outcome metrics b) Improve connectivity and access to member care plans so that physicians can make appropriate decisions for members c) Emphasize the positive benefits to receiving coordinated care

Risk: ED Care Triage will cause a change in staffing requirements and skills: Patient Navigators, additional PCP's and reduction in the ED staffing levels.

Mitigation: Early engagement of partners in the project design process of workforce subcommittee and associated workgroups.

Risk: Some providers may be unable to meet EHR and HIE requirements in early years, including the need for alerts/secure messaging and ER navigator access to PSYCKES and may encounter insufficient funding for HIE connections given the high prices vendors may charge to migrate data or create interfaces

Mitigation strategies include : a)Work with IT workstream to provide tech assistance, in partnership with local CBOs or relevant organizations, and develop workarounds until practices have adopted EHRs b) Explore leveraging scale to get volume based discounts and variable pricing d)Encourage providers to leverage funding from NYS Data Incentive program and Medicaid Meaningful Use program e)Conduct population profile to identify at risk patients, coordinate care and establish alerts

Risk: Financial implication on hospitals based on the diversion of patients to primary care

Mitigation Strategies include: a) Hospitals will be primary in our funds flow design for this project. In addition we will evaluate this risk as part of

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| |
|---|
| VAPAP financial sustainability analysis. Overlap in ED Care Triage and Medical Village b) PPS will work with ER operations staff to help identify areas of operational improvement to assist in the offset of revenue reduction. c) Encourage the organization to create Hospital based primary care services to divert patient visits to, which aligns with our medical village project. |

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## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.b.iii.2 - Patient Engagement Speed

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY3,Q4 | 5,057 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 152 | 152 | 30.10% | 353 | 3.01% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (505)

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL2715_1_3_20160202202450_ActivatedPatientsNarrative.docx | Activated Patient Narrative | 02/02/2016 08:25 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.b.iii.3 - Prescribed Milestones

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Establish ED care triage program for at-risk populations | Project | N/A | In Progress | 04/01/2015 | 09/30/2017 | 04/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** Stand up program based on project requirements | Project | | In Progress | 04/01/2015 | 09/30/2017 | 04/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** 1. Analyze member claims data to identify ED utilization patterns and to identify hotspots | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Review partner survey data to identify Hospital and PCPs capability for open access scheduling | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 3. Define key roles for ED Care Triage Workgroup participation and recruit to identify appropriate representation of partners to include clinical champions ( Hospitals, PCPs, CBOs, LGU, Paramedics) | Project | | Completed | 07/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 4. Conduct ED partner site visits to identify existing program in place and assess readiness for changes | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 5. Convene ED Care Triage Workgroup (Hospitals, PCPs, HHs, CBOs, CMO) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 6. Based on review of site visits, identify Pilot site/s to implement project. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 7. Access existing workflows and navigator like roles at pilot site/s, identify opportunities for improvement and share best practice | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 8. Create ED Care Triage future state vision, program description and materials to orient other staff on the project's | Project | | In Progress | 04/01/2015 | 03/31/2020 | 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| goals, scope and activities as well as the implementation schedule | | | | | | | | | |
| **Task** 9. In consultation with ED Care Triage workgroup and Montefiore CMO create guidelines and assessment templates and establish referral protocols for connecting members with PCP and/or Health Home services. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 10 Create a template for care transition record to share with PCP (or provider that patient must follow up with), health home care manager and community-based organizations identified as referral sources | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 11. Create a staffing plan including job descriptions and role-specific competencies for care transition staff and suggested staffing ratios | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 12. In consultation with Workforce lead, create a curriculum for care transition staff training | Project | | Not Started | 04/01/2015 | 03/31/2020 | 03/31/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 13. In consultation with MCOs, CBOs and Cultural Competency lead co-create culturally competent member educational materials that can be distributed at hospitals and PCP offices identifying urgent care facilities and PCPs offering open access scheduling. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 14. In consultation with Director of Workforce and Training and Medical Director establish training to support the use of MI based strategies to change patient utilization patterns. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 15. Establish guidelines on how to collect and report care transition metrics for DSRIP reporting purposes | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 16. Roll out ED Care Triage model at pilot sites | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 17. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 18. Convene learning collaboratives to collect feedback and modify tools/workflows as necessary | | | | | | | | | |
| **Milestone #2**<br>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.<br>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.<br>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.<br>c. Ensure real time notification to a Health Home care manager as applicable | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task**<br>2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>3. Assess risks and benefits of various strategies of support for | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| PCMH. Ie. (Vendors vs build) | | | | | | | | | |
| **Task** 4. Identify practices on track for Level 3 NCQA PCMH transformation vs. those requiring active support and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 9. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 10. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 11. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 12. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 13. Implement a process of addressing continuous improvement and training leveraging learning collaborative | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| For patients presenting with minor illnesses who do not have a primary care provider:<br>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.<br>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.<br>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | | | | | | | | | |
| **Task**<br>A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. ED Care Triage Work Group in consultation with Montefiore CMO drafts assessment and triage protocols for diversion of patients with non-emergent needs (to be included in the project toolkit) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>2. Present toolkit to the Clinical Quality Sub-Committee for comment | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task**<br>3.Disseminate toolkits to Pilot sites to include; guidance for; the pre-discharge visit, the initial post-discharge call, the second post-discharge call, for a pharmacy review, and documenting care transition activities at the patient level | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>4. Develop in consultation with Workgroup Sub-Committee, job descriptions for patient navigators | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>5. Create training curriculum for navigators and existing staff on ED Care Triage program (to include the use of MI based strategies) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>6. Disseminate policies and procedures detailing diversion protocols and documentation for reporting purposes, to include | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| ability to support ENS | | | | | | | | | |
| **Task** 7. Monitor pilot sites compliance with program protocols, policies and procedures | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Monitor sites ability to utilize ENS and secure messaging | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional). | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. ED Care Triage Workgroup will develop criteria to identify members that have non emergent conditions (assessments) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. ED Care Triage Workgroup with clinical project champions will document protocols for diversion after initial assessment | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3.Present assessment and diversion protocols to Clinical Quality Sub- Committee for comment | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Identify mechanism/s for transporting patients presenting with non-emergent needs to Primary Care site. Transportation mechanism may differ by ED site. (Some sites may initially divert patients offsite but eventually contain capacity to provider services onsite e.g. Medical Villages) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Explore the possibility of diverting members presenting with non-emergent needs via EMTs (ambulance) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Convene meetings with MCOs to discuss diversion and transport. Discuss potential use of MCO funding and/or coordinated Medicaid transportation. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. In consultation with Workforce & Training Lead, develop | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| training to support appropriate assessment and utilization of diversion protocols | | | | | | | | | |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Clinical subcommittee workgroup establishes requirements to track actively engaged patients and aligns it with population health objectives. Requirements will include performance measures. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | Project | | Not Started | 04/01/2015 | 03/31/2020 | 03/31/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Develop a plan to implement additional technology identified as well as refining data analytics process for population management activities | Project | | Not Started | 04/01/2015 | 03/31/2020 | 03/31/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Establish ED care triage program for at-risk populations | | | | | | | | | | |
| **Task** Stand up program based on project requirements | | | | | | | | | | |
| **Task** 1. Analyze member claims data to identify ED utilization patterns and to identify hotspots | | | | | | | | | | |
| **Task** 2. Review partner survey data to identify Hospital and PCPs capability for open access scheduling | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 3. Define key roles for ED Care Triage Workgroup participation and recruit to identify appropriate representation of partners to include clinical champions ( Hospitals, PCPs, CBOs, LGU, Paramedics) | | | | | | | | | | |
| **Task** 4. Conduct ED partner site visits to identify existing program in place and assess readiness for changes | | | | | | | | | | |
| **Task** 5. Convene ED Care Triage Workgroup (Hospitals, PCPs, HHs, CBOs, CMO) | | | | | | | | | | |
| **Task** 6. Based on review of site visits, identify Pilot site/s to implement project. | | | | | | | | | | |
| **Task** 7. Access existing workflows and navigator like roles at pilot site/s, identify opportunities for improvement and share best practice | | | | | | | | | | |
| **Task** 8. Create ED Care Triage future state vision, program description and materials to orient other staff on the project's goals, scope and activities as well as the implementation schedule | | | | | | | | | | |
| **Task** 9. In consultation with ED Care Triage workgroup and Montefiore CMO create guidelines and assessment templates and establish referral protocols for connecting members with PCP and/or Health Home services. | | | | | | | | | | |
| **Task** 10 Create a template for care transition record to share with PCP (or provider that patient must follow up with), health home care manager and community-based organizations identified as referral sources | | | | | | | | | | |
| **Task** 11. Create a staffing plan including job descriptions and role-specific competencies for care transition staff and suggested staffing ratios | | | | | | | | | | |
| **Task** 12. In consultation with Workforce lead, create a curriculum for care transition staff training | | | | | | | | | | |
| **Task** 13. In consultation with MCOs, CBOs and Cultural Competency lead co-create culturally competent member educational materials that can be distributed at hospitals and PCP offices identifying urgent care facilities and PCPs offering open access scheduling. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>14. In consultation with Director of Workforce and Training and Medical Director establish training to support the use of MI based strategies to change patient utilization patterns. | | | | | | | | | | |
| **Task**<br>15. Establish guidelines on how to collect and report care transition metrics for DSRIP reporting purposes | | | | | | | | | | |
| **Task**<br>16. Roll out ED Care Triage model at pilot sites | | | | | | | | | | |
| **Task**<br>17. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task**<br>18. Convene learning collaboratives to collect feedback and modify tools/workflows as necessary | | | | | | | | | | |
| **Milestone #2**<br>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.<br>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.<br>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.<br>c. Ensure real time notification to a Health Home care manager as applicable | | | | | | | | | | |
| **Task**<br>All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | | | | | | | | | |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task** 3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build) | | | | | | | | | | |
| **Task** 4. Identify practices on track for Level 3 NCQA PCMH transformation vs. those requiring active support and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task** 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task** 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task** 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Task** 8. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 9. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 10. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 11. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 12. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 13. Implement a process of addressing continuous improvement and training leveraging learning collaborative | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>For patients presenting with minor illnesses who do not have a primary care provider:<br>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.<br>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.<br>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | | | | | | | | | | |
| **Task**<br>A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place. | | | | | | | | | | |
| **Task**<br>1. ED Care Triage Work Group in consultation with Montefiore CMO drafts assessment and triage protocols for diversion of patients with non-emergent needs (to be included in the project toolkit) | | | | | | | | | | |
| **Task**<br>2. Present toolkit to the Clinical Quality Sub-Committee for comment | | | | | | | | | | |
| **Task**<br>3.Disseminate toolkits to Pilot sites to include; guidance for; the pre-discharge visit, the initial post-discharge call, the second post-discharge call, for a pharmacy review, and documenting care transition activities at the patient level | | | | | | | | | | |
| **Task**<br>4. Develop in consultation with Workgroup Sub-Committee, job descriptions for patient navigators | | | | | | | | | | |
| **Task**<br>5. Create training curriculum for navigators and existing staff on ED Care Triage program (to include the use of MI based strategies) | | | | | | | | | | |
| **Task**<br>6. Disseminate policies and procedures detailing diversion protocols and documentation for reporting purposes, to include ability to support ENS | | | | | | | | | | |
| **Task**<br>7. Monitor pilot sites compliance with program protocols, policies and procedures | | | | | | | | | | |
| **Task**<br>8. Monitor sites ability to utilize ENS and secure messaging | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | | | | | | | | | | |
| **Task** PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional). | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. ED Care Triage Workgroup will develop criteria to identify members that have non emergent conditions (assessments) | | | | | | | | | | |
| **Task** 2. ED Care Triage Workgroup with clinical project champions will document protocols for diversion after initial assessment | | | | | | | | | | |
| **Task** 3.Present assessment and diversion protocols to Clinical Quality Sub- Committee for comment | | | | | | | | | | |
| **Task** 4. Identify mechanism/s for transporting patients presenting with non-emergent needs to Primary Care site. Transportation mechanism may differ by ED site. (Some sites may initially divert patients offsite but eventually contain capacity to provider services onsite e.g. Medical Villages) | | | | | | | | | | |
| **Task** 5. Explore the possibility of diverting members presenting with non-emergent needs via EMTs (ambulance) | | | | | | | | | | |
| **Task** 6. Convene meetings with MCOs to discuss diversion and transport. Discuss potential use of MCO funding and/or coordinated Medicaid transportation. | | | | | | | | | | |
| **Task** 7. In consultation with Workforce & Training Lead, develop training to support appropriate assessment and utilization of diversion protocols | | | | | | | | | | |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Clinical subcommittee workgroup establishes requirements to track actively engaged patients and aligns it with population health objectives. Requirements will include performance | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| measures. | | | | | | | | | | |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task** 3. Develop a plan to implement additional technology identified as well as refining data analytics process for population management activities | | | | | | | | | | |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Establish ED care triage program for at-risk populations | | | | | | | | | | |
| **Task** Stand up program based on project requirements | | | | | | | | | | |
| **Task** 1. Analyze member claims data to identify ED utilization patterns and to identify hotspots | | | | | | | | | | |
| **Task** 2. Review partner survey data to identify Hospital and PCPs capability for open access scheduling | | | | | | | | | | |
| **Task** 3. Define key roles for ED Care Triage Workgroup participation and recruit to identify appropriate representation of partners to include clinical champions ( Hospitals, PCPs, CBOs, LGU, Paramedics) | | | | | | | | | | |
| **Task** 4. Conduct ED partner site visits to identify existing program in place and assess readiness for changes | | | | | | | | | | |
| **Task** 5. Convene ED Care Triage Workgroup (Hospitals, PCPs, HHs, CBOs, CMO) | | | | | | | | | | |
| **Task** 6. Based on review of site visits, identify Pilot site/s to implement project. | | | | | | | | | | |
| **Task** 7. Access existing workflows and navigator like roles at pilot site/s, identify opportunities for improvement and share best | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| practice | | | | | | | | | | |
| **Task** 8. Create ED Care Triage future state vision, program description and materials to orient other staff on the project's goals, scope and activities as well as the implementation schedule | | | | | | | | | | |
| **Task** 9. In consultation with ED Care Triage workgroup and Montefiore CMO create guidelines and assessment templates and establish referral protocols for connecting members with PCP and/or Health Home services. | | | | | | | | | | |
| **Task** 10 Create a template for care transition record to share with PCP (or provider that patient must follow up with), health home care manager and community-based organizations identified as referral sources | | | | | | | | | | |
| **Task** 11. Create a staffing plan including job descriptions and role-specific competencies for care transition staff and suggested staffing ratios | | | | | | | | | | |
| **Task** 12. In consultation with Workforce lead, create a curriculum for care transition staff training | | | | | | | | | | |
| **Task** 13. In consultation with MCOs, CBOs and Cultural Competency lead co-create culturally competent member educational materials that can be distributed at hospitals and PCP offices identifying urgent care facilities and PCPs offering open access scheduling. | | | | | | | | | | |
| **Task** 14. In consultation with Director of Workforce and Training and Medical Director establish training to support the use of MI based strategies to change patient utilization patterns. | | | | | | | | | | |
| **Task** 15. Establish guidelines on how to collect and report care transition metrics for DSRIP reporting purposes | | | | | | | | | | |
| **Task** 16. Roll out ED Care Triage model at pilot sites | | | | | | | | | | |
| **Task** 17. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task** 18. Convene learning collaboratives to collect feedback and modify tools/workflows as necessary | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #2**<br>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.<br>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.<br>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.<br>c. Ensure real time notification to a Health Home care manager as applicable | | | | | | | | | | |
| **Task**<br>All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.) | | | | | | | | | | |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>Encounter Notification Service (ENS) is installed in all PCP offices and EDs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers | | | | | | | | | | |
| **Task**<br>2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners) | | | | | | | | | | |
| **Task**<br>3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build) | | | | | | | | | | |
| **Task**<br>4. Identify practices on track for Level 3 NCQA PCMH transformation vs. those requiring active support and establish two pathways for phased implementation and support for Level 3 PCMH transformation. | | | | | | | | | | |
| **Task**<br>5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| multiple levels of support and timelines to account for different levels of readiness amongst providers. | | | | | | | | | | |
| **Task**<br>6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk) | | | | | | | | | | |
| **Task**<br>7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Task**<br>8. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task**<br>9. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task**<br>10. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task**<br>11. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task**<br>12. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task**<br>13. Implement a process of addressing continuous improvement and training leveraging learning collaborative | | | | | | | | | | |
| **Milestone #3**<br>For patients presenting with minor illnesses who do not have a primary care provider:<br>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.<br>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.<br>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | | | | | | | | | | |
| **Task**<br>A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 1. ED Care Triage Work Group in consultation with Montefiore CMO drafts assessment and triage protocols for diversion of patients with non-emergent needs (to be included in the project toolkit) | | | | | | | | | | |
| **Task** 2. Present toolkit to the Clinical Quality Sub-Committee for comment | | | | | | | | | | |
| **Task** 3.Disseminate toolkits to Pilot sites to include; guidance for; the pre-discharge visit, the initial post-discharge call, the second post-discharge call, for a pharmacy review, and documenting care transition activities at the patient level | | | | | | | | | | |
| **Task** 4. Develop in consultation with Workgroup Sub-Committee, job descriptions for patient navigators | | | | | | | | | | |
| **Task** 5. Create training curriculum for navigators and existing staff on ED Care Triage program (to include the use of MI based strategies) | | | | | | | | | | |
| **Task** 6. Disseminate policies and procedures detailing diversion protocols and documentation for reporting purposes, to include ability to support ENS | | | | | | | | | | |
| **Task** 7. Monitor pilot sites compliance with program protocols, policies and procedures | | | | | | | | | | |
| **Task** 8. Monitor sites ability to utilize ENS and secure messaging | | | | | | | | | | |
| **Milestone #4** Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | | | | | | | | | | |
| **Task** PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional). | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. ED Care Triage Workgroup will develop criteria to identify members that have non emergent conditions (assessments) | | | | | | | | | | |
| **Task** 2. ED Care Triage Workgroup with clinical project champions will document protocols for diversion after initial assessment | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 3.Present assessment and diversion protocols to Clinical Quality Sub- Committee for comment | | | | | | | | | | |
| **Task** 4. Identify mechanism/s for transporting patients presenting with non-emergent needs to Primary Care site. Transportation mechanism may differ by ED site. (Some sites may initially divert patients offsite but eventually contain capacity to provider services onsite e.g. Medical Villages) | | | | | | | | | | |
| **Task** 5. Explore the possibility of diverting members presenting with non-emergent needs via EMTs (ambulance) | | | | | | | | | | |
| **Task** 6. Convene meetings with MCOs to discuss diversion and transport. Discuss potential use of MCO funding and/or coordinated Medicaid transportation. | | | | | | | | | | |
| **Task** 7. In consultation with Workforce & Training Lead, develop training to support appropriate assessment and utilization of diversion protocols | | | | | | | | | | |
| **Milestone #5** Use EHRs and other technical platforms to track all patients engaged in the project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Clinical subcommittee workgroup establishes requirements to track actively engaged patients and aligns it with population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task** 3. Develop a plan to implement additional technology identified as well as refining data analytics process for population management activities | | | | | | | | | | |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Establish ED care triage program for at-risk populations | |
| Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.<br>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.<br>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.<br>c. Ensure real time notification to a Health Home care manager as applicable | |
| For patients presenting with minor illnesses who do not have a primary care provider:<br>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.<br>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.<br>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | |
| Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | |
| Use EHRs and other technical platforms to track all patients engaged in the project. | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 2.b.iii.4 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

**IPQR Module 2.b.iii.5 - IA Monitoring**

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### 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.

The Risks and Mitigations for Models 1, 2 and 3 has been uploaded as an attachment based on guidance from KPMG and the IA as mechanism for dealing with the character limitation in MAPP.

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY3,Q4 | 133,734 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 17,692 | 17,692 | 132.30% | -4,319 | 13.23% |

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL3715_1_3_20160131213754_ActivatedPatients.docx | Patient Activation Narrative DY1 Q3 | 01/31/2016 09:38 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

We are currently working with Health Link NY, our local QE to establish the secure infrastructure that will enable us to receive the required PHI from our partners. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

Over this past quarter we have spend significant time on patient activation. This included activities to support partner education as well as time to formulate a solution to de-duplicate engaged members in consultation with our sister PPS's. We are very pleased to have worked with WMC and Refuah to develop an agreed upon methodology, which will ensure that reporting of these counts is as seamless as possible for our shared

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

partners.

