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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

TABLE OF CONTENTS

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Page 2 of 405
Run Date : 09/24/2015

Montefiore Medical Center (PPS ID:19)

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

DSRIP Implementation Plan Project

Page 4 of 405
Run Date : 09/24/2015

Montefiore Medical Center (PPS ID:19)

Montefiore Medical Center (PPS ID:19)

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Quarterly Report - Implementation Plan for Montefiore Medical Center

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

Status By Section

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

Status By Project

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

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	19,493,212	20,773,358	33,593,126	29,746,585	19,493,212	123,099,493
Cost of Project Implementation & Administration	**11,695,927**	**10,906,013**	**15,116,907**	**11,154,969**	**5,847,964**	54,721,780
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	**1,949,321**	**1,558,002**	**1,679,656**	**743,665**	**0**	5,930,644
Total Expenditures	**19,493,212**	**20,773,358**	**33,593,126**	**29,746,585**	**19,493,212**	**123,099,493**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Name	File Description	Upload Date
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Narrative Text :

This budget allocates 5% of revenue to a contingency fund to support unexpected costs and innovation in the PPS. In Y1, we will allocate 10% of DSRIP funds to "Other" and reduce the allocation over time such that 0% is allocated in Y5. Further, the "Other" category in this budget accounts for both the contingency funds and the innovation funds.

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
- Centralized services 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

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Montefiore Medical Center (PPS ID:19)

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 ability to shift to sustainable system

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 Flow of Funds**

Instructions :

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

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	19,493,212	20,773,358	33,593,126	29,746,585	19,493,212	123,099,493
Primary Care Physicians	1,904,632	2,300,730	3,637,741	3,335,788	2,200,278	13,379,169
Non-PCP Practitioners	358,579	433,152	684,867	628,019	414,240	2,518,857
Hospitals	4,766,111	5,757,298	9,103,006	8,347,407	5,505,929	33,479,751
Clinics	3,650,936	4,410,205	6,973,084	6,394,280	4,217,652	25,646,157
Health Home / Care Management	700,116	845,716	1,337,183	1,226,190	808,792	4,917,997
Behavioral Health	3,106,303	3,752,307	5,932,865	5,440,405	3,588,478	21,820,358
Substance Abuse	2,239,635	2,705,402	4,277,578	3,922,515	2,587,282	15,732,412
Skilled Nursing Facilities / Nursing Homes	126,436	152,731	241,486	221,442	146,062	888,157
Pharmacies	24,418	29,497	46,638	42,767	28,209	171,529
Hospice	12,564	15,177	23,996	22,005	14,514	88,256
Community Based Organizations	194,932	207,734	335,931	297,466	194,932	1,230,995
All Other	459,227	554,730	877,097	804,294	530,510	3,225,858
Total Funds Distributed	**17,543,889**	**21,164,679**	**33,471,472**	**30,682,578**	**20,236,878**	**123,099,496**
Undistributed Revenue	**1,949,323**	**0**	**121,654**	**0**	**0**	**0**

Current File Uploads

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Narrative Text :

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 - Prescribed Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 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	03/31/2016	DY1 Q4	
Task 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	03/31/2016	DY1 Q4	
Task 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	03/31/2016	DY1 Q4	
Task 13. Update funds flow on an annual basis taking into account overall financial health of PPS and input from 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 Finance and Sustainability Transformation work group and MHVC Steering Committee.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 11. Revise and finalize funds flow approach.	On Hold	Revise and finalize funds flow approach.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 10. Communicate funds flow payment plan to	In Progress	Communicate funds flow payment plan to all partners and collect feedback.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
all partners and collect feedback.							
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	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	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	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	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	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	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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Prescribed Milestones Narrative Text

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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 1.4 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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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 1.5 - 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)

Section 02 – Governance

☑ IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	In Progress	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. MHVC will hire staff to assist in the implementation of the projects.	In Progress	MHVC will hire staff to assist in the implementation of the projects.	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).	In Progress	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	09/30/2015	DY1 Q2	
Task 4. Expand the existing Leadership Steering Committee to create the MHVC Steering Committee.	In Progress	Expand the existing Leadership Steering Committee to create the MHVC Steering Committee.	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 determined to be necessary for the	In Progress	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	09/30/2015	DY1 Q2	