### Module Review Status

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

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1**<br>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 | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task**<br>Behavioral health services are co-located within PCMH/APC practices and are available. | | Provider | Mental Health | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task**<br>1. PPS will assess PCMH readiness and certification of each practice and assess gap to 2014 standards. PPS will initiate outreach to organizations that are not on track and facilitate planning. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>2. Practices will complete inventory of available and needed resources to support onsite behavioral health co-location | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>3. PPS will assist practices in identifying and compiling a list of available behavioral service providers, including behavioral health organizations willing to establish partnership arrangements. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| **Task**<br>4. Primary care practices will develop alliances with behavioral health service providers leading to partnership contracts for service co-location. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/24/2017 | 12/31/2017 | DY3 Q3 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task**<br>5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for behavioral health providers, including level of licensure and qualifications and tasks specific to co-located care. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>6. PPS will assist Article 28 clinics in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments. | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #2**<br>Develop collaborative evidence-based standards of care including medication management and care engagement process. | Model 1 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 11/30/2017 | 12/31/2017 | DY3 Q3 |
| **Task**<br>Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. PPS will establish a behavioral health integration work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including medication management and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>2. Work group will develop a plan for dissemination of evidence-based guidelines and materials along with implementation toolkit to the practices. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>3. Build a region wide learning collaborative to facilitate | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task** 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #3** Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Model 1 | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Policies and procedures are in place to facilitate and document completion of screenings. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Screenings are documented in Electronic Health Record. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. PPS will survey practice sites to understand current screening protocols and workflows | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Practices will identify and train personnel who will administer and document screening. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. PPS will provide guidelines for assessing and reporting on screener competency. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Practices will report to PPS their capacity for documentation of behavioral health screening measures within the electronic medical record. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. PPS will provide opportunities for practices to request assistance on overcoming barriers to electronic documentation of behavioral health screening measures | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. PPS will develop clinical guidelines for referrals to and communication with behavioral health providers | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 9. PPS will develop guidance document specifying clinical scenarios which require warm handoff from medical to behavioral provider or vice versa. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Use EHRs or other technical platforms to track all patients engaged in this project. | Model 1 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task** 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 3. PPS will assess practices capacity to track required clinical and process outcomes over time for actively engaged patients and to report data to PPS on a regular basis | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Co-locate primary care services at behavioral health sites. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | Provider | Practitioner - Primary Care Provider (PCP) | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | | Provider | Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. PPS will investigate need for relief of PCMH/APCM requirement for MDs not affiliated with a PCMH level 3 practice, who are providing primary care services within a behavioral health practice. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 2. Behavioral Health clinics will complete inventory of available and needed resources to support onsite primary | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| care co-location services | | | | | | | | | | |
| **Task**<br>3. PPS will assist behavioral health clinics in identifying and compiling a list of available primary care providers, including primary care sites willing to establish partnership arrangements. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>4. Behavioral health clinics will develop alliances with primary care providers or clinics leading to partnership contracts for service co-location. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for primary care providers, including level of licensure and tasks specific to co-located care. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>6. PPS will provide guidance to behavioral health clinics, as needed, to outfit clinical space to accommodate medical exams and procedures in accordance with DOH/OMA/OASA regulations and integrated outpatient services requirements | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>7. PPS will assist Article 31 clinics in obtaining regulatory relief that will allow billing for primary care visits including preventive care delivered within the behavioral health clinic, and on the same day as behavioral health appointments. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #6**<br>Develop collaborative evidence-based standards of care including medication management and care engagement process. | Model 2 | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>Coordinated evidence-based care protocols are in place, | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| including a medication management and care engagement process. | | | | | | | | | | |
| **Task**<br>1. PPS will establish a work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for primary care including medication adherence, quality measures, preventive services, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>2. Work group will develop a plan for the dissemination of primary care quality quidelines and compile implementation toolkits for distribution to behavioral health clinics. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #7**<br>Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Model 2 | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 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). | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. PPS will survey behavioral health clinics to understand current behavioral health and medical screening protocols and workflows. | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 2. PPS will provide behavioral health clinics with guidelines regarding behavioral health and medical screening expectations, along with toolkits for implementing universal behavioral health and medical screening. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Behavioral health clinics will offer evidence-based primary care preventive screenings and regular appointments. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Behavioral health clinics submit to PPS for review policies, procedures, and plan for educating all staff in the implementation of universal behavioral health and medical screening | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Practices will identify and train personnel on the behavioral health and primary care teams who will administer and document screening. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| 7. PPS will provide guidelines for assessing and reporting on screener competency. | | | | | | | | | | |
| **Task** 9. PPS will establish guidelines for behavioral health and preventive medical screening rates in order to identify unmet needs in the behavioral health clinic population. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. Practices will report to PPS their capacity for documentation of behavioral health and medical screening measures within the behavioral health electronic medical record | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 11. PPS will provide opportunities for behavioral health clinics to request assistance if needed on overcoming barriers to electronic documentation of behavioral health and medical screening measures | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 12. PPS will develop clinical guidelines for referrals to and communication between primary care and behavioral health clinicians. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 13. PPS will develop guidance document specifying clinical scenarios which require face-to-face warm handoff between medical and behavioral health provider | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #8** Use EHRs or other technical platforms to track all patients engaged in this project. | Model 2 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Behavioral health practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task** 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Practices will assess the capacity to track required process and clinical outcomes for actively engaged patients over time and to report data to PPS on a regular basis | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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 | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has implemented IMPACT Model at Primary Care Sites. | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Practices will complete inventory of available and needed resources to support IMPACT model implementation. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for the consulting psychiatrist and depression care manager, including level of licensure, qualifications and tasks specific to the IMPACT model. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. PPS will assist Article 28 practices in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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|---|---|---|---|---|---|---|---|---|---|---|
| as medical appointments. | | | | | | | | | | |
| **Task** 4. PPS provides information and required training toolkits on the IMPACT model to PCPs, depression care managers and consulting psychiatrists. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 5. PPS will provide guidance to integrated practices regarding the completion of collaborative agreements with outpatient specialty mental health and outpatient specialty substance use treatment providers for patients requiring specialty behavioral health services beyond the scope of the integrated practice. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. PPS will collaborate with OneCityHealth to jointly develop web based training resources for depression collaborative care teams to support project implementation | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 7. PPS will provide guidance in developing a case-based payment model to support implementation of the IMPACT model in primary care, including stepped care, short term counseling and medication management, and will assist in negotiating contracts with Managed Care Organizations in keeping with NYS parity and other insurance laws. Negotiation will include provision of adequate reimbursement for required elements of the model | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 9. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 10. Collaborate on the development of statewide repository | | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| for best practices and implementation toolkits, for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Milestone #10** Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Model 3 | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Policies and procedures include process for consulting with Psychiatrist. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 1. PPS will establish an IMPACT work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including stepped treatment, medication management, brief therapy modalities, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. IMPACT integration work group will develop plan for dissemination of evidence-based IMPACT guidelines and materials along with implementation toolkit to the primary care practices. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. PPS will develop training and clinical assessment materials to ensure fidelity with IMPACT model | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4. PPS will provide guidance to ensure that integrated practice polices and procedure include description of the consulting psychiatrist role, training in the psychiatrist role for all clinical staff, and process and guidelines for | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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|---|---|---|---|---|---|---|---|---|---|---|
| contacting the consulting psychiatrist. | | | | | | | | | | |
| **Milestone #11** Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Integrated practices provide PPS with FTE and identities of qualified Depression Care Managers including licensure as identified in Electronic Health Records for each site | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. PPS will provide guidance on development of the Depression Care Manager's unique role, as well as recommendations on determining the appropriate panel size. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Integrated practices to share panel size to FTE ratio's on a regular basis; the frequency will be determined by the PPS Clinical Quality Sub-Committee.. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. PPS will facilitate coaching and training program standards for Depression Care Managers, including train the trainer programs, to ensure maintenance of a skilled behavioral health team over time. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Depression Care Manager will receive training in evidence-based models of brief therapeutic interventions including behavioral activation and coaching, problem solving therapy, CBT, and MI | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 6. PPS to establish "Community of Practice" peer supervision group for Depression Care Managers to share challenges, success stories, learning and strategies to prevent burnout. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #12** Designate a Psychiatrist meeting requirements of the IMPACT Model. | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** All IMPACT participants in PPS have a designated Psychiatrist. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. PPS will assist Article 28 practices in determining adequate consulting psychiatrist FTE contracts, and will develop a strategy to facilitate sharing of IMPACT model's consulting psychiatrist role FTE between multiple practices as needed | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Integrated practices will provide PPS with identity and % FTE of consulting psychiatrist | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Each psychiatrist will have weekly meetings (on site or through telephonic or videoconferencing) with the depression care manager of each of the teams they support to review registry and discuss clinical cases. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Psychiatrist will be available to primary care providers for case reviews, medication recommendations, and coordination of medical and behavioral health treatment plans for complex patients | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #13** Measure outcomes as required in the IMPACT Model. | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |

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|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. PPS will survey primary care practice sites to understand current screening protocols and workflows | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Practices will identify personnel on the care team who will administer and document screening and will provide training or effective screening, as well as develop train the trainer capacity within the practice | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Practices will regularly assess and report on screener competence based on guidelines provided by PPS | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #14** Provide "stepped care" as required by the IMPACT Model. | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. IMPACT work group develops a stepped-care model including suggested timeline of steps and disseminates to primary care practices | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Care Managers meet weekly with supervising psychiatrist to review cases which are not improving as expected, using the registry as a guide and suggest treatment changes if patients are not improving as per the model. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Consulting psychiatrist evaluates any patient who has not improved after 10-12 weeks of care, and discusses with PCP any medical issues affecting the patient's response. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #15** Use EHRs or other technical platforms to track all patients | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|---|
| engaged 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. PPS to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 3. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 4. Integrated practices will contract with registry vendor or develop their own functional registry with the capacity to track required process and clinical outcomes for patients actively engaged in behavioral health care and to report data to PPS on a regular basis | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Co-locate behavioral health services at primary care practice | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | 0 | 0 |
| **Task** Behavioral health services are co-located within PCMH/APC practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. PPS will assess PCMH readiness and certification of each practice and assess gap to 2014 standards. PPS will initiate outreach to organizations that are not on track and facilitate planning. | | | | | | | | | | |
| **Task** 2. Practices will complete inventory of available and needed resources to support onsite behavioral health co-location | | | | | | | | | | |
| **Task** 3. PPS will assist practices in identifying and compiling a list of available behavioral service providers, including behavioral health organizations willing to establish partnership arrangements. | | | | | | | | | | |
| **Task** 4. Primary care practices will develop alliances with behavioral health service providers leading to partnership contracts for service co-location. | | | | | | | | | | |
| **Task** 5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for behavioral health providers, including level of licensure and qualifications and tasks specific to co-located care. | | | | | | | | | | |
| **Task** 6. PPS will assist Article 28 clinics in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments. | | | | | | | | | | |
| **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, | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 1. PPS will establish a behavioral health integration work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including medication management and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |
| **Task** 2. Work group will develop a plan for dissemination of evidence-based guidelines and materials along with implementation toolkit to the practices. | | | | | | | | | | |
| **Task** 3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task** 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Task** 5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Milestone #3** Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | | | | | | | | |
| **Task** Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| **Task** Screenings are documented in Electronic Health Record. | | | | | | | | | | |
| **Task** At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | | | | | | | | |
| **Task** Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. PPS will survey practice sites to understand current screening protocols and workflows | | | | | | | | | | |
| **Task** 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program | | | | | | | | | | |
| **Task** 3. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice. | | | | | | | | | | |
| **Task** 4. Practices will identify and train personnel who will administer and document screening. | | | | | | | | | | |
| **Task** 5. PPS will provide guidelines for assessing and reporting on screener competency. | | | | | | | | | | |
| **Task** 6. Practices will report to PPS their capacity for documentation of behavioral health screening measures within the electronic medical record. | | | | | | | | | | |
| **Task** 7. PPS will provide opportunities for practices to request assistance on overcoming barriers to electronic documentation of behavioral health screening measures | | | | | | | | | | |
| **Task** 8. PPS will develop clinical guidelines for referrals to and communication with behavioral health providers | | | | | | | | | | |
| **Task** 9. PPS will develop guidance document specifying clinical scenarios which require warm handoff from medical to behavioral provider or vice versa. | | | | | | | | | | |
| **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** 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task** 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task** 3. PPS will assess practices capacity to track required clinical and process outcomes over time for actively engaged patients and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task** 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | | | | | | | | | |
| **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 |
| **Task** 1. PPS will investigate need for relief of PCMH/APCM requirement for MDs not affiliated with a PCMH level 3 practice, who are providing primary care services within a behavioral health practice. | | | | | | | | | | |
| **Task** 2. Behavioral Health clinics will complete inventory of available and needed resources to support onsite primary care co-location services | | | | | | | | | | |
| **Task** 3. PPS will assist behavioral health clinics in identifying and compiling a list of available primary care providers, including primary care sites willing to establish partnership arrangements. | | | | | | | | | | |
| **Task** 4. Behavioral health clinics will develop alliances with primary care providers or clinics leading to partnership contracts for service co-location. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for primary care providers, including level of licensure and tasks specific to co-located care. | | | | | | | | | | |
| **Task**<br>6. PPS will provide guidance to behavioral health clinics, as needed, to outfit clinical space to accommodate medical exams and procedures in accordance with DOH/OMA/OASA regulations and integrated outpatient services requirements | | | | | | | | | | |
| **Task**<br>7. PPS will assist Article 31 clinics in obtaining regulatory relief that will allow billing for primary care visits including preventive care delivered within the behavioral health clinic, and on the same day as behavioral health appointments. | | | | | | | | | | |
| **Milestone #6**<br>Develop collaborative evidence-based standards of care including medication management and care engagement process. | | | | | | | | | | |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | |
| **Task**<br>Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | | | | | | | | |
| **Task**<br>1. PPS will establish a work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for primary care including medication adherence, quality measures, preventive services, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |
| **Task**<br>2. Work group will develop a plan for the dissemination of primary care quality quidelines and compile implementation toolkits for distribution to behavioral health clinics. | | | | | | | | | | |
| **Task**<br>3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task**<br>4. Develop a repository for best practices and implementation | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| toolkits, and for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Task**<br>5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Milestone #7**<br>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**<br>Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings. | | | | | | | | | | |
| **Task**<br>Screenings are documented in Electronic Health Record. | | | | | | | | | | |
| **Task**<br>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**<br>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 |
| **Task**<br>1. PPS will survey behavioral health clinics to understand current behavioral health and medical screening protocols and workflows. | | | | | | | | | | |
| **Task**<br>2. PPS will provide behavioral health clinics with guidelines regarding behavioral health and medical screening expectations, along with toolkits for implementing universal behavioral health and medical screening. | | | | | | | | | | |
| **Task**<br>3. Behavioral health clinics will offer evidence-based primary care preventive screenings and regular appointments. | | | | | | | | | | |
| **Task**<br>4. Behavioral health clinics submit to PPS for review policies, procedures, and plan for educating all staff in the implementation of universal behavioral health and medical screening | | | | | | | | | | |
| **Task**<br>5. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| the practice | | | | | | | | | | |
| **Task** 6. Practices will identify and train personnel on the behavioral health and primary care teams who will administer and document screening. | | | | | | | | | | |
| **Task** 7. PPS will provide guidelines for assessing and reporting on screener competency. | | | | | | | | | | |
| **Task** 9. PPS will establish guidelines for behavioral health and preventive medical screening rates in order to identify unmet needs in the behavioral health clinic population. | | | | | | | | | | |
| **Task** 10. Practices will report to PPS their capacity for documentation of behavioral health and medical screening measures within the behavioral health electronic medical record | | | | | | | | | | |
| **Task** 11. PPS will provide opportunities for behavioral health clinics to request assistance if needed on overcoming barriers to electronic documentation of behavioral health and medical screening measures | | | | | | | | | | |
| **Task** 12. PPS will develop clinical guidelines for referrals to and communication between primary care and behavioral health clinicians. | | | | | | | | | | |
| **Task** 13. PPS will develop guidance document specifying clinical scenarios which require face-to-face warm handoff between medical and behavioral health provider | | | | | | | | | | |
| **Milestone #8** Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Behavioral health practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task** 3. Practices will assess the capacity to track required process and clinical outcomes for actively engaged patients over time and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task** 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | | | | | | | | | |
| **Milestone #9** Implement IMPACT Model at Primary Care Sites. | | | | | | | | | | |
| **Task** PPS has implemented IMPACT Model at Primary Care Sites. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Practices will complete inventory of available and needed resources to support IMPACT model implementation. | | | | | | | | | | |
| **Task** 2. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for the consulting psychiatrist and depression care manager, including level of licensure, qualifications and tasks specific to the IMPACT model. | | | | | | | | | | |
| **Task** 3. PPS will assist Article 28 practices in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments. | | | | | | | | | | |
| **Task** 4. PPS provides information and required training toolkits on the IMPACT model to PCPs, depression care managers and consulting psychiatrists. | | | | | | | | | | |
| **Task** 5. PPS will provide guidance to integrated practices regarding the completion of collaborative agreements with outpatient specialty mental health and outpatient specialty substance use treatment providers for patients requiring specialty behavioral health services beyond the scope of the integrated practice. | | | | | | | | | | |
| **Task** 6. PPS will collaborate with OneCityHealth to jointly develop web based training resources for depression collaborative care teams | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| to support project implementation | | | | | | | | | | |
| **Task** 7. PPS will provide guidance in developing a case-based payment model to support implementation of the IMPACT model in primary care, including stepped care, short term counseling and medication management, and will assist in negotiating contracts with Managed Care Organizations in keeping with NYS parity and other insurance laws. Negotiation will include provision of adequate reimbursement for required elements of the model | | | | | | | | | | |
| **Task** 8. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task** 9. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Task** 10. Collaborate on the development of statewide repository for best practices and implementation toolkits, for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **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** 1. PPS will establish an IMPACT work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including stepped treatment, medication management, brief therapy modalities, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. IMPACT integration work group will develop plan for dissemination of evidence-based IMPACT guidelines and materials along with implementation toolkit to the primary care practices. | | | | | | | | | | |
| **Task** 3. PPS will develop training and clinical assessment materials to ensure fidelity with IMPACT model | | | | | | | | | | |
| **Task** 4. PPS will provide guidance to ensure that integrated practice polices and procedure include description of the consulting psychiatrist role, training in the psychiatrist role for all clinical staff, and process and guidelines for contacting the consulting psychiatrist. | | | | | | | | | | |
| **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** 1. Integrated practices provide PPS with FTE and identities of qualified Depression Care Managers including licensure as identified in Electronic Health Records for each site | | | | | | | | | | |
| **Task** 2. PPS will provide guidance on development of the Depression Care Manager's unique role, as well as recommendations on determining the appropriate panel size. | | | | | | | | | | |
| **Task** 3. Integrated practices to share panel size to FTE ratio's on a regular basis; the frequency will be determined by the PPS Clinical Quality Sub-Committee.. | | | | | | | | | | |
| **Task** 4. PPS will facilitate coaching and training program standards for Depression Care Managers, including train the trainer programs, to ensure maintenance of a skilled behavioral health team over time. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>5. Depression Care Manager will receive training in evidence-based models of brief therapeutic interventions including behavioral activation and coaching, problem solving therapy, CBT, and MI | | | | | | | | | | |
| **Task**<br>6. PPS to establish "Community of Practice" peer supervision group for Depression Care Managers to share challenges, success stories, learning and strategies to prevent burnout. | | | | | | | | | | |
| **Milestone #12**<br>Designate a Psychiatrist meeting requirements of the IMPACT Model. | | | | | | | | | | |
| **Task**<br>All IMPACT participants in PPS have a designated Psychiatrist. | | | | | | | | | | |
| **Task**<br>1. PPS will assist Article 28 practices in determining adequate consulting psychiatrist FTE contracts, and will develop a strategy to facilitate sharing of IMPACT model's consulting psychiatrist role FTE between multiple practices as needed | | | | | | | | | | |
| **Task**<br>2. Integrated practices will provide PPS with identity and % FTE of consulting psychiatrist | | | | | | | | | | |
| **Task**<br>3. Each psychiatrist will have weekly meetings (on site or through telephonic or videoconferencing) with the depression care manager of each of the teams they support to review registry and discuss clinical cases. | | | | | | | | | | |
| **Task**<br>4. Psychiatrist will be available to primary care providers for case reviews, medication recommendations, and coordination of medical and behavioral health treatment plans for complex patients | | | | | | | | | | |
| **Milestone #13**<br>Measure outcomes as required in the IMPACT Model. | | | | | | | | | | |
| **Task**<br>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**<br>1. PPS will survey primary care practice sites to understand current screening protocols and workflows | | | | | | | | | | |
| **Task**<br>2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| screening and support train the trainer program. | | | | | | | | | | |
| **Task**<br>3. Practices will identify personnel on the care team who will administer and document screening and will provide training or effective screening, as well as develop train the trainer capacity within the practice | | | | | | | | | | |
| **Task**<br>4. Practices will regularly assess and report on screener competence based on guidelines provided by PPS | | | | | | | | | | |
| **Milestone #14**<br>Provide "stepped care" as required by the IMPACT Model. | | | | | | | | | | |
| **Task**<br>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**<br>1. IMPACT work group develops a stepped-care model including suggested timeline of steps and disseminates to primary care practices | | | | | | | | | | |
| **Task**<br>2. Care Managers meet weekly with supervising psychiatrist to review cases which are not improving as expected, using the registry as a guide and suggest treatment changes if patients are not improving as per the model. | | | | | | | | | | |
| **Task**<br>3. Consulting psychiatrist evaluates any patient who has not improved after 10-12 weeks of care, and discusses with PCP any medical issues affecting the patient's response. | | | | | | | | | | |
| **Milestone #15**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>2. PPS to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants. | | | | | | | | | | |
| **Task**<br>3. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task**<br>4. Integrated practices will contract with registry vendor or develop their own functional registry with the capacity to track required process and clinical outcomes for patients actively engaged in behavioral health care and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task**<br>5. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. | | | | | | | | | | |

| Project 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**<br>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**<br>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 | 0 | 0 |
| **Task**<br>Behavioral health services are co-located within PCMH/APC practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. PPS will assess PCMH readiness and certification of each practice and assess gap to 2014 standards. PPS will initiate outreach to organizations that are not on track and facilitate planning. | | | | | | | | | | |
| **Task**<br>2. Practices will complete inventory of available and needed resources to support onsite behavioral health co-location | | | | | | | | | | |
| **Task**<br>3. PPS will assist practices in identifying and compiling a list of available behavioral service providers, including behavioral | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project 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 organizations willing to establish partnership arrangements. | | | | | | | | | | |
| **Task**<br>4. Primary care practices will develop alliances with behavioral health service providers leading to partnership contracts for service co-location. | | | | | | | | | | |
| **Task**<br>5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for behavioral health providers, including level of licensure and qualifications and tasks specific to co-located care. | | | | | | | | | | |
| **Task**<br>6. PPS will assist Article 28 clinics in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments. | | | | | | | | | | |
| **Milestone #2**<br>Develop collaborative evidence-based standards of care including medication management and care engagement process. | | | | | | | | | | |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | |
| **Task**<br>Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | | | | | | | | | |
| **Task**<br>1. PPS will establish a behavioral health integration work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including medication management and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |
| **Task**<br>2. Work group will develop a plan for dissemination of evidence-based guidelines and materials along with implementation toolkit to the practices. | | | | | | | | | | |
| **Task**<br>3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task**<br>4. Develop a repository for best practices and implementation | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| toolkits, and for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Task** 5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Milestone #3** Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | | | | | | | | | | |
| **Task** Policies and procedures are in place to facilitate and document completion of screenings. | | | | | | | | | | |
| **Task** Screenings are documented in Electronic Health Record. | | | | | | | | | | |
| **Task** At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT). | | | | | | | | | | |
| **Task** Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. PPS will survey practice sites to understand current screening protocols and workflows | | | | | | | | | | |
| **Task** 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program | | | | | | | | | | |
| **Task** 3. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice. | | | | | | | | | | |
| **Task** 4. Practices will identify and train personnel who will administer and document screening. | | | | | | | | | | |
| **Task** 5. PPS will provide guidelines for assessing and reporting on screener competency. | | | | | | | | | | |
| **Task** 6. Practices will report to PPS their capacity for documentation of behavioral health screening measures within the electronic | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| medical record. | | | | | | | | | | |
| **Task** 7. PPS will provide opportunities for practices to request assistance on overcoming barriers to electronic documentation of behavioral health screening measures | | | | | | | | | | |
| **Task** 8. PPS will develop clinical guidelines for referrals to and communication with behavioral health providers | | | | | | | | | | |
| **Task** 9. PPS will develop guidance document specifying clinical scenarios which require warm handoff from medical to behavioral provider or vice versa. | | | | | | | | | | |
| **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** 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task** 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task** 3. PPS will assess practices capacity to track required clinical and process outcomes over time for actively engaged patients and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task** 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | | | | | | | | | |
| **Milestone #5** Co-locate primary care services at behavioral health sites. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Primary care services are co-located within behavioral Health practices and are available. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. PPS will investigate need for relief of PCMH/APCM requirement for MDs not affiliated with a PCMH level 3 practice, who are providing primary care services within a behavioral health practice. | | | | | | | | | | |
| **Task** 2. Behavioral Health clinics will complete inventory of available and needed resources to support onsite primary care co-location services | | | | | | | | | | |
| **Task** 3. PPS will assist behavioral health clinics in identifying and compiling a list of available primary care providers, including primary care sites willing to establish partnership arrangements. | | | | | | | | | | |
| **Task** 4. Behavioral health clinics will develop alliances with primary care providers or clinics leading to partnership contracts for service co-location. | | | | | | | | | | |
| **Task** 5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for primary care providers, including level of licensure and tasks specific to co-located care. | | | | | | | | | | |
| **Task** 6. PPS will provide guidance to behavioral health clinics, as needed, to outfit clinical space to accommodate medical exams and procedures in accordance with DOH/OMA/OASA regulations and integrated outpatient services requirements | | | | | | | | | | |
| **Task** 7. PPS will assist Article 31 clinics in obtaining regulatory relief that will allow billing for primary care visits including preventive care delivered within the behavioral health clinic, and on the same day as behavioral health appointments. | | | | | | | | | | |
| **Milestone #6** Develop collaborative evidence-based standards of care including medication management and care engagement | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| process. | | | | | | | | | | |
| **Task**<br>Regularly scheduled formal meetings are held to develop collaborative care practices. | | | | | | | | | | |
| **Task**<br>Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | | | | | | | | |
| **Task**<br>1. PPS will establish a work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for primary care including medication adherence, quality measures, preventive services, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |
| **Task**<br>2. Work group will develop a plan for the dissemination of primary care quality quidelines and compile implementation toolkits for distribution to behavioral health clinics. | | | | | | | | | | |
| **Task**<br>3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task**<br>4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Task**<br>5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Milestone #7**<br>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**<br>Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings. | | | | | | | | | | |
| **Task**<br>Screenings are documented in Electronic Health Record. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. PPS will survey behavioral health clinics to understand current behavioral health and medical screening protocols and workflows. | | | | | | | | | | |
| **Task** 2. PPS will provide behavioral health clinics with guidelines regarding behavioral health and medical screening expectations, along with toolkits for implementing universal behavioral health and medical screening. | | | | | | | | | | |
| **Task** 3. Behavioral health clinics will offer evidence-based primary care preventive screenings and regular appointments. | | | | | | | | | | |
| **Task** 4. Behavioral health clinics submit to PPS for review policies, procedures, and plan for educating all staff in the implementation of universal behavioral health and medical screening | | | | | | | | | | |
| **Task** 5. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice | | | | | | | | | | |
| **Task** 6. Practices will identify and train personnel on the behavioral health and primary care teams who will administer and document screening. | | | | | | | | | | |
| **Task** 7. PPS will provide guidelines for assessing and reporting on screener competency. | | | | | | | | | | |
| **Task** 9. PPS will establish guidelines for behavioral health and preventive medical screening rates in order to identify unmet needs in the behavioral health clinic population. | | | | | | | | | | |
| **Task** 10. Practices will report to PPS their capacity for documentation of behavioral health and medical screening measures within the behavioral health electronic medical record | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>11. PPS will provide opportunities for behavioral health clinics to request assistance if needed on overcoming barriers to electronic documentation of behavioral health and medical screening measures | | | | | | | | | | |
| **Task**<br>12. PPS will develop clinical guidelines for referrals to and communication between primary care and behavioral health clinicians. | | | | | | | | | | |
| **Task**<br>13. PPS will develop guidance document specifying clinical scenarios which require face-to-face warm handoff between medical and behavioral health provider | | | | | | | | | | |
| **Milestone #8**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>1. Behavioral health practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task**<br>2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task**<br>3. Practices will assess the capacity to track required process and clinical outcomes for actively engaged patients over time and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task**<br>4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief. | | | | | | | | | | |
| **Milestone #9**<br>Implement IMPACT Model at Primary Care Sites. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 implemented IMPACT Model at Primary Care Sites. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Practices will complete inventory of available and needed resources to support IMPACT model implementation. | | | | | | | | | | |
| **Task** 2. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for the consulting psychiatrist and depression care manager, including level of licensure, qualifications and tasks specific to the IMPACT model. | | | | | | | | | | |
| **Task** 3. PPS will assist Article 28 practices in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments. | | | | | | | | | | |
| **Task** 4. PPS provides information and required training toolkits on the IMPACT model to PCPs, depression care managers and consulting psychiatrists. | | | | | | | | | | |
| **Task** 5. PPS will provide guidance to integrated practices regarding the completion of collaborative agreements with outpatient specialty mental health and outpatient specialty substance use treatment providers for patients requiring specialty behavioral health services beyond the scope of the integrated practice. | | | | | | | | | | |
| **Task** 6. PPS will collaborate with OneCityHealth to jointly develop web based training resources for depression collaborative care teams to support project implementation | | | | | | | | | | |
| **Task** 7. PPS will provide guidance in developing a case-based payment model to support implementation of the IMPACT model in primary care, including stepped care, short term counseling and medication management, and will assist in negotiating contracts with Managed Care Organizations in keeping with NYS parity and other insurance laws. Negotiation will include provision of adequate reimbursement for required elements of the model | | | | | | | | | | |
| **Task** 8. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models | | | | | | | | | | |
| **Task** 9. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers. | | | | | | | | | | |
| **Task**<br>10. Collaborate on the development of statewide repository for best practices and implementation toolkits, for sharing effective strategies and solutions for overcoming barriers | | | | | | | | | | |
| **Milestone #10**<br>Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | | | | | | | | | | |
| **Task**<br>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**<br>Policies and procedures include process for consulting with Psychiatrist. | | | | | | | | | | |
| **Task**<br>1. PPS will establish an IMPACT work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including stepped treatment, medication management, brief therapy modalities, and care engagement processes. Meetings will occur at regular intervals and ad hoc. | | | | | | | | | | |
| **Task**<br>2. IMPACT integration work group will develop plan for dissemination of evidence-based IMPACT guidelines and materials along with implementation toolkit to the primary care practices. | | | | | | | | | | |
| **Task**<br>3. PPS will develop training and clinical assessment materials to ensure fidelity with IMPACT model | | | | | | | | | | |
| **Task**<br>4. PPS will provide guidance to ensure that integrated practice polices and procedure include description of the consulting psychiatrist role, training in the psychiatrist role for all clinical staff, and process and guidelines for contacting the consulting psychiatrist. | | | | | | | | | | |
| **Milestone #11**<br>Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records. | | | | | | | | | | |
| **Task**<br>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**<br>1. Integrated practices provide PPS with FTE and identities of qualified Depression Care Managers including licensure as identified in Electronic Health Records for each site | | | | | | | | | | |
| **Task**<br>2. PPS will provide guidance on development of the Depression Care Manager's unique role, as well as recommendations on determining the appropriate panel size. | | | | | | | | | | |
| **Task**<br>3. Integrated practices to share panel size to FTE ratio's on a regular basis; the frequency will be determined by the PPS Clinical Quality Sub-Committee.. | | | | | | | | | | |
| **Task**<br>4. PPS will facilitate coaching and training program standards for Depression Care Managers, including train the trainer programs, to ensure maintenance of a skilled behavioral health team over time. | | | | | | | | | | |
| **Task**<br>5. Depression Care Manager will receive training in evidence-based models of brief therapeutic interventions including behavioral activation and coaching, problem solving therapy, CBT, and MI | | | | | | | | | | |
| **Task**<br>6. PPS to establish "Community of Practice" peer supervision group for Depression Care Managers to share challenges, success stories, learning and strategies to prevent burnout. | | | | | | | | | | |
| **Milestone #12**<br>Designate a Psychiatrist meeting requirements of the IMPACT Model. | | | | | | | | | | |
| **Task**<br>All IMPACT participants in PPS have a designated Psychiatrist. | | | | | | | | | | |
| **Task**<br>1. PPS will assist Article 28 practices in determining adequate consulting psychiatrist FTE contracts, and will develop a strategy to facilitate sharing of IMPACT model's consulting psychiatrist | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| role FTE between multiple practices as needed | | | | | | | | | | |
| **Task** 2. Integrated practices will provide PPS with identity and % FTE of consulting psychiatrist | | | | | | | | | | |
| **Task** 3. Each psychiatrist will have weekly meetings (on site or through telephonic or videoconferencing) with the depression care manager of each of the teams they support to review registry and discuss clinical cases. | | | | | | | | | | |
| **Task** 4. Psychiatrist will be available to primary care providers for case reviews, medication recommendations, and coordination of medical and behavioral health treatment plans for complex patients | | | | | | | | | | |
| **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** 1. PPS will survey primary care practice sites to understand current screening protocols and workflows | | | | | | | | | | |
| **Task** 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program. | | | | | | | | | | |
| **Task** 3. Practices will identify personnel on the care team who will administer and document screening and will provide training or effective screening, as well as develop train the trainer capacity within the practice | | | | | | | | | | |
| **Task** 4. Practices will regularly assess and report on screener competence based on guidelines provided by PPS | | | | | | | | | | |
| **Milestone #14** Provide "stepped care" as required by the IMPACT Model. | | | | | | | | | | |
| **Task** In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan. | | | | | | | | | | |
| **Task** 1. IMPACT work group develops a stepped-care model including | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| suggested timeline of steps and disseminates to primary care practices | | | | | | | | | | |
| **Task**<br>2. Care Managers meet weekly with supervising psychiatrist to review cases which are not improving as expected, using the registry as a guide and suggest treatment changes if patients are not improving as per the model. | | | | | | | | | | |
| **Task**<br>3. Consulting psychiatrist evaluates any patient who has not improved after 10-12 weeks of care, and discusses with PCP any medical issues affecting the patient's response. | | | | | | | | | | |
| **Milestone #15**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities. | | | | | | | | | | |
| **Task**<br>2. PPS to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants. | | | | | | | | | | |
| **Task**<br>3. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project. | | | | | | | | | | |
| **Task**<br>4. Integrated practices will contract with registry vendor or develop their own functional registry with the capacity to track required process and clinical outcomes for patients actively engaged in behavioral health care and to report data to PPS on a regular basis | | | | | | | | | | |
| **Task**<br>5. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Co-locate primary care services at behavioral health sites. | |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Implement IMPACT Model at Primary Care Sites. | |
| Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | |
| Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | |
| Designate a Psychiatrist meeting requirements of the IMPACT Model. | |
| Measure outcomes as required in the IMPACT Model. | |
| Provide "stepped care" as required by the IMPACT Model. | |
| Use EHRs or other technical platforms to track all patients engaged | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

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

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** 1. PPS will assess practices to identify who currently has colocation or fully integrated BH services. | On Hold | PPS will assess practices to identify who currently has colocation or fully integrated BH services. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 2. PPS will survey practices to identify which practices will implement each model | On Hold | 2. PPS will survey practices to identify which practices will implement each model | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 1. PPS will assess practices to identify who currently has colocation or fully integrated BH services. | |
| 2. PPS will survey practices to identify which practices will implement each model | |

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## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Project 3.a.ii – Behavioral health community crisis stabilization services

#### IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

**Instructions :**

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

Risk: Difficulty obtaining urgent BH appts; limited mobile crisis and respite services; absence of ambulatory detoxes services; and shortage of psychiatry staff

Mitigation Strategies include: a) Within project design we will expand opportunities to expand access to walk-in and urgent care appointments. b) Project design will explore use of Psyches to improve care coordination. c ) Work with workforce workstream to identify staffing needs to support project design and develop a workforce hiring, redeployment, and training strategy. Access the ability to expand ambulatory detox training and licensure.

Risk: Absence of reimbursement rates for HCBS services

Mitigation: Develop financial model and negotiate with health plans for these services

Risk: Problems with care transitions (ER to inpatient, inpatient to outpatient) and difficulty enrolling patients in Health Homes

Mitigation strategies include: a) Develop Hudson Region DSRIP Behavioral Health Crisis Leadership group to facilitate regional PPSs ER diversion guidelines and protocols b) Utilize patient profile methods to identify high risk patients and ensure they are tracked and design appropriate alerts c) Develop materials to educate providers on HARP eligibility protocols to facilitate referrals.

Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)

Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements

Risk: Some providers may be unable to meet EHR and HIE requirements in early years, including the need for alerts/secure messaging and ER navigator access to PSYCKES and may encounter insufficient funding for HIE connections given the high prices vendors may charge to migrate data or create interfaces

Mitigation: a) Work with IT workstream to provide tech assistance, in partnership with local CBOs or relevant organizations, and develop workarounds until practices have adopted EHRs b) Explore leveraging scale to get volume based discounts and variable pricing d) Encourage

providers to leverage funding from NYS Data Incentive program and Medicaid Meaningful Use program e) Conduct population profile to identify at risk patients, coordinate care and establish alerts

Risk: Project will require stakeholder collaboration, including community resources and traditional medical teams

Mitigation: a) Establish unified approach utilizing Cross PSS collaboration to engage LGUs and all partners to design regional approach to Crisis Stabilization leveraging existing infrastructure and experience b) Develop robust change management strategy to ensure all stakeholders understand rationale behind collaboration and the importance of working together effectively c) Bring stakeholders together to develop consensus around care guidelines where possible

Risk: No direct connection between behavioral outcome measures and crisis stabilization project

Mitigation: Consider strategies to collect outcomes information and track progress, along with claims data

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.a.ii.2 - Patient Engagement Speed

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY2,Q4 | 18,053 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 315 | 315 | 8.72% | 3,296 | 1.74% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (3,611)

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL3815_1_3_20160202203539_ActivatedPatientsNarrative.docx | Activated patients narrative | 02/02/2016 08:36 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time

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

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## Montefiore Medical Center (PPS ID:19)

on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.a.ii.3 - Prescribed Milestones

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 1. In collaboration with WMC and Refuah, the MHVC will establish the Hudson Region DSRIP BH Crisis Leadership Group (HRD BH CLG) to collaborate on development of coordinated crisis intervention services and programming in the Hudson Valley Region | Project | | Completed | 04/01/2015 | 07/11/2015 | 04/01/2015 | 07/11/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Convene the HRD Crisis Leadership Group | Project | | Completed | 07/13/2015 | 07/22/2015 | 07/13/2015 | 07/22/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 4. Review county and partners crisis services | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 5.Assess existing services to identify gaps | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Develop plan to fill gaps | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Create crosswalks between crisis stabilization(3aii) project plan and other supporting PPS projects plans (i.e. Project 2biii - ED Care triage, Project 2aiv- Medical Village, Project 2ai -IDS.) | Project | | Not Started | 04/01/2015 | 03/31/2020 | 02/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #2** | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | | | | | | | | | |
| **Task** PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Engage Local Government Units/County Mental Health Departments (7 Counties) in Cross PPS Collaborative effort. | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. In collaboration with other PPSs, meet with counties, health homes, partners and hospitals (ER) to review status of existing diversion protocols | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Agreement reached on protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Plan phased role out of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Document diversion protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Begin implementation of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Establish cross PPS partnerships with Albany Med PPS and BPHC to advance a common approach across neighboring regions that will result in seamless, coordinated effort regarding this project and others over the combined regions. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 9. Convene partners to solicit feedback and refine protocols as necessary, | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | | | | | | | | |
| **Task** 1. Develop case based business models to engage MCOs in discussions to support implementation of crisis stabilization and preventive services including care transitions, mobile crisis services and care coordination bridges to follow up with community based organizations and with PCP and BH practices. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Provides guidance in developing a case based payment model to support services including: psychiatric medications, counseling, behavioral activation, problem solving treatment, groups, aligning formularies and promoting expedited authorizations as a bridge to VBP | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #4** Develop written treatment protocols with consensus from participating providers and facilities. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Coordinated treatment care protocols are in place. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. 3 PPSs in consultation with providers and facilities will document existing coordinated treatment protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Work with partners and hospitals to determine where protocols need to be refined or developed | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Collaborate with partners to modify protocols and reach agreement on protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Plan phased role out of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Begin implementation of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| specialty psychiatric and crisis-oriented services. | | | | | | | | | |
| **Task** PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. In collaboration with other PPSs in the region, use the community needs assessment to evaluate access to to specialty services and crisis oriented services and identify improvement areas | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. In collaboration with other PPSs in the region, identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisis oriented services. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Identify psychiatric and Addiction Medicine consultation services to the crisis team and establish specific response times consistent with New York State and local regulatory body guidance | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #6** Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, | Provider | Safety Net Clinic | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | | | | | | | | |
| **Task** PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | Provider | Safety Net Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Review and analyze Community Needs Assessment and CBO surveys (In flight surveys) to identify PPS hospitals having available observation units or off campus crisis residence. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 3.Develop plan to focus BH crisis interventions pilots in "Hotspots" informed by our Community Needs Assessment (4 hospitals in Westchester and Orange Counties). Expand outpatient and substance abuse treatment and detoxification centers in these hotspot areas. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Milestone #7** Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Coordinated evidence-based care protocols for mobile crisis teams are in place. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify community mobile crisis teams currently available in each of our seven county regions. | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 2. Review current evidence based mobile-crisis protocols | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| community needs (including relationships with first responders) | | | | | | | | | |
| **Task** 4. Obtain agreement on protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Plan phased role out of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Begin implementation of protocols | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Create a communications plan to engage and inform CBOS, community social service providers, LGUs health centers and patients. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 8. Consider vendor solutions to coordinate crisis services across the region, improving access to same day appointments. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #8** Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Alerts and secure messaging functionality are used to facilitate crisis intervention services. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #9** Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has implemented central triage service among psychiatrists and behavioral health providers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify current triage services in the Hudson Valley (including telephonic response, hotlines and warm line) | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Conduct gap analysis | Project | | Not Started | 04/01/2015 | 03/31/2020 | 03/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 3. Explore opportunities to address gaps | Project | | Not Started | 04/01/2015 | 03/31/2020 | 06/30/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 4. Educate and encourage access and use of NYS PSYKES database for all crisis service providers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #10** Ensure quality committee is established for oversight and | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| surveillance of compliance with protocols and quality of care. | | | | | | | | | |
| **Task** PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. PPS creates and convenes a BH Workgroup with focus on integration of primary care and BH services within practice sites and other behavioral health initiatives. The Behavioral Health Workgroup reports to the MHVC Clinical Quality Sub-Committee. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Establish Cross PPS collaborative governance structure to collaboratively facilitate the review and dissemination of evidence based diversion protocols. The HVC Medical Director will report out to the HVC Clinical Quality Sub-Committee and Behavioral Health Workgroup. | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 3. Create Cross PPS Quality forum to provide oversight , and to | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| monitor (self audit) compliance with protocols, project milestones, and to share best practices | | | | | | | | | |
| **Task** 4. Create standard processes to apply rapid cycle evaluation based on outcomes of QI analysis and create process to trigger corrective action plans | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Evaluate qualty metrics and establish a process to capture , analyze and report to Committee and stakeholders | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 6. Develop the procedure to ensure partner adhearance with Committee agreed upon protocols, policies and procedures. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #11** Use EHRs or other technical platforms to track all patients engaged in this project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 4.Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | |
| **Task**<br>7.Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 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**<br>Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | | | | | | | | | | |
| **Task**<br>PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. | | | | | | | | | | |
| **Task**<br>1. In collaboration with WMC and Refuah, the MHVC will establish the Hudson Region DSRIP BH Crisis Leadership Group (HRD BH CLG) to collaborate on development of coordinated crisis intervention services and programming in the Hudson Valley Region | | | | | | | | | | |
| **Task**<br>2. Convene the HRD Crisis Leadership Group | | | | | | | | | | |
| **Task**<br>3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services. | | | | | | | | | | |
| **Task**<br>4. Review county and partners crisis services | | | | | | | | | | |
| **Task**<br>5.Assess existing services to identify gaps | | | | | | | | | | |
| **Task**<br>6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services | | | | | | | | | | |
| **Task**<br>7. Develop plan to fill gaps | | | | | | | | | | |
| **Task**<br>8. Create crosswalks between crisis stabilization(3aii) project plan and other supporting PPS projects plans (i.e. Project 2biii - ED Care triage, Project 2aiv- Medical Village, Project 2ai -IDS.) | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | | | | | | | | | | |
| **Task** PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | | | | | | | | | | |
| **Task** 1. Engage Local Government Units/County Mental Health Departments (7 Counties) in Cross PPS Collaborative effort. | | | | | | | | | | |
| **Task** 2. In collaboration with other PPSs, meet with counties, health homes, partners and hospitals (ER) to review status of existing diversion protocols | | | | | | | | | | |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders) | | | | | | | | | | |
| **Task** 4. Agreement reached on protocols | | | | | | | | | | |
| **Task** 5. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 6. Document diversion protocols | | | | | | | | | | |
| **Task** 7. Begin implementation of protocols | | | | | | | | | | |
| **Task** 8. Establish cross PPS partnerships with Albany Med PPS and BPHC to advance a common approach across neighboring regions that will result in seamless, coordinated effort regarding this project and others over the combined regions. | | | | | | | | | | |
| **Task** 9. Convene partners to solicit feedback and refine protocols as necessary, | | | | | | | | | | |
| **Milestone #3** Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | | | | | | | | |
| **Task** PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Develop case based business models to engage MCOs in discussions to support implementation of crisis stabilization and preventive services including care transitions, mobile crisis services and care coordination bridges to follow up with community based organizations and with PCP and BH practices. | | | | | | | | | | |
| **Task** 2. Provides guidance in developing a case based payment model to support services including: psychiatric medications, counseling, behavioral activation, problem solving treatment, groups, aligning formularies and promoting expedited authorizations as a bridge to VBP | | | | | | | | | | |
| **Milestone #4** Develop written treatment protocols with consensus from participating providers and facilities. | | | | | | | | | | |
| **Task** Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | | | | | | | | | | |
| **Task** Coordinated treatment care protocols are in place. | | | | | | | | | | |
| **Task** 1. 3 PPSs in consultation with providers and facilities will document existing coordinated treatment protocols | | | | | | | | | | |
| **Task** 2. Work with partners and hospitals to determine where protocols need to be refined or developed | | | | | | | | | | |
| **Task** 3. Collaborate with partners to modify protocols and reach agreement on protocols | | | | | | | | | | |
| **Task** 4. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 5. Begin implementation of protocols | | | | | | | | | | |
| **Milestone #5** Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | | | | | | | | | | |
| **Task** PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network | | | | | | | | | | |
| **Task** PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>1. In collaboration with other PPSs in the region, use the community needs assessment to evaluate access to to specialty services and crisis oriented services and identify improvement areas | | | | | | | | | | |
| **Task**<br>2. In collaboration with other PPSs in the region, identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisis oriented services. | | | | | | | | | | |
| **Task**<br>3. Identify psychiatric and Addiction Medicine consultation services to the crisis team and establish specific response times consistent with New York State and local regulatory body guidance | | | | | | | | | | |
| **Milestone #6**<br>Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | | | | | | | | | |
| **Task**<br>PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | | | | | | | | | | |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Review and analyze Community Needs Assessment and CBO surveys (In flight surveys) to identify PPS hospitals having available observation units or off campus crisis residence. | | | | | | | | | | |
| **Task**<br>2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access | | | | | | | | | | |
| **Task**<br>3.Develop plan to focus BH crisis interventions pilots in | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| "Hotspots" informed by our Community Needs Assessment (4 hospitals in Westchester and Orange Counties). Expand outpatient and substance abuse treatment and detoxification centers in these hotspot areas. | | | | | | | | | | |
| **Milestone #7** Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | | | | | | | | | | |
| **Task** PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols for mobile crisis teams are in place. | | | | | | | | | | |
| **Task** 1. Identify community mobile crisis teams currently available in each of our seven county regions. | | | | | | | | | | |
| **Task** 2. Review current evidence based mobile-crisis protocols | | | | | | | | | | |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders) | | | | | | | | | | |
| **Task** 4. Obtain agreement on protocols | | | | | | | | | | |
| **Task** 5. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 6. Begin implementation of protocols | | | | | | | | | | |
| **Task** 7. Create a communications plan to engage and inform CBOS, community social service providers, LGUs health centers and patients. | | | | | | | | | | |
| **Task** 8. Consider vendor solutions to coordinate crisis services across the region, improving access to same day appointments. | | | | | | | | | | |
| **Milestone #8** Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | | | | | | | | |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Alerts and secure messaging functionality are used to facilitate crisis intervention services. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #9** Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | | | | | | | | | | |
| **Task** PPS has implemented central triage service among psychiatrists | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| and behavioral health providers. | | | | | | | | | | |
| **Task** 1. Identify current triage services in the Hudson Valley (including telephonic response, hotlines and warm line) | | | | | | | | | | |
| **Task** 2. Conduct gap analysis | | | | | | | | | | |
| **Task** 3. Explore opportunities to address gaps | | | | | | | | | | |
| **Task** 4. Educate and encourage access and use of NYS PSYKES database for all crisis service providers. | | | | | | | | | | |
| **Milestone #10** Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | | | | | | | | | | |
| **Task** PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a. | | | | | | | | | | |
| **Task** Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives. | | | | | | | | | | |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics. | | | | | | | | | | |
| **Task** PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project. | | | | | | | | | | |
| **Task** Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | | | | | | | | | | |
| **Task** 1. PPS creates and convenes a BH Workgroup with focus on integration of primary care and BH services within practice sites and other behavioral health initiatives. The Behavioral Health Workgroup reports to the MHVC Clinical Quality Sub-Committee. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. Establish Cross PPS collaborative governance structure to collaboratively facilitate the review and dissemination of evidence based diversion protocols. The HVC Medical Director will report out to the HVC Clinical Quality Sub-Committee and Behavioral Health Workgroup. | | | | | | | | | | |
| **Task** 3. Create Cross PPS Quality forum to provide oversight , and to monitor (self audit) compliance with protocols, project milestones, and to share best practices | | | | | | | | | | |
| **Task** 4. Create standard processes to apply rapid cycle evaluation based on outcomes of QI analysis and create process to trigger corrective action plans | | | | | | | | | | |
| **Task** 5. Evaluate qualty metrics and establish a process to capture , analyze and report to Committee and stakeholders | | | | | | | | | | |
| **Task** 6. Develop the procedure to ensure partner adhearance with Committee agreed upon protocols, policies and procedures. | | | | | | | | | | |
| **Milestone #11** Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | | | | | | | | | | |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 4.Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |
| **Task** 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| and build of the Enterprise data warehouse | | | | | | | | | | |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task**<br>7.Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |

| Project 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**<br>Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | | | | | | | | | | |
| **Task**<br>PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services. | | | | | | | | | | |
| **Task**<br>1. In collaboration with WMC and Refuah, the MHVC will establish the Hudson Region DSRIP BH Crisis Leadership Group (HRD BH CLG) to collaborate on development of coordinated crisis intervention services and programming in the Hudson Valley Region | | | | | | | | | | |
| **Task**<br>2. Convene the HRD Crisis Leadership Group | | | | | | | | | | |
| **Task**<br>3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services. | | | | | | | | | | |
| **Task**<br>4. Review county and partners crisis services | | | | | | | | | | |
| **Task**<br>5.Assess existing services to identify gaps | | | | | | | | | | |
| **Task**<br>6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services | | | | | | | | | | |
| **Task**<br>7. Develop plan to fill gaps | | | | | | | | | | |
| **Task**<br>8. Create crosswalks between crisis stabilization(3aii) project plan and other supporting PPS projects plans (i.e. Project 2biii - ED Care triage, Project 2aiv- Medical Village, Project 2ai -IDS.) | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #2** Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | | | | | | | | | | |
| **Task** PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | | | | | | | | | | |
| **Task** 1. Engage Local Government Units/County Mental Health Departments (7 Counties) in Cross PPS Collaborative effort. | | | | | | | | | | |
| **Task** 2. In collaboration with other PPSs, meet with counties, health homes, partners and hospitals (ER) to review status of existing diversion protocols | | | | | | | | | | |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders) | | | | | | | | | | |
| **Task** 4. Agreement reached on protocols | | | | | | | | | | |
| **Task** 5. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 6. Document diversion protocols | | | | | | | | | | |
| **Task** 7. Begin implementation of protocols | | | | | | | | | | |
| **Task** 8. Establish cross PPS partnerships with Albany Med PPS and BPHC to advance a common approach across neighboring regions that will result in seamless, coordinated effort regarding this project and others over the combined regions. | | | | | | | | | | |
| **Task** 9. Convene partners to solicit feedback and refine protocols as necessary, | | | | | | | | | | |
| **Milestone #3** Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | | | | | | | | | | |
| **Task** PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Develop case based business models to engage MCOs in discussions to support implementation of crisis stabilization and preventive services including care transitions, mobile crisis services and care coordination bridges to follow up with community based organizations and with PCP and BH practices. | | | | | | | | | | |
| **Task** 2. Provides guidance in developing a case based payment model to support services including: psychiatric medications, counseling, behavioral activation, problem solving treatment, groups, aligning formularies and promoting expedited authorizations as a bridge to VBP | | | | | | | | | | |
| **Milestone #4** Develop written treatment protocols with consensus from participating providers and facilities. | | | | | | | | | | |
| **Task** Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | | | | | | | | | | |
| **Task** Coordinated treatment care protocols are in place. | | | | | | | | | | |
| **Task** 1. 3 PPSs in consultation with providers and facilities will document existing coordinated treatment protocols | | | | | | | | | | |
| **Task** 2. Work with partners and hospitals to determine where protocols need to be refined or developed | | | | | | | | | | |
| **Task** 3. Collaborate with partners to modify protocols and reach agreement on protocols | | | | | | | | | | |
| **Task** 4. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 5. Begin implementation of protocols | | | | | | | | | | |
| **Milestone #5** Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | | | | | | | | | | |
| **Task** PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network | | | | | | | | | | |
| **Task** PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>1. In collaboration with other PPSs in the region, use the community needs assessment to evaluate access to to specialty services and crisis oriented services and identify improvement areas | | | | | | | | | | |
| **Task**<br>2. In collaboration with other PPSs in the region, identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisis oriented services. | | | | | | | | | | |
| **Task**<br>3. Identify psychiatric and Addiction Medicine consultation services to the crisis team and establish specific response times consistent with New York State and local regulatory body guidance | | | | | | | | | | |
| **Milestone #6**<br>Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | | | | | | | | | | |
| **Task**<br>PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | | | | | | | | | | |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Review and analyze Community Needs Assessment and CBO surveys (In flight surveys) to identify PPS hospitals having available observation units or off campus crisis residence. | | | | | | | | | | |
| **Task**<br>2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access | | | | | | | | | | |
| **Task**<br>3.Develop plan to focus BH crisis interventions pilots in | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| "Hotspots" informed by our Community Needs Assessment (4 hospitals in Westchester and Orange Counties). Expand outpatient and substance abuse treatment and detoxification centers in these hotspot areas. | | | | | | | | | | |
| **Milestone #7** Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | | | | | | | | | | |
| **Task** PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | | | | | | | | | | |
| **Task** Coordinated evidence-based care protocols for mobile crisis teams are in place. | | | | | | | | | | |
| **Task** 1. Identify community mobile crisis teams currently available in each of our seven county regions. | | | | | | | | | | |
| **Task** 2. Review current evidence based mobile-crisis protocols | | | | | | | | | | |
| **Task** 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders) | | | | | | | | | | |
| **Task** 4. Obtain agreement on protocols | | | | | | | | | | |
| **Task** 5. Plan phased role out of protocols | | | | | | | | | | |
| **Task** 6. Begin implementation of protocols | | | | | | | | | | |
| **Task** 7. Create a communications plan to engage and inform CBOS, community social service providers, LGUs health centers and patients. | | | | | | | | | | |
| **Task** 8. Consider vendor solutions to coordinate crisis services across the region, improving access to same day appointments. | | | | | | | | | | |
| **Milestone #8** Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** EHR demonstrates integration of medical and behavioral health record within individual patient records. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Alerts and secure messaging functionality are used to facilitate crisis intervention services. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #9** Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | | | | | | | | | | |
| **Task** PPS has implemented central triage service among psychiatrists | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project 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 behavioral health providers. | | | | | | | | | | |
| **Task** 1. Identify current triage services in the Hudson Valley (including telephonic response, hotlines and warm line) | | | | | | | | | | |
| **Task** 2. Conduct gap analysis | | | | | | | | | | |
| **Task** 3. Explore opportunities to address gaps | | | | | | | | | | |
| **Task** 4. Educate and encourage access and use of NYS PSYKES database for all crisis service providers. | | | | | | | | | | |
| **Milestone #10** Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | | | | | | | | | | |
| **Task** PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a. | | | | | | | | | | |
| **Task** Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives. | | | | | | | | | | |
| **Task** PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics. | | | | | | | | | | |
| **Task** PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project. | | | | | | | | | | |
| **Task** Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | | | | | | | | | | |
| **Task** 1. PPS creates and convenes a BH Workgroup with focus on integration of primary care and BH services within practice sites and other behavioral health initiatives. The Behavioral Health Workgroup reports to the MHVC Clinical Quality Sub-Committee. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 2. Establish Cross PPS collaborative governance structure to collaboratively facilitate the review and dissemination of evidence based diversion protocols. The HVC Medical Director will report out to the HVC Clinical Quality Sub-Committee and Behavioral Health Workgroup. | | | | | | | | | | |
| **Task** 3. Create Cross PPS Quality forum to provide oversight , and to monitor (self audit) compliance with protocols, project milestones, and to share best practices | | | | | | | | | | |
| **Task** 4. Create standard processes to apply rapid cycle evaluation based on outcomes of QI analysis and create process to trigger corrective action plans | | | | | | | | | | |
| **Task** 5. Evaluate qualty metrics and establish a process to capture , analyze and report to Committee and stakeholders | | | | | | | | | | |
| **Task** 6. Develop the procedure to ensure partner adhearance with Committee agreed upon protocols, policies and procedures. | | | | | | | | | | |
| **Milestone #11** Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements | | | | | | | | | | |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 4.Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |
| **Task** 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 build of the Enterprise data warehouse | | | | | | | | | | |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task**<br>7.Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | |
| Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | |
| Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | |
| Develop written treatment protocols with consensus from participating providers and facilities. | |
| Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | |
| Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | |
| Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | |
| Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | |
| Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.a.ii.4 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

### PPS Defined Milestones Narrative Text

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.a.ii.5 - IA Monitoring

**Instructions :**

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

#### IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies

**Instructions :**

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

Risk: State regulation does not allow co-pays for follow up BP monitoring to be waved
Mitigation: Project design will explore alternatives including case based business models.
Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)
Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements d) Analyze QE Usage statistics to monitor adoption.
Risk: Unwanted variation in implementation across partners
Mitigation: a) Encourage some local variation to ensure projects meet needs of communities and are culturally/linguistically appropriate b) Strive to develop monitoring reports to try to quantify the level of variation c) Monitor fidelity to critical baseline elements and develop corrective strategy for outliers
Risk: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms
Mitigation: a) Encourage providers to leverage funding from NYS Data Incentive Program and Meaningful Use b)Leverage experience of our partners to develop practical IT solutions for partner organizations in the early stages of IT development
Risk: Ensure clinicians and staff are adequately trained on evidence-based strategies
Mitigation: a) Work closely with workforce workstream to determine training needs and develop training strategy b) leverage expertise and resources from within PPS
Risk: MCOs may disagree with alternative payment models for care coordination and home BP monitoring
Mitigation: Convene GNYHA, HANYS, and other PPS's to advocate for alternative payment models

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

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY3,Q4 | 29,412 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 5,342 | 5,342 | 90.80% | 541 | 18.16% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (5,883)

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL4215_1_3_20160202202913_ActivatedPatientsNarrative.docx | Activated patient narrative | 02/02/2016 08:29 PM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time

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on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

# New York State Department Of Health
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### IPQR Module 3.b.i.3 - Prescribed Milestones

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | Project | | Completed | 04/01/2015 | 07/15/2015 | 04/01/2015 | 07/15/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Identify key partnering organizations and create Cardiovascular Workgroup with representation from key stakeholders to guide project implementation to ensure success | Project | | Completed | 04/01/2015 | 10/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 3. Conduct outreach to partners with experience implementing Million Hearts to identify champions to guide project planning. | Project | | Completed | 04/01/2015 | 03/31/2020 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| **Task** 4. Plan a series of learning collaboratives for PPS partnering organizations to share best practices and educate partners in rapid improvement cycle activities | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Cross reference community needs assessment to identify possible early adopter pilot sites in geographic areas with high burden of cardiovascular disease. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 6. In collaboration with the practice team at the early adopter sites, designate a project champion, complete a gap analysis between the current state assessment and defined future state(i.e. workforce needs) and develop an action plan for model | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| implementation. | | | | | | | | | |
| **Task** 7. Implement the approved action plan a pilot early adopter site utilizing PDSA approach. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Monitor ongoing performance, analyze clinical and operational outcomes. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 9. Identify timelines/practice sites for second phase of project implementation. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. Assess original plan and alter as necessary to overcome implementation barriers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #2** Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS uses alerts and secure messaging functionality. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 3. In current state IT assessment catalogue IT capabilities and | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| prioritize partner adoption plan | | | | | | | | | |
| **Task** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with QE | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #3** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Project | N/A | In Progress | 06/01/2015 | 03/31/2018 | 06/01/2015 | 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Define scope and assess eligible primary care practice sites | Project | | In Progress | 06/01/2015 | 12/31/2015 | 06/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Milestone #4** | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements requirements to track actively engaged patients aligned population health objectives. Requirements will include performance measures. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #5** Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has implemented an automated scheduling system to facilitate tobacco control protocols. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Assess participating PCP practices to understand current EMR embedded decision support abilities and ability to capture data points (i.e. the 5A's , other tobacco cessation screens, SBRIT, PHQ2/9, BP, cancer screening, asthma action plans, patient goal setting (BAP) etc.) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Develop PPS guidelines for embedded automated prompts | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| related to each project and data points that will need to be captured for reporting. | | | | | | | | | |
| **Task** 3. Work with clinical leadership to support performance improvement initiatives to support practice level improvement. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4. Assess and plan for technical assistance and other resources as needed for implementation. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 5. Provide participating provider organizations with guidance for periodic clinician and staff training at the practice level to make effective use of Clinical Decision Support in the EHR, and to prompt the use of 5A's for tobacco control. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Develop and disseminate culturally competent educational materials to providers about the 5A's and tobacco cessation treatment guidelines and create shared repository of provider and patient educational resources. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Milestone #6** Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF). | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Establish a Cardiovascular Workgroup to oversee the implementation of evidence-based strategies for disease management in high-risk individuals. Ensure clinician representation from key primary care and specialty practices across MHVC PPS. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 2. Cardiovascular Workgroup to review established national guidelines and treatment protocols for hypertension and elevated cholesterol in clinical practices and draft PPS wide policy and procedures template | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| implementation across PPS. | | | | | | | | | |
| **Task** 4. Adopt policies that support adherence to evidence-based guidelines for the identification, treatment, and management of hypertension and elevated cholesterol. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Assure integration of assessments, treatments, and services into care delivery system through use of protocol(s) that explicitly state what needs to be done for patients, by whom, and at what intervals. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Implement new guidelines at pilot site/s utilizing the PDSA approach. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 9. Update protocols as needed to support changes in clinical evidence. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. Investigate aligning financial incentives for participating practice partners for adoption of standardized treatment protocols for managing hypertension and elevated cholesterol levels. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #7** Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Clinically Interoperable System is in place for all participating providers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Care coordination processes are in place. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify participating sites that utilize a care coordination team from the current state assessment. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 2. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, and patient self management support (SMS) training. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Design PPS wide future state for hypertension diagnosis, identification and management. Cardiovascular Workgroup will collaborate with the Information Technology and Clinical Quality Subcommittees to oversee the development of an action plan to ensure clinically inoperable system. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 4.Project workgroup will develop care coordination models that incorporate a patient centered approach to managing HTN. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 5. Identify partner organizations to champion and pilot new model for improved care coordination assuring proper representation from a multidisciplinary team | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 6. Collaborate with workforce sub-committee to identify staffing gaps in model | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 7. Complete a gap analysis against defined future state to create a phased roll out implementation plan ensuring appropriate care team staffing and IT infrastructure | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Develop and implement policies and procedures to support and sustain effective care coordination across participating provider organizations for managing hypertension. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 9. Use PDSA cycles of change at pilot site to overcome workflow | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| barriers for sustainable change and spread pilot to other practices. | | | | | | | | | |
| **Task** 10. Monitor progress and measure effectiveness of ability to share health information among patient clinical care team and effectiveness of new staffing model. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #8** Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 2. At pilot site/s, identify required changes to policy and procedures, system and workflow issues to establish an open access model for timely follow-up. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including: BP follow-up checks by a RN or a practitioner without copayment, medication coverage, "Pressure Down" Education and promoting expedited authorizations. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Coordinate with pharmacies, CBO's and other partners to increase patient awareness of Million Hearts™ Team Up. Pressure Down. education program. And distribute culturally competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards). | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #9** Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| equipment. | | | | | | | | | |
| **Task** PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Evaluate the availability of correct equipment at all locations, current workflows and develop guidance for the implementation of new processes supported by appropriate staff training on accurate blood pressure measurement by all staff. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #10** Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Assess system capabilities and processes at the participating provider sites for the use of patient registries to identify and stratify patients who have repeated elevated blood pressure | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| readings but do not have a diagnosis of hypertension. | | | | | | | | | |
| **Task** 3. Support practices in implementation of recommendations through learning collaboratives | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Establish process to monitor implementation of protocols and develop a mechanism for feedback to support continuous improvement. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #11** Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| **Task** 1. Cardiovascular Workgroup, in collaboration with hypertension specialists, will develop and recommend clinical algorithms for medication management of hypertension with emphasis on once-daily regimens or fixed-dose combination pills when appropriate. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Determine current status of the above regimens in payer and provider formularies, ease of prescribing in various EMRs. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Clinical Quality sub-committee will review and approve the clinical algorithm for medication management. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Clinical leaders at participating practices will assume responsibilities for implementation of guidelines at their sites. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Implement continuous quality improvement processes to assure consistent adherence to the new guidelines by providers | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| at the participating practices. | | | | | | | | | |
| **Task** 7. Udate HTN medication algorithms as needed to support changes in clinical evidence. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #12** Document patient driven self-management goals in the medical record and review with patients at each visit. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Self-management goals are documented in the clinical record. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify best practices for identification and follow up of Self Management Goals. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Assess current capacity of partners participating in this project to document Self-Management Goals in EMR and current state of staff training on Self-Management-Support (SMS) principles. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Identify relevant training and curriculum development resources. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 4. Develop educational programming for clinical staff on Self Management Support (SMS) principles including the Spirit of Motivational Interviewing, and Patient centered goal setting (Brief Action Planning) and documentation of Self Management Goals SMG into the EMR. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Develop guidance and training curriculum around how SMS can be integrated into care team workflow. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Clinical leaders will assure systems required for the development of self-management plans by practice team members in collaboration with patients/families/caregivers, as appropriate. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Clinical leaders at participating practices will assure implementation of required workflow changes to support | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| consistent documentation of patient self-management goals in clinical records and review with patients at each visit when appropriate. | | | | | | | | | |
| **Task** 8. Develop feedback mechanisms for accountability and continuous quality improvement. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 9. Develop capacity within partnering organizations and CBO's to deliver culturally competent SMS training through development and implementation of "Train the Trainer" programming. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 10. Develop role specific competency standards for each staff and implement process for evaluating staff competency at regular intervals. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #13** Follow up with referrals to community based programs to document participation and behavioral and health status changes. | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| **Task** PPS has developed referral and follow-up process and adheres to process. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides periodic training to staff on warm referral and follow-up process. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Develop and implement PPS wide policy and procedure for referrals to community based programs and tracking referrals. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Collaborate with CBOs to design the referral feedback loop | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Identify and catalogue available community resources using the Community Needs Assessment as a starting point to create a Community Resources Database. | Project | | In Progress | 04/01/2015 | 12/31/2015 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| 4. Develop process to ensure that database is updated regularly. | | | | | | | | | |
| **Task** 5. Define the process and requirements for referral | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Establish formal and informal agreements with appropriate CBOs to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patients HTN including timely access to services and feedback on the status of the referral. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Implement continuous quality improvement (CQI) process to monitor and improve referral process and outcomes. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 8. Establish training programming and materials for staff on warm referrals, tracking and followup processes. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #14** Develop and implement protocols for home blood pressure monitoring with follow up support. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has developed and implemented protocols for home blood pressure monitoring. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS provides periodic training to staff on warm referral and follow-up process. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Profile best practices, across PPS partners regarding home BP monitoring, warm referrals and follow-up. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Identify minimal and recommended protocols to satisfy project requirements. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Conduct training to share self monitoring and follow up protocols with practice sites. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Assist participating practitioners to identify a support staff | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| resource who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs. | | | | | | | | | |
| **Task** 5. Work with clinical leaders at participating practices to support implementation of protocols t for patients who self-monitor their blood pressure. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 6. Develop continuous quality improvement (CQI) process to monitor changes in blood pressure control rates. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #15** Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Utilize population profiling to identify patients with HTN, and visit frequency. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Establish process and/or system to alert PCP and Care Manager of patients needing a PCP visit. (Explore the use of registries) | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Conduct periodic learning collaboratives with sites to share best practices and get feedback. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Develop feedback mechanisms for accountability and continuous quality improvement. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #16** Facilitate referrals to NYS Smoker's Quitline. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has developed referral and follow-up process and adheres to process. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. The Cross PPS Public Health Council will facilitate discovery discussions between NYS Quit Line and Local QE. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 2. Identify current state of referrals to NYS Quit line and follow-up policies and procedures. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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|---|---|---|---|---|---|---|---|---|---|
| **Task** 3. Profile best practices, across PPS partners (including CBOs) regarding use of NYS Quit line and referral feedback process. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Develop and implement PPS wide policy and procedure for referrals to NYS Smoker's Quit line including referral criteria. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #17** Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Use claims data to analyze "hot spot" areas for outreach as needed. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Identify alternative care centers (churches, barber shops etc.) to address shortages of services and reach difficult to reach populations as needed. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. If applicable, establish linkages to HH for targeted patient population. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Identify a list of organizations (Providers and CBOs) providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Collaborate with identified organizations to explore their capacity to expand access to Stanford Model for high-risk | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| population with chronic illnesses. | | | | | | | | | |
| **Task** 6. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 7. Establish contractual agreements with organizations to provide ongoing training to participating providers and staff on Stanford Model. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #18** Adopt strategies from the Million Hearts Campaign. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | Provider | Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | Provider | Mental Health | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify relevant resources and protocols earmarked as useful by Million Hearts to incorporate into Project toolkit | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 2. Identify relevant patient self management support tools for inclusion in COP. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 3. Review Action Guide related to HTN and Self Blood Pressure Measurement (SBPM) to incorporate into guidelines/protocols. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Develop mechanisms for regular review of Million Hearts resources to assure our PPS is utilizing the most up-to-date tools and that any updates are clinically integrated across the PPS. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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|---|---|---|---|---|---|---|---|---|---|
| **Milestone #19** Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has 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 | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Convene monthly meetings with PPS leadership and MCO's. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including CV or BP follow up checks by a RN or practitioner without a copay, medication coverage including aligning formularies with evidence based algorithms adopted by the program, tobacco cessation counseling, telehealth, nutritionist services, expedited authorizations, home BP monitoring, care management, and specialist referrals. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and disease. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Explore use of contractual agreements if appropriate with HH, Care Managers, PCPs, pharmacies and specialty providers for care coordination/management for CV conditions management in the community. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone #20** Engage a majority (at least 80%) of primary care providers in this project. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** PPS has engaged at least 80% of their PCPs in this activity. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify eligible providers for participation in this project. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Establish contractual agreements (Project Addendums to Cooperating Provider Agreements) with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | | | | | | | | | | |
| **Task** PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | | | | | | | | | | |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | | | | | | | | | | |
| **Task** 2. Identify key partnering organizations and create Cardiovascular Workgroup with representation from key stakeholders to guide project implementation to ensure success | | | | | | | | | | |
| **Task** 3. Conduct outreach to partners with experience implementing Million Hearts to identify champions to guide project planning. | | | | | | | | | | |
| **Task** 4. Plan a series of learning collaboratives for PPS partnering organizations to share best practices and educate partners in rapid improvement cycle activities | | | | | | | | | | |
| **Task** 5. Cross reference community needs assessment to identify possible early adopter pilot sites in geographic areas with high burden of cardiovascular disease. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 6. In collaboration with the practice team at the early adopter sites, designate a project champion, complete a gap analysis between the current state assessment and defined future state(i.e. workforce needs) and develop an action plan for model implementation. | | | | | | | | | | |
| **Task** 7. Implement the approved action plan a pilot early adopter site utilizing PDSA approach. | | | | | | | | | | |
| **Task** 8. Monitor ongoing performance, analyze clinical and operational outcomes. | | | | | | | | | | |
| **Task** 9. Identify timelines/practice sites for second phase of project implementation. | | | | | | | | | | |
| **Task** 10. Assess original plan and alter as necessary to overcome implementation barriers. | | | | | | | | | | |
| **Milestone #2** Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task**<br>5. Initiate outreach to organizations that have not begun process of sharing information with QE | | | | | | | | | | |
| **Task**<br>6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #3**<br>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**<br>EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| **Task**<br>PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>1. Define scope and assess eligible primary care practice sites | | | | | | | | | | |
| **Task**<br>2. Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |
| **Task**<br>3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task**<br>4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task**<br>5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #4**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements requirements to track actively engaged patients aligned population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task**<br>2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task**<br>3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | | | | | | | | | | |
| **Task**<br>4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |
| **Milestone #5**<br>Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | | | | | | | | | | |
| **Task**<br>PPS has implemented an automated scheduling system to facilitate tobacco control protocols. | | | | | | | | | | |
| **Task**<br>PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control. | | | | | | | | | | |
| **Task**<br>1. Assess participating PCP practices to understand current EMR embedded decision support abilities and ability to capture data points (i.e. the 5A's , other tobacco cessation screens, SBRIT, PHQ2/9, BP, cancer screening, asthma action plans, patient goal setting (BAP) etc.) | | | | | | | | | | |
| **Task**<br>2. Develop PPS guidelines for embedded automated prompts related to each project and data points that will need to be captured for reporting. | | | | | | | | | | |
| **Task**<br>3. Work with clinical leadership to support performance improvement initiatives to support practice level improvement. | | | | | | | | | | |
| **Task**<br>4. Assess and plan for technical assistance and other resources as needed for implementation. | | | | | | | | | | |
| **Task**<br>5. Provide participating provider organizations with guidance for periodic clinician and staff training at the practice level to make effective use of Clinical Decision Support in the EHR, and to | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| prompt the use of 5A's for tobacco control. | | | | | | | | | | |
| **Task**<br>6. Develop and disseminate culturally competent educational materials to providers about the 5A's and tobacco cessation treatment guidelines and create shared repository of provider and patient educational resources. | | | | | | | | | | |
| **Milestone #6**<br>Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task**<br>Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF). | | | | | | | | | | |
| **Task**<br>1. Establish a Cardiovascular Workgroup to oversee the implementation of evidence-based strategies for disease management in high-risk individuals. Ensure clinician representation from key primary care and specialty practices across MHVC PPS. | | | | | | | | | | |
| **Task**<br>2. Cardiovascular Workgroup to review established national guidelines and treatment protocols for hypertension and elevated cholesterol in clinical practices and draft PPS wide policy and procedures template | | | | | | | | | | |
| **Task**<br>3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for implementation across PPS. | | | | | | | | | | |
| **Task**<br>4. Adopt policies that support adherence to evidence-based guidelines for the identification, treatment, and management of hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task**<br>5. Assure integration of assessments, treatments, and services into care delivery system through use of protocol(s) that explicitly state what needs to be done for patients, by whom, and at what intervals. | | | | | | | | | | |
| **Task**<br>6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status. | | | | | | | | | | |
| **Task**<br>7. Implement new guidelines at pilot site/s utilizing the PDSA approach. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 8. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task** 9. Update protocols as needed to support changes in clinical evidence. | | | | | | | | | | |
| **Task** 10. Investigate aligning financial incentives for participating practice partners for adoption of standardized treatment protocols for managing hypertension and elevated cholesterol levels. | | | | | | | | | | |
| **Milestone #7** Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. | | | | | | | | | | |
| **Task** Clinically Interoperable System is in place for all participating providers. | | | | | | | | | | |
| **Task** Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | | | | | | | | | | |
| **Task** Care coordination processes are in place. | | | | | | | | | | |
| **Task** 1. Identify participating sites that utilize a care coordination team from the current state assessment. | | | | | | | | | | |
| **Task** 2. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, and patient self management support (SMS) training. | | | | | | | | | | |
| **Task** 3. Design PPS wide future state for hypertension diagnosis, identification and management. Cardiovascular Workgroup will collaborate with the Information Technology and Clinical Quality Subcommittees to oversee the development of an action plan to ensure clinically inoperable system. | | | | | | | | | | |
| **Task** 4.Project workgroup will develop care coordination models that incorporate a patient centered approach to managing HTN. | | | | | | | | | | |
| **Task** 5. Identify partner organizations to champion and pilot new model for improved care coordination assuring proper representation | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| from a multidisciplinary team | | | | | | | | | | |
| **Task** 6. Collaborate with workforce sub-committee to identify staffing gaps in model | | | | | | | | | | |
| **Task** 7. Complete a gap analysis against defined future state to create a phased roll out implementation plan ensuring appropriate care team staffing and IT infrastructure | | | | | | | | | | |
| **Task** 8. Develop and implement policies and procedures to support and sustain effective care coordination across participating provider organizations for managing hypertension. | | | | | | | | | | |
| **Task** 9. Use PDSA cycles of change at pilot site to overcome workflow barriers for sustainable change and spread pilot to other practices. | | | | | | | | | | |
| **Task** 10. Monitor progress and measure effectiveness of ability to share health information among patient clinical care team and effectiveness of new staffing model. | | | | | | | | | | |
| **Milestone #8** Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | | | | | | | | | | |
| **Task** All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension. | | | | | | | | | | |
| **Task** 2. At pilot site/s, identify required changes to policy and procedures, system and workflow issues to establish an open access model for timely follow-up. | | | | | | | | | | |
| **Task** 3. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including: BP follow-up checks by a RN or a practitioner without copayment, medication coverage, "Pressure Down" Education and promoting expedited authorizations. | | | | | | | | | | |
| **Task** 4. Coordinate with pharmacies, CBO's and other partners to increase patient awareness of Million Hearts™ Team Up. Pressure Down. education program. And distribute culturally | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards). | | | | | | | | | | |
| **Task**<br>5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model. | | | | | | | | | | |
| **Milestone #9**<br>Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | | | | | | | | | | |
| **Task**<br>PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment. | | | | | | | | | | |
| **Task**<br>1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites. | | | | | | | | | | |
| **Task**<br>2. Evaluate the availability of correct equipment at all locations, current workflows and develop guidance for the implementation of new processes supported by appropriate staff training on accurate blood pressure measurement by all staff. | | | | | | | | | | |
| **Task**<br>3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure. | | | | | | | | | | |
| **Milestone #10**<br>Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit. | | | | | | | | | | |
| **Task**<br>PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension. | | | | | | | | | | |
| **Task**<br>PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | | | | | | | | | |
| **Task**<br>PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling. | | | | | | | | | | |
| **Task**<br>1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment. | | | | | | | | | | |
| **Task**<br>2. Assess system capabilities and processes at the participating | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| provider sites for the use of patient registries to identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension. | | | | | | | | | | |
| **Task** 3. Support practices in implementation of recommendations through learning collaboratives | | | | | | | | | | |
| **Task** 4. Establish process to monitor implementation of protocols and develop a mechanism for feedback to support continuous improvement. | | | | | | | | | | |
| **Milestone #11** Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | | | | | | | | | | |
| **Task** PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors. | | | | | | | | | | |
| **Task** 1. Cardiovascular Workgroup, in collaboration with hypertension specialists, will develop and recommend clinical algorithms for medication management of hypertension with emphasis on once-daily regimens or fixed-dose combination pills when appropriate. | | | | | | | | | | |
| **Task** 2. Determine current status of the above regimens in payer and provider formularies, ease of prescribing in various EMRs. | | | | | | | | | | |
| **Task** 3. Clinical Quality sub-committee will review and approve the clinical algorithm for medication management. | | | | | | | | | | |
| **Task** 4. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | | | | | | | | | | |
| **Task** 5. Clinical leaders at participating practices will assume responsibilities for implementation of guidelines at their sites. | | | | | | | | | | |
| **Task** 6. Implement continuous quality improvement processes to assure consistent adherence to the new guidelines by providers at the participating practices. | | | | | | | | | | |
| **Task** 7. Udate HTN medication algorithms as needed to support changes in clinical evidence. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 #12** Document patient driven self-management goals in the medical record and review with patients at each visit. | | | | | | | | | | |
| **Task** Self-management goals are documented in the clinical record. | | | | | | | | | | |
| **Task** PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals. | | | | | | | | | | |
| **Task** 1. Identify best practices for identification and follow up of Self Management Goals. | | | | | | | | | | |
| **Task** 2. Assess current capacity of partners participating in this project to document Self-Management Goals in EMR and current state of staff training on Self-Management-Support (SMS) principles. | | | | | | | | | | |
| **Task** 3. Identify relevant training and curriculum development resources. | | | | | | | | | | |
| **Task** 4. Develop educational programming for clinical staff on Self Management Support (SMS) principles including the Spirit of Motivational Interviewing, and Patient centered goal setting (Brief Action Planning) and documentation of Self Management Goals SMG into the EMR. | | | | | | | | | | |
| **Task** 5. Develop guidance and training curriculum around how SMS can be integrated into care team workflow. | | | | | | | | | | |
| **Task** 6. Clinical leaders will assure systems required for the development of self-management plans by practice team members in collaboration with patients/families/caregivers, as appropriate. | | | | | | | | | | |
| **Task** 7. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit when appropriate. | | | | | | | | | | |
| **Task** 8. Develop feedback mechanisms for accountability and continuous quality improvement. | | | | | | | | | | |
| **Task** 9. Develop capacity within partnering organizations and CBO's to deliver culturally competent SMS training through development and implementation of "Train the Trainer" programming. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 10. Develop role specific competency standards for each staff and implement process for evaluating staff competency at regular intervals. | | | | | | | | | | |
| **Milestone #13** Follow up with referrals to community based programs to document participation and behavioral and health status changes. | | | | | | | | | | |
| **Task** PPS has developed referral and follow-up process and adheres to process. | | | | | | | | | | |
| **Task** PPS provides periodic training to staff on warm referral and follow-up process. | | | | | | | | | | |
| **Task** Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations. | | | | | | | | | | |
| **Task** 1. Develop and implement PPS wide policy and procedure for referrals to community based programs and tracking referrals. | | | | | | | | | | |
| **Task** 2. Collaborate with CBOs to design the referral feedback loop | | | | | | | | | | |
| **Task** 3. Identify and catalogue available community resources using the Community Needs Assessment as a starting point to create a Community Resources Database. | | | | | | | | | | |
| **Task** 4. Develop process to ensure that database is updated regularly. | | | | | | | | | | |
| **Task** 5. Define the process and requirements for referral | | | | | | | | | | |
| **Task** 6. Establish formal and informal agreements with appropriate CBOs to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patients HTN including timely access to services and feedback on the status of the referral. | | | | | | | | | | |
| **Task** 7. Implement continuous quality improvement (CQI) process to monitor and improve referral process and outcomes. | | | | | | | | | | |
| **Task** 8. Establish training programming and materials for staff on warm referrals, tracking and followup processes. | | | | | | | | | | |
| **Milestone #14** | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 and implement protocols for home blood pressure monitoring with follow up support. | | | | | | | | | | |
| **Task** PPS has developed and implemented protocols for home blood pressure monitoring. | | | | | | | | | | |
| **Task** PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal. | | | | | | | | | | |
| **Task** PPS provides periodic training to staff on warm referral and follow-up process. | | | | | | | | | | |
| **Task** 1. Profile best practices, across PPS partners regarding home BP monitoring, warm referrals and follow-up. | | | | | | | | | | |
| **Task** 2. Identify minimal and recommended protocols to satisfy project requirements. | | | | | | | | | | |
| **Task** 3. Conduct training to share self monitoring and follow up protocols with practice sites. | | | | | | | | | | |
| **Task** 4. Assist participating practitioners to identify a support staff resource who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs. | | | | | | | | | | |
| **Task** 5. Work with clinical leaders at participating practices to support implementation of protocols t for patients who self-monitor their blood pressure. | | | | | | | | | | |
| **Task** 6. Develop continuous quality improvement (CQI) process to monitor changes in blood pressure control rates. | | | | | | | | | | |
| **Milestone #15** Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | | | | | | | | | | |
| **Task** PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | | | | | | | | | |
| **Task** 1. Utilize population profiling to identify patients with HTN, and visit frequency. | | | | | | | | | | |
| **Task** 2. Establish process and/or system to alert PCP and Care Manager of patients needing a PCP visit. (Explore the use of | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| registries) | | | | | | | | | | |
| **Task** 3. Conduct periodic learning collaboratives with sites to share best practices and get feedback. | | | | | | | | | | |
| **Task** 4. Develop feedback mechanisms for accountability and continuous quality improvement. | | | | | | | | | | |
| **Milestone #16** Facilitate referrals to NYS Smoker's Quitline. | | | | | | | | | | |
| **Task** PPS has developed referral and follow-up process and adheres to process. | | | | | | | | | | |
| **Task** 1. The Cross PPS Public Health Council will facilitate discovery discussions between NYS Quit Line and Local QE. | | | | | | | | | | |
| **Task** 2. Identify current state of referrals to NYS Quit line and follow-up policies and procedures. | | | | | | | | | | |
| **Task** 3. Profile best practices, across PPS partners (including CBOs) regarding use of NYS Quit line and referral feedback process. | | | | | | | | | | |
| **Task** 4. Develop and implement PPS wide policy and procedure for referrals to NYS Smoker's Quit line including referral criteria. | | | | | | | | | | |
| **Milestone #17** Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases. | | | | | | | | | | |
| **Task** If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities. | | | | | | | | | | |
| **Task** If applicable, PPS has established linkages to health homes for targeted patient populations. | | | | | | | | | | |
| **Task** If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | | | | | | | | | | |
| **Task** 1. Use claims data to analyze "hot spot" areas for outreach as needed. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Task** 2. Identify alternative care centers (churches, barber shops etc.) to address shortages of services and reach difficult to reach populations as needed. | | | | | | | | | | |
| **Task** 3. If applicable, establish linkages to HH for targeted patient population. | | | | | | | | | | |
| **Task** 4. Identify a list of organizations (Providers and CBOs) providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task** 5. Collaborate with identified organizations to explore their capacity to expand access to Stanford Model for high-risk population with chronic illnesses. | | | | | | | | | | |
| **Task** 6. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program. | | | | | | | | | | |
| **Task** 7. Establish contractual agreements with organizations to provide ongoing training to participating providers and staff on Stanford Model. | | | | | | | | | | |
| **Milestone #18** Adopt strategies from the Million Hearts Campaign. | | | | | | | | | | |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Identify relevant resources and protocols earmarked as useful by Million Hearts to incorporate into Project toolkit | | | | | | | | | | |
| **Task** 2. Identify relevant patient self management support tools for inclusion in COP. | | | | | | | | | | |
| **Task** 3. Review Action Guide related to HTN and Self Blood Pressure | | | | | | | | | | |

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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 |
|---|---|---|---|---|---|---|---|---|---|---|
| Measurement (SBPM) to incorporate into guidelines/protocols. | | | | | | | | | | |
| **Task**<br>4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows. | | | | | | | | | | |
| **Task**<br>5. Develop mechanisms for regular review of Million Hearts resources to assure our PPS is utilizing the most up-to-date tools and that any updates are clinically integrated across the PPS. | | | | | | | | | | |
| **Milestone #19**<br>Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | | | | | | | | | | |
| **Task**<br>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**<br>1. Convene monthly meetings with PPS leadership and MCO's. | | | | | | | | | | |
| **Task**<br>2. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including CV or BP follow up checks by a RN or practitioner without a copay, medication coverage including aligning formularies with evidence based algorithms adopted by the program, tobacco cessation counseling, telehealth, nutritionist services, expedited authorizations, home BP monitoring, care management, and specialist referrals. | | | | | | | | | | |
| **Task**<br>3. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | | | | | | | | | | |
| **Task**<br>4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and disease. | | | | | | | | | | |
| **Task**<br>5. Explore use of contractual agreements if appropriate with HH, Care Managers, PCPs, pharmacies and specialty providers for care coordination/management for CV conditions management in the community. | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project 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 #20** Engage a majority (at least 80%) of primary care providers in this project. | | | | | | | | | | |
| **Task** PPS has engaged at least 80% of their PCPs in this activity. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Identify eligible providers for participation in this project. | | | | | | | | | | |
| **Task** 2. Establish contractual agreements (Project Addendums to Cooperating Provider Agreements) with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project. | | | | | | | | | | |
| **Task** 3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met. | | | | | | | | | | |

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | | | | | | | | | | |
| **Task** PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | | | | | | | | | | |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | | | | | | | | | | |
| **Task** 2. Identify key partnering organizations and create Cardiovascular Workgroup with representation from key stakeholders to guide project implementation to ensure success | | | | | | | | | | |
| **Task** 3. Conduct outreach to partners with experience implementing Million Hearts to identify champions to guide project planning. | | | | | | | | | | |
| **Task** 4. Plan a series of learning collaboratives for PPS partnering organizations to share best practices and educate partners in rapid improvement cycle activities | | | | | | | | | | |
| **Task** 5. Cross reference community needs assessment to identify possible early adopter pilot sites in geographic areas with high burden of cardiovascular disease. | | | | | | | | | | |

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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** 6. In collaboration with the practice team at the early adopter sites, designate a project champion, complete a gap analysis between the current state assessment and defined future state(i.e. workforce needs) and develop an action plan for model implementation. | | | | | | | | | | |
| **Task** 7. Implement the approved action plan a pilot early adopter site utilizing PDSA approach. | | | | | | | | | | |
| **Task** 8. Monitor ongoing performance, analyze clinical and operational outcomes. | | | | | | | | | | |
| **Task** 9. Identify timelines/practice sites for second phase of project implementation. | | | | | | | | | | |
| **Task** 10. Assess original plan and alter as necessary to overcome implementation barriers. | | | | | | | | | | |
| **Milestone #2** Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** PPS uses alerts and secure messaging functionality. | | | | | | | | | | |
| **Task** 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 5. Initiate outreach to organizations that have not begun process of sharing information with QE | | | | | | | | | | |
| **Task** 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives | | | | | | | | | | |
| **Milestone #3** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | | | | | | | | | | |
| **Task** EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria). | | | | | | | | | | |
| **Task** PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Define scope and assess eligible primary care practice sites | | | | | | | | | | |
| **Task** 2. Assess current level of connectivity and EHR usage by provider site across PPS | | | | | | | | | | |
| **Task** 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness. | | | | | | | | | | |
| **Task** 4. Support partner EHR Implementations and PCMH standards adoption | | | | | | | | | | |
| **Task** 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track. | | | | | | | | | | |
| **Milestone #4** Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task** PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements requirements to track actively engaged patients aligned population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task**<br>2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data | | | | | | | | | | |
| **Task**<br>3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities | | | | | | | | | | |
| **Task**<br>4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol | | | | | | | | | | |
| **Milestone #5**<br>Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | | | | | | | | | | |
| **Task**<br>PPS has implemented an automated scheduling system to facilitate tobacco control protocols. | | | | | | | | | | |
| **Task**<br>PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control. | | | | | | | | | | |
| **Task**<br>1. Assess participating PCP practices to understand current EMR embedded decision support abilities and ability to capture data points (i.e. the 5A's , other tobacco cessation screens, SBRIT, PHQ2/9, BP, cancer screening, asthma action plans, patient goal setting (BAP) etc.) | | | | | | | | | | |
| **Task**<br>2. Develop PPS guidelines for embedded automated prompts related to each project and data points that will need to be captured for reporting. | | | | | | | | | | |
| **Task**<br>3. Work with clinical leadership to support performance improvement initiatives to support practice level improvement. | | | | | | | | | | |
| **Task**<br>4. Assess and plan for technical assistance and other resources as needed for implementation. | | | | | | | | | | |
| **Task**<br>5. Provide participating provider organizations with guidance for periodic clinician and staff training at the practice level to make effective use of Clinical Decision Support in the EHR, and to | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| prompt the use of 5A's for tobacco control. | | | | | | | | | | |
| **Task**<br>6. Develop and disseminate culturally competent educational materials to providers about the 5A's and tobacco cessation treatment guidelines and create shared repository of provider and patient educational resources. | | | | | | | | | | |
| **Milestone #6**<br>Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task**<br>Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF). | | | | | | | | | | |
| **Task**<br>1. Establish a Cardiovascular Workgroup to oversee the implementation of evidence-based strategies for disease management in high-risk individuals. Ensure clinician representation from key primary care and specialty practices across MHVC PPS. | | | | | | | | | | |
| **Task**<br>2. Cardiovascular Workgroup to review established national guidelines and treatment protocols for hypertension and elevated cholesterol in clinical practices and draft PPS wide policy and procedures template | | | | | | | | | | |
| **Task**<br>3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for implementation across PPS. | | | | | | | | | | |
| **Task**<br>4. Adopt policies that support adherence to evidence-based guidelines for the identification, treatment, and management of hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task**<br>5. Assure integration of assessments, treatments, and services into care delivery system through use of protocol(s) that explicitly state what needs to be done for patients, by whom, and at what intervals. | | | | | | | | | | |
| **Task**<br>6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status. | | | | | | | | | | |
| **Task**<br>7. Implement new guidelines at pilot site/s utilizing the PDSA approach. | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>8. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task**<br>9. Update protocols as needed to support changes in clinical evidence. | | | | | | | | | | |
| **Task**<br>10. Investigate aligning financial incentives for participating practice partners for adoption of standardized treatment protocols for managing hypertension and elevated cholesterol levels. | | | | | | | | | | |
| **Milestone #7**<br>Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. | | | | | | | | | | |
| **Task**<br>Clinically Interoperable System is in place for all participating providers. | | | | | | | | | | |
| **Task**<br>Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable. | | | | | | | | | | |
| **Task**<br>Care coordination processes are in place. | | | | | | | | | | |
| **Task**<br>1. Identify participating sites that utilize a care coordination team from the current state assessment. | | | | | | | | | | |
| **Task**<br>2. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, and patient self management support (SMS) training. | | | | | | | | | | |
| **Task**<br>3. Design PPS wide future state for hypertension diagnosis, identification and management. Cardiovascular Workgroup will collaborate with the Information Technology and Clinical Quality Subcommittees to oversee the development of an action plan to ensure clinically inoperable system. | | | | | | | | | | |
| **Task**<br>4.Project workgroup will develop care coordination models that incorporate a patient centered approach to managing HTN. | | | | | | | | | | |
| **Task**<br>5. Identify partner organizations to champion and pilot new model for improved care coordination assuring proper representation | | | | | | | | | | |

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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 |
|---|---|---|---|---|---|---|---|---|---|---|
| from a multidisciplinary team | | | | | | | | | | |
| **Task** 6. Collaborate with workforce sub-committee to identify staffing gaps in model | | | | | | | | | | |
| **Task** 7. Complete a gap analysis against defined future state to create a phased roll out implementation plan ensuring appropriate care team staffing and IT infrastructure | | | | | | | | | | |
| **Task** 8. Develop and implement policies and procedures to support and sustain effective care coordination across participating provider organizations for managing hypertension. | | | | | | | | | | |
| **Task** 9. Use PDSA cycles of change at pilot site to overcome workflow barriers for sustainable change and spread pilot to other practices. | | | | | | | | | | |
| **Task** 10. Monitor progress and measure effectiveness of ability to share health information among patient clinical care team and effectiveness of new staffing model. | | | | | | | | | | |
| **Milestone #8** Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | | | | | | | | | | |
| **Task** All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension. | | | | | | | | | | |
| **Task** 2. At pilot site/s, identify required changes to policy and procedures, system and workflow issues to establish an open access model for timely follow-up. | | | | | | | | | | |
| **Task** 3. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including: BP follow-up checks by a RN or a practitioner without copayment, medication coverage, "Pressure Down" Education and promoting expedited authorizations. | | | | | | | | | | |
| **Task** 4. Coordinate with pharmacies, CBO's and other partners to increase patient awareness of Million Hearts™ Team Up. Pressure Down. education program. And distribute culturally | | | | | | | | | | |

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## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards). | | | | | | | | | | |
| **Task**<br>5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model. | | | | | | | | | | |
| **Milestone #9**<br>Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | | | | | | | | | | |
| **Task**<br>PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment. | | | | | | | | | | |
| **Task**<br>1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites. | | | | | | | | | | |
| **Task**<br>2. Evaluate the availability of correct equipment at all locations, current workflows and develop guidance for the implementation of new processes supported by appropriate staff training on accurate blood pressure measurement by all staff. | | | | | | | | | | |
| **Task**<br>3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure. | | | | | | | | | | |
| **Milestone #10**<br>Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit. | | | | | | | | | | |
| **Task**<br>PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension. | | | | | | | | | | |
| **Task**<br>PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | | | | | | | | | |
| **Task**<br>PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling. | | | | | | | | | | |
| **Task**<br>1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment. | | | | | | | | | | |
| **Task**<br>2. Assess system capabilities and processes at the participating | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| provider sites for the use of patient registries to identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension. | | | | | | | | | | |
| **Task**<br>3. Support practices in implementation of recommendations through learning collaboratives | | | | | | | | | | |
| **Task**<br>4. Establish process to monitor implementation of protocols and develop a mechanism for feedback to support continuous improvement. | | | | | | | | | | |
| **Milestone #11**<br>Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | | | | | | | | | | |
| **Task**<br>PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors. | | | | | | | | | | |
| **Task**<br>1. Cardiovascular Workgroup, in collaboration with hypertension specialists, will develop and recommend clinical algorithms for medication management of hypertension with emphasis on once-daily regimens or fixed-dose combination pills when appropriate. | | | | | | | | | | |
| **Task**<br>2. Determine current status of the above regimens in payer and provider formularies, ease of prescribing in various EMRs. | | | | | | | | | | |
| **Task**<br>3. Clinical Quality sub-committee will review and approve the clinical algorithm for medication management. | | | | | | | | | | |
| **Task**<br>4. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | | | | | | | | | | |
| **Task**<br>5. Clinical leaders at participating practices will assume responsibilities for implementation of guidelines at their sites. | | | | | | | | | | |
| **Task**<br>6. Implement continuous quality improvement processes to assure consistent adherence to the new guidelines by providers at the participating practices. | | | | | | | | | | |
| **Task**<br>7. Udate HTN medication algorithms as needed to support changes in clinical evidence. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 #12** Document patient driven self-management goals in the medical record and review with patients at each visit. | | | | | | | | | | |
| **Task** Self-management goals are documented in the clinical record. | | | | | | | | | | |
| **Task** PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals. | | | | | | | | | | |
| **Task** 1. Identify best practices for identification and follow up of Self Management Goals. | | | | | | | | | | |
| **Task** 2. Assess current capacity of partners participating in this project to document Self-Management Goals in EMR and current state of staff training on Self-Management-Support (SMS) principles. | | | | | | | | | | |
| **Task** 3. Identify relevant training and curriculum development resources. | | | | | | | | | | |
| **Task** 4. Develop educational programming for clinical staff on Self Management Support (SMS) principles including the Spirit of Motivational Interviewing, and Patient centered goal setting (Brief Action Planning) and documentation of Self Management Goals SMG into the EMR. | | | | | | | | | | |
| **Task** 5. Develop guidance and training curriculum around how SMS can be integrated into care team workflow. | | | | | | | | | | |
| **Task** 6. Clinical leaders will assure systems required for the development of self-management plans by practice team members in collaboration with patients/families/caregivers, as appropriate. | | | | | | | | | | |
| **Task** 7. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit when appropriate. | | | | | | | | | | |
| **Task** 8. Develop feedback mechanisms for accountability and continuous quality improvement. | | | | | | | | | | |
| **Task** 9. Develop capacity within partnering organizations and CBO's to deliver culturally competent SMS training through development and implementation of "Train the Trainer" programming. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>10. Develop role specific competency standards for each staff and implement process for evaluating staff competency at regular intervals. | | | | | | | | | | |
| **Milestone #13**<br>Follow up with referrals to community based programs to document participation and behavioral and health status changes. | | | | | | | | | | |
| **Task**<br>PPS has developed referral and follow-up process and adheres to process. | | | | | | | | | | |
| **Task**<br>PPS provides periodic training to staff on warm referral and follow-up process. | | | | | | | | | | |
| **Task**<br>Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations. | | | | | | | | | | |
| **Task**<br>1. Develop and implement PPS wide policy and procedure for referrals to community based programs and tracking referrals. | | | | | | | | | | |
| **Task**<br>2. Collaborate with CBOs to design the referral feedback loop | | | | | | | | | | |
| **Task**<br>3. Identify and catalogue available community resources using the Community Needs Assessment as a starting point to create a Community Resources Database. | | | | | | | | | | |
| **Task**<br>4. Develop process to ensure that database is updated regularly. | | | | | | | | | | |
| **Task**<br>5. Define the process and requirements for referral | | | | | | | | | | |
| **Task**<br>6. Establish formal and informal agreements with appropriate CBOs to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patients HTN including timely access to services and feedback on the status of the referral. | | | | | | | | | | |
| **Task**<br>7. Implement continuous quality improvement (CQI) process to monitor and improve referral process and outcomes. | | | | | | | | | | |
| **Task**<br>8. Establish training programming and materials for staff on warm referrals, tracking and followup processes. | | | | | | | | | | |
| **Milestone #14** | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| Develop and implement protocols for home blood pressure monitoring with follow up support. | | | | | | | | | | |
| **Task** PPS has developed and implemented protocols for home blood pressure monitoring. | | | | | | | | | | |
| **Task** PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal. | | | | | | | | | | |
| **Task** PPS provides periodic training to staff on warm referral and follow-up process. | | | | | | | | | | |
| **Task** 1. Profile best practices, across PPS partners regarding home BP monitoring, warm referrals and follow-up. | | | | | | | | | | |
| **Task** 2. Identify minimal and recommended protocols to satisfy project requirements. | | | | | | | | | | |
| **Task** 3. Conduct training to share self monitoring and follow up protocols with practice sites. | | | | | | | | | | |
| **Task** 4. Assist participating practitioners to identify a support staff resource who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs. | | | | | | | | | | |
| **Task** 5. Work with clinical leaders at participating practices to support implementation of protocols t for patients who self-monitor their blood pressure. | | | | | | | | | | |
| **Task** 6. Develop continuous quality improvement (CQI) process to monitor changes in blood pressure control rates. | | | | | | | | | | |
| **Milestone #15** Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | | | | | | | | | | |
| **Task** PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | | | | | | | | | |
| **Task** 1. Utilize population profiling to identify patients with HTN, and visit frequency. | | | | | | | | | | |
| **Task** 2. Establish process and/or system to alert PCP and Care Manager of patients needing a PCP visit. (Explore the use of | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| registries) | | | | | | | | | | |
| **Task**<br>3. Conduct periodic learning collaboratives with sites to share best practices and get feedback. | | | | | | | | | | |
| **Task**<br>4. Develop feedback mechanisms for accountability and continuous quality improvement. | | | | | | | | | | |
| **Milestone #16**<br>Facilitate referrals to NYS Smoker's Quitline. | | | | | | | | | | |
| **Task**<br>PPS has developed referral and follow-up process and adheres to process. | | | | | | | | | | |
| **Task**<br>1. The Cross PPS Public Health Council will facilitate discovery discussions between NYS Quit Line and Local QE. | | | | | | | | | | |
| **Task**<br>2. Identify current state of referrals to NYS Quit line and follow-up policies and procedures. | | | | | | | | | | |
| **Task**<br>3. Profile best practices, across PPS partners (including CBOs) regarding use of NYS Quit line and referral feedback process. | | | | | | | | | | |
| **Task**<br>4. Develop and implement PPS wide policy and procedure for referrals to NYS Smoker's Quit line including referral criteria. | | | | | | | | | | |
| **Milestone #17**<br>Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases. | | | | | | | | | | |
| **Task**<br>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**<br>If applicable, PPS has established linkages to health homes for targeted patient populations. | | | | | | | | | | |
| **Task**<br>If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | | | | | | | | | | |
| **Task**<br>1. Use claims data to analyze "hot spot" areas for outreach as needed. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 2. Identify alternative care centers (churches, barber shops etc.) to address shortages of services and reach difficult to reach populations as needed. | | | | | | | | | | |
| **Task** 3. If applicable, establish linkages to HH for targeted patient population. | | | | | | | | | | |
| **Task** 4. Identify a list of organizations (Providers and CBOs) providing Stanford Model program to support self-management by patients with hypertension and elevated cholesterol. | | | | | | | | | | |
| **Task** 5. Collaborate with identified organizations to explore their capacity to expand access to Stanford Model for high-risk population with chronic illnesses. | | | | | | | | | | |
| **Task** 6. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program. | | | | | | | | | | |
| **Task** 7. Establish contractual agreements with organizations to provide ongoing training to participating providers and staff on Stanford Model. | | | | | | | | | | |
| **Milestone #18** Adopt strategies from the Million Hearts Campaign. | | | | | | | | | | |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Identify relevant resources and protocols earmarked as useful by Million Hearts to incorporate into Project toolkit | | | | | | | | | | |
| **Task** 2. Identify relevant patient self management support tools for inclusion in COP. | | | | | | | | | | |
| **Task** 3. Review Action Guide related to HTN and Self Blood Pressure | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| Measurement (SBPM) to incorporate into guidelines/protocols. | | | | | | | | | | |
| **Task**<br>4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows. | | | | | | | | | | |
| **Task**<br>5. Develop mechanisms for regular review of Million Hearts resources to assure our PPS is utilizing the most up-to-date tools and that any updates are clinically integrated across the PPS. | | | | | | | | | | |
| **Milestone #19**<br>Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | | | | | | | | | | |
| **Task**<br>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**<br>1. Convene monthly meetings with PPS leadership and MCO's. | | | | | | | | | | |
| **Task**<br>2. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including CV or BP follow up checks by a RN or practitioner without a copay, medication coverage including aligning formularies with evidence based algorithms adopted by the program, tobacco cessation counseling, telehealth, nutritionist services, expedited authorizations, home BP monitoring, care management, and specialist referrals. | | | | | | | | | | |
| **Task**<br>3. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations. | | | | | | | | | | |
| **Task**<br>4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and disease. | | | | | | | | | | |
| **Task**<br>5. Explore use of contractual agreements if appropriate with HH, Care Managers, PCPs, pharmacies and specialty providers for care coordination/management for CV conditions management in the community. | | | | | | | | | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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 #20** Engage a majority (at least 80%) of primary care providers in this project. | | | | | | | | | | |
| **Task** PPS has engaged at least 80% of their PCPs in this activity. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Identify eligible providers for participation in this project. | | | | | | | | | | |
| **Task** 2. Establish contractual agreements (Project Addendums to Cooperating Provider Agreements) with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project. | | | | | | | | | | |
| **Task** 3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met. | | | | | | | | | | |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | |
| Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | |
| Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. | |
| Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | |
| Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | |
| Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit. | |
| Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | |
| Document patient driven self-management goals in the medical record and review with patients at each visit. | |
| Follow up with referrals to community based programs to document participation and behavioral and health status changes. | |
| Develop and implement protocols for home blood pressure monitoring with follow up support. | |
| Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | |
| Facilitate referrals to NYS Smoker's Quitline. | |
| Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases. | |
| Adopt strategies from the Million Hearts Campaign. | |
| Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | |
| Engage a majority (at least 80%) of primary care providers in this project. | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Milestone Review Status

| Milestone # | Review Status | IA Formal Comments |
|---|---|---|
| **Milestone #1** | Pass & Ongoing | |
| **Milestone #2** | Pass & Ongoing | |
| **Milestone #3** | Pass & Ongoing | |
| **Milestone #4** | Pass & Ongoing | |
| **Milestone #5** | Pass & Ongoing | |
| **Milestone #6** | Pass & Ongoing | |
| **Milestone #7** | Pass & Ongoing | |
| **Milestone #8** | Pass & Ongoing | |
| **Milestone #9** | Pass & Ongoing | |
| **Milestone #10** | Pass & Ongoing | |
| **Milestone #11** | Pass & Ongoing | |
| **Milestone #12** | Pass & Ongoing | |
| **Milestone #13** | Pass & Ongoing | |
| **Milestone #14** | Pass & Ongoing | |
| **Milestone #15** | Pass & Ongoing | |
| **Milestone #16** | Pass & Ongoing | |
| **Milestone #17** | Pass & Ongoing | |
| **Milestone #18** | Pass & Ongoing | |
| **Milestone #19** | Pass & Ongoing | |
| **Milestone #20** | Pass & Ongoing | |

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# Delivery System Reform Incentive Payment Project

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## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.b.i.4 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.b.i.5 - IA Monitoring

**Instructions :**

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Project 3.d.iii – Implementation of evidence-based medicine guidelines for asthma management

#### IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies

**Instructions :**

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

Risk: State regulation does not allow co-pays for asthma follow-up visits to be waved

Mitigation: Project design will explore alternatives including case based business models

Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)

Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements d) Analyze QE Usage statistics to monitor adoption

Risk: Baseline data indicates potential deficiencies in asthma specialist workforce

Mitigation: a) Collaborate with workforce workstream to conduct surveys b) create training program to improve Primary Care Providers knowledge of asthma diagnosis and protocols c) explore collaborative models of care d) explore the use of tele-health to facilitate asthma management

Risk: Unwanted variation in implementation across partners

Mitigation: a) Encourage some local variation to ensure projects meet needs of communities and are culturally/linguistically appropriate b) Strive to develop monitoring reports to try to quantify the level of variation c) Monitor fidelity to critical baseline elements and develop corrective strategy for outliers

Risk: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms

Mitigation: a) Encourage providers to leverage funding from NYS Data Incentive Program and Meaningful Use b) Leverage experience of our partners to develop practical IT solutions for partner organizations in the early stages of IT development

Risk: Ensure clinicians and staff are adequately trained on evidence-based strategies
Mitigation: a) Work closely with workforce workstream to determine training needs and develop training strategy b) leverage expertise and resources from within PPS

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## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.d.iii.2 - Patient Engagement Speed

**Instructions :**

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

| Benchmarks | |
|---|---|
| **100% Actively Engaged By** | **Expected Patient Engagement** |
| DY2,Q4 | 13,344 |

| Patients Engaged to Date in Current DY | DY1,Q3 Patient Update | % of Semi-Annual Commitment To-Date | Semi-Annual Variance of Projected to Actual | % of Total Actively Engaged Patients To-Date |
|---|---|---|---|---|
| 40 | 40 | 1.20% | 3,296 | 0.30% |

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (3,336)

### Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---|---|---|---|---|
| mripa123 | Other | 19_PMDL4815_1_3_20160203113308_ActivatedPatientsNarrative.docx | Activated Patients Narrative | 02/03/2016 11:33 AM |

**Narrative Text :**

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

In accordance with the NYS guidance provided on 01/29, and as discussed with our KPMG and PCG support staff, throughout this part quarter, MHVC will be submitting DY 1 Q3 Patient Activation data in our DY1 Q4 report.

To facilitate data sharing with our newly contracted partners, we are working to execute DEAs. To establish the infrastructure to exchange PHI, we are working with Health Link NY, our local QE. We will have these agreements and infrastructure in place to support DY1 Q4 reporting. The numbers entered for this quarter for patient activation reflect our DY1 Q2 submission.

In addition to entering into contracts and working to establish the infrastructure to receive PHI, in this past quarter we have spend significant time

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on patient activation; working to clarify definitions through our sub-committees and workgroups, working with our overlapping PPSs, to align our definitions and design and agree upon a methodology for de-duplication. The methodology and collaboration will ensure that reporting of these counts is as seamless as possible for our shared partners.

### Module Review Status

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

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# Delivery System Reform Incentive Payment Project

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### IPQR Module 3.d.iii.3 - Prescribed Milestones

**Instructions :**

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

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management. | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines. | Project | | In Progress | 04/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | Provider | Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | Project | | Completed | 04/01/2015 | 07/31/2015 | 04/01/2015 | 07/31/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Identify key stakeholders and participating provider organizations critical for successful project implementation. Designate a project champion for site. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 12/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 3. Create and convene Asthma Project workgroup with representation from key stakeholders (clinicians) to oversee project implementation, share best practices, support learning collaboratives, agree on educational materials, training strategies, and strategies to overcome implementation barriers. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| **Task** 4. Complete project readiness assessment of Phase I partners | Project | | Not Started | 09/01/2015 | 02/01/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| to assess current use and adherence to guideline-concordant care (EPR-3 guidelines), range of services provided, referral mechanisms, use of asthma action plans, capacity to document asthma action plans electronically, and barriers to implementation of team based care models for asthma management. | | | | | | | | | |
| **Task** 5. Develop, working in collaboration with the Asthma workgroup and clinical experts from partnering organizations across the PPS, a draft document defining goals for a future state for the management of asthma utilizing evidence-based strategies. (Asthma Action Plan/Asthma Control Test) | Project | | In Progress | 07/15/2015 | 12/31/2015 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 6. Submit the draft "Goals for A Future State" Asthma document to the PPS Clinical Quality Sub-Committee for review. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 7. Review the Community Needs Assessment and identify areas for targeted "hotspotting". | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 8. Review partner survey data to access current state. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 9. Establish cross walk between PPS projects. (asthma, ED Care Triage, HH at risk and 2.ai.) to ease implementation. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 10. In consultation with the Information Technology Sub-Committee establish a multi-disciplinary team (Pharmacy, IT, RHIO, CBOs, EDs, Paramedics) to identify and design creative solutions for alerts (medication management and ENS) using HIE platform | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 11. Engage pilot site/s within a "hot spot" to participate in a pilot of Evidence Based Asthma Management Protocols Implementation | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task** 12. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model including staffing needs. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Task** 13. Draft project addendums with guidelines for implementation of asthma evidenced based guidelines. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 14. Implement the approved action plan at the pilot participating provider site utilizing PDSA quality improvement approach. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 15. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 16. Create a process to identify barriers (inability to afford inhalers, transportation, education) to effective stepped-care evidence based asthma management. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 17. Spread successful model to other hotspotted areas and to other partnering organizations. (Phase 1 providers followed by Phase 2) | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #2** Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Agreements with asthma specialists and asthma educators are established. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to:<br>- analysis of the availability of broadband access in the geographic area being served<br>- gaps in services<br>- geographic areas where PPS lacks resources and telemedicine | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| will be used to increase the reach of these patients<br>- why telemedicine is the best alternative to provide these services<br>- challenges expected and plan to pro-actively resolve<br>- plan for long term sustainability | | | | | | | | | |
| **Task**<br>1. Assess data sharing requirements, HIE connectivity and QE data sharing capabilities | Project | | Not Started | 04/01/2015 | 03/31/2020 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>2. Access providers experience with telemedicine and innovation as part of readiness assessment. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>4. Convene Asthma Project workgroup to review and agree to adopt Evidence Based Asthma guidelines. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>5. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations including providers and asthma educators (crosswalk to readiness assessment) | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>6. Invite regional asthma specialists from partner sites to participate in PPS Asthma Project Workgroup as an expert consultants to guide and inform review of asthma Evidence Based Guidelines and support a comprehensive, coordinated and patient centered asthma care in the community. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>7. Develop standardized protocols for referrals to asthma and allergy specialists, asthma educators and possibly home care agencies to assess asthma triggers, beginning at pilot site/s and ongoing. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>8. Present guidelines to Clinical Quality Sub-Committee for approval to facilitate timely adoption of PPS preferred guidelines. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| **Task**<br>9. Coordinate with local QE and Cross PPS HIT/HIE Workgroup | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| to develop strategy to increase participation adoption and integration | | | | | | | | | |
| **Task** 10. Engage providers to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 11. Investigate opportunities and possible pilots of innovations including telemedicine, apps to support self management, virtual exams, project ECHO etc. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 12. Facilitate conversations with MCOs regarding Telemedicine pilot and piloting payment models as we bridge to value based purchasing. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 13. Initiate outreach to organizations that have not begun process of sharing information with RHIO | Project | | Not Started | 04/01/2015 | 03/31/2020 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task** 14. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #3** Deliver educational activities addressing asthma management to participating primary care providers. | Project | N/A | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** Participating providers receive training in evidence-based asthma management. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Engage experienced stakeholder organizations as leads to share best practice experience (Provider Engagement) | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 2. Coordinate provider training about Self Management support theory to support patient centered goal setting and guide asthma action planning (teach back) | Project | | Not Started | 04/01/2015 | 03/31/2020 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 3. Survey participating practitioners current utilization of Expert Panel Review-3 (EPR-3) guidelines for managing patients with asthma. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| **Task** 4. Asthma Workgroup in collaboration with asthma specialists | Project | | Not Started | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/30/2017 | 03/31/2017 | DY2 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| will develop/adopt evidence-based asthma protocols, care pathways. | | | | | | | | | |
| **Task** 5. Develop training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task** 6. Conduct periodic educational sessions at participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models. | Project | | Not Started | 04/01/2015 | 03/31/2020 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Milestone #4** Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Develop a plan to engage MCOs serving the effected population in discussion about sustainable asthma payment structure including the need to provide payment for service array detailed within this program provided by MCOs for asthma related services including coverage for asthma medications, asthma education services, home based asthma management services, home visitation programs, aligning formularies, asthma follow up checks by an RN and promoting expedited authorizations as a bridge to VBP. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Convene monthly meetings with PPS Leadership and MCOs. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Ensure ongoing involvement of MCOs in coordinating above services to high-risk patients with asthma | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Establish contractual agreements, if appropriate, with health homes, care manager, PCPSs and specialty providers for care coordination/management for asthma management in the community. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|---|
| **Milestone #5**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | Project | N/A | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements to track actively engaged patients, aligned with population health objectives. Requirements will include performance measures. | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>2. Assess current capabilities for data sharing, EHR, and HIE connectivity | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | Project | | In Progress | 04/01/2015 | 03/31/2020 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| **Task**<br>4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| **Milestone #1** Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management. | | | | | | | | | | |
| **Task** PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines. | | | | | | | | | | |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | | | | | | | | | | |
| **Task** 2. Identify key stakeholders and participating provider organizations critical for successful project implementation. Designate a project champion for site. | | | | | | | | | | |
| **Task** 3. Create and convene Asthma Project workgroup with representation from key stakeholders (clinicians) to oversee project implementation, share best practices, support learning collaboratives, agree on educational materials, training strategies, and strategies to overcome implementation barriers. | | | | | | | | | | |
| **Task** 4. Complete project readiness assessment of Phase I partners to assess current use and adherence to guideline-concordant care (EPR-3 guidelines), range of services provided, referral mechanisms, use of asthma action plans, capacity to document asthma action plans electronically, and barriers to implementation of team based care models for asthma management. | | | | | | | | | | |
| **Task** 5. Develop, working in collaboration with the Asthma workgroup and clinical experts from partnering organizations across the PPS, a draft document defining goals for a future state for the management of asthma utilizing evidence-based strategies. (Asthma Action Plan/Asthma Control Test) | | | | | | | | | | |
| **Task** 6. Submit the draft "Goals for A Future State" Asthma document | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| to the PPS Clinical Quality Sub-Committee for review. | | | | | | | | | | |
| **Task** 7. Review the Community Needs Assessment and identify areas for targeted "hotspotting". | | | | | | | | | | |
| **Task** 8. Review partner survey data to access current state. | | | | | | | | | | |
| **Task** 9. Establish cross walk between PPS projects. (asthma, ED Care Triage, HH at risk and 2.ai.) to ease implementation. | | | | | | | | | | |
| **Task** 10. In consultation with the Information Technology Sub-Committee establish a multi-disciplinary team (Pharmacy, IT, RHIO, CBOs, EDs, Paramedics) to identify and design creative solutions for alerts (medication management and ENS) using HIE platform | | | | | | | | | | |
| **Task** 11. Engage pilot site/s within a "hot spot" to participate in a pilot of Evidence Based Asthma Management Protocols Implementation | | | | | | | | | | |
| **Task** 12. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model including staffing needs. | | | | | | | | | | |
| **Task** 13. Draft project addendums with guidelines for implementation of asthma evidenced based guidelines. | | | | | | | | | | |
| **Task** 14. Implement the approved action plan at the pilot participating provider site utilizing PDSA quality improvement approach. | | | | | | | | | | |
| **Task** 15. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task** 16. Create a process to identify barriers (inability to afford inhalers, transportation, education) to effective stepped-care evidence based asthma management. | | | | | | | | | | |
| **Task** 17. Spread successful model to other hotspotted areas and to other partnering organizations. (Phase 1 providers followed by Phase 2) | | | | | | | | | | |
| **Milestone #2** Establish agreements to adhere to national guidelines for asthma | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine. | | | | | | | | | | |
| **Task** Agreements with asthma specialists and asthma educators are established. | | | | | | | | | | |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to:<br>- analysis of the availability of broadband access in the geographic area being served<br>- gaps in services<br>- geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients<br>- why telemedicine is the best alternative to provide these services<br>- challenges expected and plan to pro-actively resolve<br>- plan for long term sustainability | | | | | | | | | | |
| **Task** 1. Assess data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task** 2. Access providers experience with telemedicine and innovation as part of readiness assessment. | | | | | | | | | | |
| **Task** 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task** 4. Convene Asthma Project workgroup to review and agree to adopt Evidence Based Asthma guidelines. | | | | | | | | | | |
| **Task** 5. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations including providers and asthma educators (crosswalk to readiness assessment) | | | | | | | | | | |
| **Task** 6. Invite regional asthma specialists from partner sites to participate in PPS Asthma Project Workgroup as an expert consultants to guide and inform review of asthma Evidence Based Guidelines and support a comprehensive, coordinated | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| and patient centered asthma care in the community. | | | | | | | | | | |
| **Task** 7. Develop standardized protocols for referrals to asthma and allergy specialists, asthma educators and possibly home care agencies to assess asthma triggers, beginning at pilot site/s and ongoing. | | | | | | | | | | |
| **Task** 8. Present guidelines to Clinical Quality Sub-Committee for approval to facilitate timely adoption of PPS preferred guidelines. | | | | | | | | | | |
| **Task** 9. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 10. Engage providers to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 11. Investigate opportunities and possible pilots of innovations including telemedicine, apps to support self management, virtual exams, project ECHO etc. | | | | | | | | | | |
| **Task** 12. Facilitate conversations with MCOs regarding Telemedicine pilot and piloting payment models as we bridge to value based purchasing. | | | | | | | | | | |
| **Task** 13. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 14. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **Milestone #3** Deliver educational activities addressing asthma management to participating primary care providers. | | | | | | | | | | |
| **Task** Participating providers receive training in evidence-based asthma management. | | | | | | | | | | |
| **Task** 1. Engage experienced stakeholder organizations as leads to share best practice experience (Provider Engagement) | | | | | | | | | | |
| **Task** 2. Coordinate provider training about Self Management support theory to support patient centered goal setting and guide asthma | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| action planning (teach back) | | | | | | | | | | |
| **Task** 3. Survey participating practitioners current utilization of Expert Panel Review-3 (EPR-3) guidelines for managing patients with asthma. | | | | | | | | | | |
| **Task** 4. Asthma Workgroup in collaboration with asthma specialists will develop/adopt evidence-based asthma protocols, care pathways. | | | | | | | | | | |
| **Task** 5. Develop training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients. | | | | | | | | | | |
| **Task** 6. Conduct periodic educational sessions at participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models. | | | | | | | | | | |
| **Milestone #4** Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. | | | | | | | | | | |
| **Task** PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers. | | | | | | | | | | |
| **Task** 1. Develop a plan to engage MCOs serving the effected population in discussion about sustainable asthma payment structure including the need to provide payment for service array detailed within this program provided by MCOs for asthma related services including coverage for asthma medications, asthma education services, home based asthma management services, home visitation programs, aligning formularies, asthma follow up checks by an RN and promoting expedited authorizations as a bridge to VBP. | | | | | | | | | | |
| **Task** 2. Convene monthly meetings with PPS Leadership and MCOs. | | | | | | | | | | |
| **Task** 3. Ensure ongoing involvement of MCOs in coordinating above services to high-risk patients with asthma | | | | | | | | | | |
| **Task** 4. Establish contractual agreements, if appropriate, with health homes, care manager, PCPSs and specialty providers for care coordination/management for asthma management in the | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY1,Q1 | DY1,Q2 | DY1,Q3 | DY1,Q4 | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 | DY3,Q1 | DY3,Q2 |
|---|---|---|---|---|---|---|---|---|---|---|
| community. | | | | | | | | | | |
| **Milestone #5**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task**<br>1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements to track actively engaged patients, aligned with population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task**<br>2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task**<br>3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task**<br>4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |
| **Task**<br>5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | | | | | | | | | | |
| **Task**<br>6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task**<br>7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |

| Project 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**<br>Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| to ensure a regional population based approach to asthma management. | | | | | | | | | | |
| **Task** PPS has agreements from participating providers and community programs to support a evidence-based asthma management guidelines. | | | | | | | | | | |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** All participating practices have a Clinical Interoperability System in place for all participating providers. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task** 1. Convene project implementation planning workgroup to build out implementation plan. | | | | | | | | | | |
| **Task** 2. Identify key stakeholders and participating provider organizations critical for successful project implementation. Designate a project champion for site. | | | | | | | | | | |
| **Task** 3. Create and convene Asthma Project workgroup with representation from key stakeholders (clinicians) to oversee project implementation, share best practices, support learning collaboratives, agree on educational materials, training strategies, and strategies to overcome implementation barriers. | | | | | | | | | | |
| **Task** 4. Complete project readiness assessment of Phase I partners to assess current use and adherence to guideline-concordant care (EPR-3 guidelines), range of services provided, referral mechanisms, use of asthma action plans, capacity to document asthma action plans electronically, and barriers to implementation of team based care models for asthma management. | | | | | | | | | | |
| **Task** 5. Develop, working in collaboration with the Asthma workgroup and clinical experts from partnering organizations across the PPS, a draft document defining goals for a future state for the management of asthma utilizing evidence-based strategies. (Asthma Action Plan/Asthma Control Test) | | | | | | | | | | |
| **Task** 6. Submit the draft "Goals for A Future State" Asthma document to the PPS Clinical Quality Sub-Committee for review. | | | | | | | | | | |
| **Task** 7. Review the Community Needs Assessment and identify areas for targeted "hotspotting". | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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** 8. Review partner survey data to access current state. | | | | | | | | | | |
| **Task** 9. Establish cross walk between PPS projects. (asthma, ED Care Triage, HH at risk and 2.ai.) to ease implementation. | | | | | | | | | | |
| **Task** 10. In consultation with the Information Technology Sub-Committee establish a multi-disciplinary team (Pharmacy, IT, RHIO, CBOs, EDs, Paramedics) to identify and design creative solutions for alerts (medication management and ENS) using HIE platform | | | | | | | | | | |
| **Task** 11. Engage pilot site/s within a "hot spot" to participate in a pilot of Evidence Based Asthma Management Protocols Implementation | | | | | | | | | | |
| **Task** 12. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model including staffing needs. | | | | | | | | | | |
| **Task** 13. Draft project addendums with guidelines for implementation of asthma evidenced based guidelines. | | | | | | | | | | |
| **Task** 14. Implement the approved action plan at the pilot participating provider site utilizing PDSA quality improvement approach. | | | | | | | | | | |
| **Task** 15. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change. | | | | | | | | | | |
| **Task** 16. Create a process to identify barriers (inability to afford inhalers, transportation, education) to effective stepped-care evidence based asthma management. | | | | | | | | | | |
| **Task** 17. Spread successful model to other hotspotted areas and to other partnering organizations. (Phase 1 providers followed by Phase 2) | | | | | | | | | | |
| **Milestone #2** Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine. | | | | | | | | | | |
| **Task** Agreements with asthma specialists and asthma educators are established. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Task**<br>Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to:<br>- analysis of the availability of broadband access in the geographic area being served<br>- gaps in services<br>- geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients<br>- why telemedicine is the best alternative to provide these services<br>- challenges expected and plan to pro-actively resolve<br>- plan for long term sustainability | | | | | | | | | | |
| **Task**<br>1. Assess data sharing requirements, HIE connectivity and QE data sharing capabilities | | | | | | | | | | |
| **Task**<br>2. Access providers experience with telemedicine and innovation as part of readiness assessment. | | | | | | | | | | |
| **Task**<br>3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan | | | | | | | | | | |
| **Task**<br>4. Convene Asthma Project workgroup to review and agree to adopt Evidence Based Asthma guidelines. | | | | | | | | | | |
| **Task**<br>5. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations including providers and asthma educators (crosswalk to readiness assessment) | | | | | | | | | | |
| **Task**<br>6. Invite regional asthma specialists from partner sites to participate in PPS Asthma Project Workgroup as an expert consultants to guide and inform review of asthma Evidence Based Guidelines and support a comprehensive, coordinated and patient centered asthma care in the community. | | | | | | | | | | |
| **Task**<br>7. Develop standardized protocols for referrals to asthma and allergy specialists, asthma educators and possibly home care agencies to assess asthma triggers, beginning at pilot site/s and | | | | | | | | | | |

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| ongoing. | | | | | | | | | | |
| **Task** 8. Present guidelines to Clinical Quality Sub-Committee for approval to facilitate timely adoption of PPS preferred guidelines. | | | | | | | | | | |
| **Task** 9. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration | | | | | | | | | | |
| **Task** 10. Engage providers to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate | | | | | | | | | | |
| **Task** 11. Investigate opportunities and possible pilots of innovations including telemedicine, apps to support self management, virtual exams, project ECHO etc. | | | | | | | | | | |
| **Task** 12. Facilitate conversations with MCOs regarding Telemedicine pilot and piloting payment models as we bridge to value based purchasing. | | | | | | | | | | |
| **Task** 13. Initiate outreach to organizations that have not begun process of sharing information with RHIO | | | | | | | | | | |
| **Task** 14. Implement a process of addressing continuous improvement and training utilizing learning collaboratives | | | | | | | | | | |
| **Milestone #3** Deliver educational activities addressing asthma management to participating primary care providers. | | | | | | | | | | |
| **Task** Participating providers receive training in evidence-based asthma management. | | | | | | | | | | |
| **Task** 1. Engage experienced stakeholder organizations as leads to share best practice experience (Provider Engagement) | | | | | | | | | | |
| **Task** 2. Coordinate provider training about Self Management support theory to support patient centered goal setting and guide asthma action planning (teach back) | | | | | | | | | | |
| **Task** 3. Survey participating practitioners current utilization of Expert Panel Review-3 (EPR-3) guidelines for managing patients with asthma. | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project 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**<br>4. Asthma Workgroup in collaboration with asthma specialists will develop/adopt evidence-based asthma protocols, care pathways. | | | | | | | | | | |
| **Task**<br>5. Develop training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients. | | | | | | | | | | |
| **Task**<br>6. Conduct periodic educational sessions at participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models. | | | | | | | | | | |
| **Milestone #4**<br>Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. | | | | | | | | | | |
| **Task**<br>PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers. | | | | | | | | | | |
| **Task**<br>1. Develop a plan to engage MCOs serving the effected population in discussion about sustainable asthma payment structure including the need to provide payment for service array detailed within this program provided by MCOs for asthma related services including coverage for asthma medications, asthma education services, home based asthma management services, home visitation programs, aligning formularies, asthma follow up checks by an RN and promoting expedited authorizations as a bridge to VBP. | | | | | | | | | | |
| **Task**<br>2. Convene monthly meetings with PPS Leadership and MCOs. | | | | | | | | | | |
| **Task**<br>3. Ensure ongoing involvement of MCOs in coordinating above services to high-risk patients with asthma | | | | | | | | | | |
| **Task**<br>4. Establish contractual agreements, if appropriate, with health homes, care manager, PCPSs and specialty providers for care coordination/management for asthma management in the community. | | | | | | | | | | |
| **Milestone #5**<br>Use EHRs or other technical platforms to track all patients engaged in this project. | | | | | | | | | | |
| **Task**<br>PPS identifies targeted patients and is able to track actively | | | | | | | | | | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project Requirements (Milestone/Task Name) | DY3,Q3 | DY3,Q4 | DY4,Q1 | DY4,Q2 | DY4,Q3 | DY4,Q4 | DY5,Q1 | DY5,Q2 | DY5,Q3 | DY5,Q4 |
|---|---|---|---|---|---|---|---|---|---|---|
| engaged patients for project milestone reporting. | | | | | | | | | | |
| **Task** 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements to track actively engaged patients, aligned with population health objectives. Requirements will include performance measures. | | | | | | | | | | |
| **Task** 2. Assess current capabilities for data sharing, EHR, and HIE connectivity | | | | | | | | | | |
| **Task** 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners | | | | | | | | | | |
| **Task** 4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles | | | | | | | | | | |
| **Task** 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse | | | | | | | | | | |
| **Task** 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available | | | | | | | | | | |
| **Task** 7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented. | | | | | | | | | | |

### Prescribed Milestones Current File Uploads

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

No Records Found

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Implement evidence-based asthma management guidelines | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management. | |
| Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine. | |
| Deliver educational activities addressing asthma management to participating primary care providers. | |
| Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |

### Milestone Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.d.iii.4 - PPS Defined Milestones

**Instructions :**

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

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

No Records Found

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

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

No Records Found

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 3.d.iii.5 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

#### IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

**Instructions :**

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

First, there is the risk that organizations will be precluded from having tobacco free outdoor policies by local regulation or labor laws . We will work with partners in the region, including the American Lung Association, to galvanize support to change these regulations where possible.

Second, it may be difficult to touch all participating providers when implementing the US Public Health Services Guidelines. To address this, we will need to offer multiple means of communication and provide participating providers with local resources for technical assistance. We will work with the communications team to segment stakeholders and develop a tailored communication / engagement strategy for each stakeholder segment, including CBO and MCOs.

Third, multiple PPSs will need to work together to negotiate with the MCOs to harmonize coverage across plans. However, joint-negotiation across partners could be viewed as anti-trust. We will need to discuss with GNYHA and legal entities to determine appropriate venues and methodologies for negotiations. We will also need to engage NYS Medicaid and SDOH to determine the best course of action. Importantly, there is the risk that MCO's may not agree to coordinate offerings.

Fourth, the success of our tobacco cessation promotion effort depends on sufficient stakeholder buy-in, eg., from LGUs. Local Health departments may be difficult to get on board with the kind of hard-hitting tobacco campaigns that have been shown to work. The results of our CHNA suggest that patients are more interested in learning about their cessation options and are less inclined to welcome hard-hitting messages. We will work to syndicate our approach as best as possible and secure alignment. We may also consider offering LGUs the ability to brand the campaigns.

Fifth, the cessation campaigns may only work for some patients, as our CHNA data suggests that previous campaigns have not affected smoking rates among the mentally ill and the high school population. To address this, we will need to solicit community buy-in and input to create a campaign that works for the target audiences. We will also need to develop strategies to address socio-economic factors that could impact uptake and commitment. We will need to evaluate, refine, and relaunch as needed, and as funding allows.

Finally, the NYS Quitline may have insufficient funding to handle call volume or fund the NRT. We will need to align Medicaid cessation coverage and potentially consider funding the fax-to-quit NRT therapy. Also, we could consider working with the state to develop a methodology for the state to seek payer reimbursement for the NRT it distributes through the Quitline.

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** 1.Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation. | In Progress | Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation. | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** 1. Convene the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley. | Completed | 1. Convene the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley. | 04/16/2015 | 07/22/2015 | 04/16/2015 | 07/22/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign | Completed | 2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Tobacco Work Group meetings and planning activities. | Completed | 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Tobacco Work Group meetings and planning activities. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 4. Develop a comprehensive plan to achieve objectives | On Hold | 4. Develop a comprehensive plan to achieve objectives | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Set up Private group on MIX to share strategies for tobacco cessation. Consider | Completed | 5. Set up Private group on MIX to share strategies for tobacco cessation. Consider making group public for statewide input. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| making group public for statewide input. | | | | | | | | |
| **Task**<br>6. Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach | Completed | 6. Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE | Completed | 7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>8. Assess efficacy of initiatives and continue to improve outreach through lessons-learned | On Hold | 8. Assess efficacy of initiatives and continue to improve outreach through lessons-learned | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone**<br>2. In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies | In Progress | In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task**<br>1.Review tobacco-free outdoor policies that PPS partners have in place | On Hold | 1.Review tobacco-free outdoor policies that PPS partners have in place | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>2. In consultation with partners and the tobacco cessation workgroup, identify appropriate evidence based literature and best practices addressing tobacco cessation and tobacco free outdoor policies. | In Progress | 2. In consultation with partners and the tobacco cessation workgroup, identify appropriate evidence based literature and best practices addressing tobacco cessation and tobacco free outdoor policies. | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task**<br>3. Use PPS meetings and other forums to disseminate best practices on tobacco free outdoor polices to PPS partners | On Hold | 3. Use PPS meetings and other forums to disseminate best practices on tobacco free outdoor polices to PPS partners | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>4. Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy | On Hold | 4. Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>5. Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy | On Hold | 5. Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Task** 6. Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy | On Hold | 6. Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 3. In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered | In Progress | In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** 1. Identify partners that can appropriately offer tobacco use screening and treatment | On Hold | 1. Identify partners that can appropriately offer tobacco use screening and treatment | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2.In consultation with the tobacco cessation workgroup and PPS partners identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines for tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline | In Progress | 2.In consultation with the tobacco cessation workgroup and PPS partners identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines for tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** 3. Use PPS meetings and other forums to disseminate best practices to PPS partners concerning implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline. | In Progress | 3. Use PPS meetings and other forums to disseminate best practices to PPS partners concerning implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline. | 07/01/2015 | 03/31/2019 | 07/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| **Task** 4. Create a workflow template for optimizing the use of USPSTF and PHS guidelines on tobacco and disseminate to partners | On Hold | 4. Create a workflow template for optimizing the use of USPSTF and PHS guidelines on tobacco and disseminate to partners | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Provide guidance on implementing or adapting EHR technology to promote tobacco use screening at every encounter and | On Hold | 5. Provide guidance on implementing or adapting EHR technology to promote tobacco use screening at every encounter and documenting the results using the 5 A's | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| documenting the results using the 5 A's | | | | | | | | |
| **Milestone** 4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods | On Hold | 4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Review current clinical guidance from USPHS | On Hold | 1. Review current clinical guidance from USPHS | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources | On Hold | 2. Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Use PPS meetings and other forums to distribute training materials PPS partners | On Hold | 3. Use PPS meetings and other forums to distribute training materials PPS partners | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage | On Hold | 5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits | On Hold | 1. Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Facilitate conversations with PPS partners, CBOs, MCOs, and Smokers Quitline to collaborate on increasing access to tobacco cessation aids | On Hold | 2. Facilitate conversations with PPS partners, CBOs, MCOs, and Smokers Quitline to collaborate on increasing access to tobacco cessation aids | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3. Facilitate conversations with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including coverage for smoking | On Hold | 3. Facilitate conversations with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including coverage for smoking cessation medications | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 1.Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation. | |
| 2. In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies | |
| 3. In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered | |
| 4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods | |
| 5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage | |

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 4.b.i.3 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

#### IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies

**Instructions :**

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

One risk to this project's success is that it will not be financially sustainable for community organizations, due to varying coverage policies among Medicaid managed care plans for preventive services. To address this, we will work with other PPSs in the regional-wide Quality Council to advocate for expansion in coverage for preventive care services in Medicaid managed care plans. Further, we will contract as an integrated delivery system and further advocate for coverage. We may also use DSRIP funds as an interim measure to ensure CBO financial sustainability.

Another risk stems from the varying IT capabilities among our partners within the PPS. To ensure all partners can meet the IT requirements, we will solicit input from the IT transformation team, as well as the local RHIO Health Link NY.
Finally, there is the risk that there will be a lack of specialty provider capacity for the Medicaid population to treat chronic diseases as detection rates increase (e.g., oncologists, breast, gynecologic, and colorectal surgeons). To mitigate this risk we will work with specialists in the area to increase the acceptance of Medicaid.

Because there are no speed and scale requirements, continued partner commitment and accountability may be a challenge/risk

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 4.b.ii.2 - PPS Defined Milestones

**Instructions :**

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| **Milestone** 1. Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley | In Progress | Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley | 04/01/2015 | 03/30/2020 | 04/01/2015 | 03/30/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Convene the cross PPS region-wide Hudson Region DSRIP Public Health Council (HRDPHC). (The HRDPHC is a collaboration facilitated by 3 PPSs MHVC, WMC, Refuah) | Completed | Convene the cross PPS region-wide Hudson Region DSRIP Public Health Council (HRDPHC). (The HRDPHC is a collaboration facilitated by 3 PPSs MHVC, WMC, Refuah) | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region | Completed | 2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Cancer Work Group meetings and planning activities. | Completed | 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Cancer Work Group meetings and planning activities. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task** 4. Develop a comprehensive plan to achieve objectives | On Hold | 4. Develop a comprehensive plan to achieve objectives | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 5. Develop a private group on MIX to share strategies for cancer prevention and management. Consider making group public for statewide input. | On Hold | 5. Develop a private group on MIX to share strategies for cancer prevention and management. Consider making group public for statewide input. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** | On Hold | 6. Explore possible areas of collaboration including joint advocacy, | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| 6. Explore possible areas of collaboration including joint advocacy, joint campaigns to advance a public health screening and prevention agenda and/or group purchasing for resources required to achieve objectives. | | joint campaigns to advance a public health screening and prevention agenda and/or group purchasing for resources required to achieve objectives. | | | | | | |
| **Task**<br>7. Work with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services and improvement of cancer screening rates | On Hold | 7. Work with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services and improvement of cancer screening rates | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>8.Organize outreach to specialists in the Hudson Valley to increase awareness of the need to accept Medicaid coverage | On Hold | 8.Organize outreach to specialists in the Hudson Valley to increase awareness of the need to accept Medicaid coverage | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>9. Establish process to contribute and ensure that the NYS Cancer Services Program website is up to date for Hudson Valley linkages to free screenings resources for patients without insurance across all PPSs. | On Hold | 9. Establish process to contribute and ensure that the NYS Cancer Services Program website is up to date for Hudson Valley linkages to free screenings resources for patients without insurance across all PPSs. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone**<br>2.Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the Hudson Valley | In Progress | 2. Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the Hudson Valley | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task**<br>1. In collaboration with the HRDPHC Cancer Workgroup review the Community Needs Assessment to identify areas for targeted hotspotting for specific cancer types, disparities in screening rates on racial and ethnic populations, and locations. | Completed | 1. In collaboration with the HRDPHC Cancer Workgroup review the Community Needs Assessment to identify areas for targeted hotspotting for specific cancer types, disparities in screening rates on racial and ethnic populations, and locations. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| **Task**<br>2. Map CBOs to geographic hotspots identified in Community Needs Assessment to identify | On Hold | 2.Map CBOs to geographic hotspots identified in Community Needs Assessment to identify opportunities for targeted collaborative interventions | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| opportunities for targeted collaborative interventions | | | | | | | | |
| **Task** 3. Collaborate with provider organizations to provide culturally competent outreach to patients around age appropriate cancer screening | On Hold | 3. Collaborate with provider organizations to provide culturally competent outreach to patients around age appropriate cancer screening | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 4. Partner with community based organizations to deliver public health messaging and facilitate prevention screenings (i.e manicures for mammograms) | On Hold | Partner with community based organizations to deliver public health messaging and facilitate prevention screenings (i.e manicures for mammograms) | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 3. Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations | In Progress | 3.Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Identify and review existing evidence based guidelines and modifications for cancer screening and follow up among disparate populations | On Hold | 1.Identify and review existing evidence based guidelines and modifications for cancer screening and follow up among disparate populations | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 2. Engage experienced stakeholders to co-create a communications strategy for sharing best practices for screening and timely follow-up of abnormal screening results | On Hold | 2. Engage experienced stakeholders to co-create a communications strategy for sharing best practices for screening and timely follow-up of abnormal screening results | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 3.Design and implement strategy to increase provider/care team knowledge of screening and clinical practice guidelines | On Hold | 3.Design and implement strategy to increase provider/care team knowledge of screening and clinical practice guidelines | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 4. Access opportunities to increase screening rates ( or re-screening) among patient defined populations | In Progress | 4. Access opportunities to increase screening rates ( or re-screening) among patient defined populations | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Work with QE as well as Health | On Hold | 1. Work with QE as well as Health Departments as others to collect and analyze baseline rates of cancer screening conducted across | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---|---|---|---|---|---|---|---|
| Departments as others to collect and analyze baseline rates of cancer screening conducted across the network. | | the network. | | | | | | |
| **Task** 2. Collaborate with community partners to recommend a system wide approach for monitoring performance and sharing results | On Hold | 2. Collaborate with community partners to recommend a system wide approach for monitoring performance and sharing results | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 5. Identification of functional requirements for cancer screening registry | On Hold | 5. Identification of functional requirements for cancer screening registry | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Define functional requirements for cancer screening registry | On Hold | 1. Define functional requirements for cancer screening registry | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Milestone** 6. Use community resources to engage patient participation in care management services | On Hold | 6.Use community resources to engage patient participation in care management services | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| **Task** 1. Develop strategies to increase patient education, engagement, and empowerment to lead patients to live healthier lives and use available resources | On Hold | 1. Develop strategies to increase patient education, engagement, and empowerment to lead patients to live healthier lives and use available resources | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

### PPS Defined Milestones Current File Uploads

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

No Records Found

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| 1. Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley | |
| 2.Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Hudson Valley | |
| 3. Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations | |
| 4. Access opportunities to increase screening rates ( or re-screening) among patient defined populations | |
| 5. Identification of functional requirements for cancer screening registry | |
| 6. Use community resources to engage patient participation in care management services | |

### Module Review Status

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

### IPQR Module 4.b.ii.3 - IA Monitoring

**Instructions :**

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center  (PPS ID:19)

### 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 'Montefiore Medical Center ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

| | |
|---|---|
| **Primary Lead PPS Provider:** | MONTEFIORE MEDICAL CENTER |
| **Secondary Lead PPS Provider:** | |
| **Lead Representative:** | Allison Mcguire |
| **Submission Date:** | 03/16/2016 09:56 PM |

| | |
|---|---|
| **Comments:** | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Status Log | | | | |
|---|---|---|---|---|
| **Quarterly Report (DY,Q)** | **Status** | **Lead Representative Name** | **User ID** | **Date Timestamp** |
| DY1, Q3 | Adjudicated | Allison Mcguire | emcgill | 03/31/2016 05:26 PM |
| DY1, Q3 | Submitted | Allison Mcguire | 3115 | 03/16/2016 09:56 PM |
| DY1, Q3 | Returned | Allison Mcguire | emcgill | 03/01/2016 05:15 PM |
| DY1, Q3 | Submitted | Allison Mcguire | 3115 | 02/03/2016 03:34 PM |
| DY1, Q3 | In Process | | ETL | 01/03/2016 08:01 PM |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Comments Log | | | |
|---|---|---|---|
| **Status** | **Comments** | **User ID** | **Date Timestamp** |
| Adjudicated | The IA has adjudicated the DY1 Q3 Quarterly Report. | emcgill | 03/31/2016 05:26 PM |
| Returned | The IA is returning the DY1Q3 Quarterly Report to the PPS for Remediation. | emcgill | 03/01/2016 05:15 PM |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name | Status |
|---|---|---|
| Section 01 | IPQR Module 1.1 - PPS Budget Report (Baseline) | Completed |
| | IPQR Module 1.2 - PPS Budget Report (Quarterly) | Completed |
| | IPQR Module 1.3 - PPS Flow of Funds (Baseline) | Completed |
| | IPQR Module 1.4 - PPS Flow of Funds (Quarterly) | Completed |
| | IPQR Module 1.5 - Prescribed Milestones | Completed |
| | IPQR Module 1.6 - PPS Defined Milestones | Completed |
| | IPQR Module 1.7 - IA Monitoring | |
| Section 02 | IPQR Module 2.1 - Prescribed Milestones | Completed |
| | IPQR Module 2.2 - PPS Defined Milestones | Completed |
| | IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 2.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 2.5 - Roles and Responsibilities | Completed |
| | IPQR Module 2.6 - Key Stakeholders | Completed |
| | IPQR Module 2.7 - IT Expectations | Completed |
| | IPQR Module 2.8 - Progress Reporting | Completed |
| | IPQR Module 2.9 - IA Monitoring | |
| Section 03 | IPQR Module 3.1 - Prescribed Milestones | Completed |
| | IPQR Module 3.2 - PPS Defined Milestones | Completed |
| | IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 3.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 3.5 - Roles and Responsibilities | Completed |
| | IPQR Module 3.6 - Key Stakeholders | Completed |
| | IPQR Module 3.7 - IT Expectations | Completed |
| | IPQR Module 3.8 - Progress Reporting | Completed |
| | IPQR Module 3.9 - IA Monitoring | |
| Section 04 | IPQR Module 4.1 - Prescribed Milestones | Completed |
| | IPQR Module 4.2 - PPS Defined Milestones | Completed |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name | Status |
|---|---|---|
| | IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 4.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 4.5 - Roles and Responsibilities | Completed |
| | IPQR Module 4.6 - Key Stakeholders | Completed |
| | IPQR Module 4.7 - IT Expectations | Completed |
| | IPQR Module 4.8 - Progress Reporting | Completed |
| | IPQR Module 4.9 - IA Monitoring | |
| Section 05 | IPQR Module 5.1 - Prescribed Milestones | Completed |
| | IPQR Module 5.2 - PPS Defined Milestones | Completed |
| | IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 5.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 5.5 - Roles and Responsibilities | Completed |
| | IPQR Module 5.6 - Key Stakeholders | Completed |
| | IPQR Module 5.7 - Progress Reporting | Completed |
| | IPQR Module 5.8 - IA Monitoring | |
| Section 06 | IPQR Module 6.1 - Prescribed Milestones | Completed |
| | IPQR Module 6.2 - PPS Defined Milestones | Completed |
| | IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 6.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 6.5 - Roles and Responsibilities | Completed |
| | IPQR Module 6.6 - Key Stakeholders | Completed |
| | IPQR Module 6.7 - IT Expectations | Completed |
| | IPQR Module 6.8 - Progress Reporting | Completed |
| | IPQR Module 6.9 - IA Monitoring | |
| Section 07 | IPQR Module 7.1 - Prescribed Milestones | Completed |
| | IPQR Module 7.2 - PPS Defined Milestones | Completed |
| | IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 7.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 7.5 - Roles and Responsibilities | Completed |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name | Status |
|---|---|---|
| | IPQR Module 7.6 - Key Stakeholders | Completed |
| | IPQR Module 7.7 - IT Expectations | Completed |
| | IPQR Module 7.8 - Progress Reporting | Completed |
| | IPQR Module 7.9 - IA Monitoring | |
| Section 08 | IPQR Module 8.1 - Prescribed Milestones | Completed |
| | IPQR Module 8.2 - PPS Defined Milestones | Completed |
| | IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 8.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 8.5 - Roles and Responsibilities | Completed |
| | IPQR Module 8.6 - Key Stakeholders | Completed |
| | IPQR Module 8.7 - IT Expectations | Completed |
| | IPQR Module 8.8 - Progress Reporting | Completed |
| | IPQR Module 8.9 - IA Monitoring | |
| Section 09 | IPQR Module 9.1 - Prescribed Milestones | Completed |
| | IPQR Module 9.2 - PPS Defined Milestones | Completed |
| | IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 9.4 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 9.5 - Roles and Responsibilities | Completed |
| | IPQR Module 9.6 - Key Stakeholders | Completed |
| | IPQR Module 9.7 - IT Expectations | Completed |
| | IPQR Module 9.8 - Progress Reporting | Completed |
| | IPQR Module 9.9 - IA Monitoring | |
| Section 10 | IPQR Module 10.1 - Overall approach to implementation | Completed |
| | IPQR Module 10.2 - Major dependencies between work streams and coordination of projects | Completed |
| | IPQR Module 10.3 - Project Roles and Responsibilities | Completed |
| | IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects | Completed |
| | IPQR Module 10.5 - IT Requirements | Completed |
| | IPQR Module 10.6 - Performance Monitoring | Completed |
| | IPQR Module 10.7 - Community Engagement | Completed |

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name | Status |
|---|---|---|
| | IPQR Module 10.8 - IA Monitoring | |
| Section 11 | IPQR Module 11.1 - Workforce Strategy Spending | Completed |
| | IPQR Module 11.2 - Prescribed Milestones | Completed |
| | IPQR Module 11.3 - PPS Defined Milestones | Completed |
| | IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies | Completed |
| | IPQR Module 11.5 - Major Dependencies on Organizational Workstreams | Completed |
| | IPQR Module 11.6 - Roles and Responsibilities | Completed |
| | IPQR Module 11.7 - Key Stakeholders | Completed |
| | IPQR Module 11.8 - IT Expectations | Completed |
| | IPQR Module 11.9 - Progress Reporting | Completed |
| | IPQR Module 11.10 - Staff Impact | Completed |
| | IPQR Module 11.11 - IA Monitoring | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

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

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| Section 01 | Module 1.1 - PPS Budget Report (Baseline) | Pass & Complete | |
| | Module 1.2 - PPS Budget Report (Quarterly) | Pass & Ongoing | |
| | Module 1.3 - PPS Flow of Funds (Baseline) | Pass & Complete | |
| | Module 1.4 - PPS Flow of Funds (Quarterly) | Pass & Ongoing | |
| | Module 1.5 - Prescribed Milestones | | |
| | Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Pass & Ongoing | |
| Section 02 | Module 2.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize governance structure and sub-committee structure | Pass & Complete | |
| | Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Pass & Complete | |
| | Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Pass & Complete | |
| | Milestone #4 Establish governance structure reporting and monitoring processes | Pass & Complete | |
| | Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | Pass & Ongoing | |
| | Milestone #6 Finalize partnership agreements or contracts with CBOs | Pass & Ongoing | |
| | Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | Pass & Ongoing | |
| | Milestone #8 Finalize workforce communication and engagement plan | Pass & Ongoing | |
| | Milestone #9 Inclusion of CBOs in PPS Implementation. | Pass & Ongoing | |
| Section 03 | Module 3.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize PPS finance structure, including reporting structure | Pass & Complete | |
| | Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Pass & Ongoing | |
| | Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Pass & Complete | |
| | Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | Pass & Ongoing | |
| | Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Pass & Ongoing | |

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| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Pass & Ongoing | |
| | Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | Pass & Ongoing | |
| | Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | Pass & Ongoing | |
| Section 04 | Module 4.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize cultural competency / health literacy strategy. | Pass & Complete | |
| | Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | Pass & Ongoing | |
| Section 05 | Module 5.1 - Prescribed Milestones | | |
| | Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | Pass & Ongoing | |
| | Milestone #2 Develop an IT Change Management Strategy. | Pass & Ongoing | |
| | Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Pass & Ongoing | |
| | Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Pass & Ongoing | |
| | Milestone #5 Develop a data security and confidentiality plan. | Pass & Ongoing | |
| Section 06 | Module 6.1 - Prescribed Milestones | | |
| | Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | Pass & Ongoing | |
| | Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Pass & Ongoing | |
| Section 07 | Module 7.1 - Prescribed Milestones | | |
| | Milestone #1 Develop Practitioners communication and engagement plan. | Pass & Ongoing | |
| | Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda. | Pass & Ongoing | |
| Section 08 | Module 8.1 - Prescribed Milestones | | |
| | Milestone #1 Develop population health management roadmap. | Pass & Ongoing | |
| | Milestone #2 Finalize PPS-wide bed reduction plan. | Pass & Ongoing | |
| Section 09 | Module 9.1 - Prescribed Milestones | | |
| | Milestone #1 Perform a clinical integration 'needs assessment'. | Pass & Ongoing | |
| | Milestone #2 Develop a Clinical Integration strategy. | Pass & Ongoing | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Section | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| Section 11 | Module 11.2 - Prescribed Milestones | | |
| | Milestone #1 Define target workforce state (in line with DSRIP program's goals). | Pass & Ongoing | |
| | Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | Pass & Ongoing | |
| | Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | Pass & Ongoing | |
| | Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Pass & Ongoing | |
| | Milestone #5 Develop training strategy. | Pass & Ongoing | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| 2.a.i | Module 2.a.i.2 - Prescribed Milestones | | |
| | Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | Pass & Ongoing | |
| | Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | Pass & Ongoing | |
| | Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | Pass & Ongoing | |
| | Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3. | Pass & Ongoing | |
| | Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | Pass & Ongoing | |
| | Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Pass & Ongoing | |
| | Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | Pass & Ongoing | |
| | Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | Pass & Ongoing | |
| 2.a.iii | Module 2.a.iii.2 - Patient Engagement Speed | Fail | |
| | Module 2.a.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Pass & Ongoing | |
| | Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | Pass & Ongoing | |

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## Montefiore Medical Center (PPS ID:19)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Pass & Ongoing | |
| | Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Pass & Ongoing | |
| | Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing | |
| | Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | Pass & Ongoing | |
| | Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | Pass & Ongoing | |
| | Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | Pass & Ongoing | |
| | Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | Pass & Ongoing | |
| 2.a.iv | Module 2.a.iv.2 - Patient Engagement Speed | Fail | |
| | Module 2.a.iv.3 - Prescribed Milestones | | |
| | Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose. | Pass & Ongoing | |
| | Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds. | Pass & Ongoing | |
| | Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3. | Pass & Ongoing | |
| | Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Pass & Ongoing | |
| | Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | |
| | Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2 | Pass & Ongoing | |
| | Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment. | Pass & Ongoing | |
| 2.b.iii | Module 2.b.iii.2 - Patient Engagement Speed | Fail | |
| | Module 2.b.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Establish ED care triage program for at-risk populations | Pass & Ongoing | |

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## Montefiore Medical Center (PPS ID:19)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.<br>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.<br>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.<br>c. Ensure real time notification to a Health Home care manager as applicable | Pass & Ongoing | |
| | Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider:<br>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.<br>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.<br>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | Pass & Ongoing | |
| | Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | Pass & Ongoing | |
| | Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | |
| 3.a.i | Module 3.a.i.2 - Patient Engagement Speed | Fail | |
| | Module 3.a.i.3 - Prescribed Milestones | | |
| | Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | Pass & Ongoing | |
| | Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #5 Co-locate primary care services at behavioral health sites. | Pass & Ongoing | |
| | Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | Pass & Ongoing | |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #9 Implement IMPACT Model at Primary Care Sites. | Pass & Ongoing | |
| | Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Pass & Ongoing | |

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| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Pass & Ongoing | |
| | Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Pass & Ongoing | |
| | Milestone #13 Measure outcomes as required in the IMPACT Model. | Pass & Ongoing | |
| | Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Pass & Ongoing | |
| | Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.a.ii | Module 3.a.ii.2 - Patient Engagement Speed | Fail | |
| | Module 3.a.ii.3 - Prescribed Milestones | | |
| | Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | Pass & Ongoing | |
| | Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services. | Pass & Ongoing | |
| | Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | Pass & Ongoing | |
| | Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | Pass & Ongoing | |
| | Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | Pass & Ongoing | |
| | Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | Pass & Ongoing | |
| | Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | Pass & Ongoing | |
| | Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3. | Pass & Ongoing | |
| | Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | Pass & Ongoing | |
| | Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | Pass & Ongoing | |
| | Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.b.i | Module 3.b.i.2 - Patient Engagement Speed | Pass & Ongoing | |
| | Module 3.b.i.3 - Prescribed Milestones | | |
| | Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | Pass & Ongoing | |

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

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3. | Pass & Ongoing | |
| | Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | Pass & Ongoing | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | Pass & Ongoing | |
| | Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | Pass & Ongoing | |
| | Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management. | Pass & Ongoing | |
| | Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | Pass & Ongoing | |
| | Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | Pass & Ongoing | |
| | Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit. | Pass & Ongoing | |
| | Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | Pass & Ongoing | |
| | Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit. | Pass & Ongoing | |
| | Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes. | Pass & Ongoing | |
| | Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support. | Pass & Ongoing | |
| | Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | Pass & Ongoing | |
| | Milestone #16 Facilitate referrals to NYS Smoker's Quitline. | Pass & Ongoing | |
| | Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases. | Pass & Ongoing | |
| | Milestone #18 Adopt strategies from the Million Hearts Campaign. | Pass & Ongoing | |
| | Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | Pass & Ongoing | |
| | Milestone #20 Engage a majority (at least 80%) of primary care providers in this project. | Pass & Ongoing | |
| 3.d.iii | Module 3.d.iii.2 - Patient Engagement Speed | Fail | |
| | Module 3.d.iii.3 - Prescribed Milestones | | |

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# Delivery System Reform Incentive Payment Project

## DSRIP Implementation Plan Project

## Montefiore Medical Center (PPS ID:19)

| Project ID | Module Name / Milestone # | Review Status | |
|---|---|---|---|
| | Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management. | Pass & Ongoing | |
| | Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine. | Pass & Ongoing | |
| | Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers. | Pass & Ongoing | |
| | Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population. | Pass & Ongoing | |
| | Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 4.b.i | Module 4.b.i.2 - PPS Defined Milestones | Pass & Ongoing | |
| 4.b.ii | Module 4.b.ii.2 - PPS Defined Milestones | Pass & Ongoing | |