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
efficient operation of the MHVC Steering Committee.							
Task 6. Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website and to New York State Department of Health DSRIP portal.	In Progress	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	09/30/2015	DY1 Q2	
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 9. The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the Sub-Committees.	In Progress	The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the SubCommittees.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. MHVC will upload the table of organization for the Sub-Committees to the MHVC members-only website to be available to all PPS participants.	In Progress	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	09/30/2015	DY1 Q2	
Milestone #2	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Establish a clinical governance structure, including clinical quality committees for each DSRIP project		charter and committee structure chart					
Task 1. Establish a charter for the Clinical Quality Sub-Committee. This Subcommittee will be charged with: • 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; • 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); • 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 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.	In Progress	Establish a charter for the Clincial Quality SubCommittee. This Subcommittee will be charged with: • 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; • 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); • 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 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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Develop a roster of proposed members of the 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.	On Hold	Develop a roster of proposed members of the Clinical Quality Committee based on a review of the utilization patterns of the MHVC members, to ensure appropriate representation by service type and geography.	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in.	On Hold	Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in.	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Additional workgroups for relevant selected project areas will be created and established as required on specific issues.	On Hold	Additional workgroups for relevant selected project areas will be created and established as required on specific issues.	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	In Progress	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. Review Governance Bylaws with Steering Committee members to obtain their feedback and modify document to ensure consensus and engagement of Committee members.	In Progress	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	09/30/2015	DY1 Q2	
Task 3. Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website.	In Progress	Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and	In Progress	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring processes		processes and governance monitoring processes					
Task 1. Establish a regular schedule for the Steering Committee and Sub-Committees.	In Progress	Establish a regular schedule for the Steering Committee and SubCommittees.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 3. Deploy Performance Logic (performance management system) to ensure bi-directional communication that tracks progress of each project as well as organizational workstream initiatives.	On Hold	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	12/31/2015	DY1 Q3	
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform.	In Progress	Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 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,	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
as well as the broader MHVC partner community regarding updates on project activities.							
Task 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: (1) Overarching communications on PPS and partners (2) DSRIP general education communications (3) Project-specific education for targeted health conditions (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: (1) Overarching communications on PPS and partners (2) DSRIP general education communications (3) Project-specific education for targeted health conditions (4) Project-specific education for workforce realignment strategies.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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	12/31/2015	DY1 Q3	
Task 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	03/31/2020	DY5 Q4	
Task 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.	In Progress	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	09/30/2015	DY1 Q2	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	On Hold	Signed CBO partnership agreements or contracts.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 3. Distribute the form of agreement and educational materials to PPS participants,	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
including CBOs, and make such materials available to PPS participants on the MHVC members-only website.							
Task 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	03/31/2020	DY5 Q4	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 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	09/30/2015	09/30/2015	DY1 Q2	
Task 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	12/31/2015	DY1 Q3	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 5. Integrate defined goals, roles and responsibilities into an	On Hold	Integrate defined goals, roles and responsibilities into an engagement/coordination plan for public sector agencies. Solicit feedback	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
engagement/coordination plan for public sector agencies. Solicit feedback from MHVC Steering Committee.		from MHVC Steering Committee.					
Task 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	03/31/2020	DY5 Q4	
Milestone #8 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	03/31/2020	DY5 Q4	NO
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Milestone #9 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	03/31/2020	DY5 Q4	NO
Task 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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
request that labor union representatives be included on subcommittees							
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each	

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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 Narrative Text

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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

✅ **IPQR Module 2.2 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ IPQR Module 2.3 - 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.

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 2.4 - 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)

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ 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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 2.7 - 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 :

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Section 03 – Financial Stability

☑ IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee.	In Progress	Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee.	04/01/2015	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.	In Progress	Develop PPS organization chart, establish clear reporting lines, and develop a regular schedule of Finance & Sustainability SubCommittee meetings.	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.	In Progress	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	12/31/2015	DY1 Q3	
Task 5. Develop reporting formats and Accounts	In Progress	Develop reporting formats and Accounts payable policies to emphasize (a)	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project
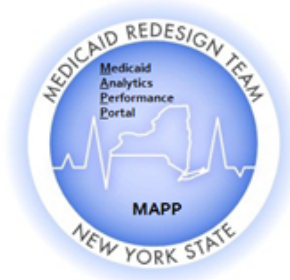
Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		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 6. Work with MHVC Compliance Officer and MHVC IT Director to develop policies (including audits) to support data integrity efforts.	In Progress	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	12/31/2015	DY1 Q3	
Task 7. Present finance structure to Montefiore (PPS Lead) Board for sign off.	In Progress	Present finance structure to Montefiore (PPS Lead) Board for sign off.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. Design survey, with input from Finance and Sustainability SubCommittee, to assess partners' financial health, identify fragile	In Progress	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,	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		value-based arrangement in place, and sources of funding beyond. Present partner survey to the MHVC Steering Committee for comments and recommendations.					
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 4. Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee.	On Hold	Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 6. Finalize network financial health current state assessment	On Hold	Finalize network financial health current state assessment	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Using survey data, develop list of fragile providers with poor financial indicators that are at-risk of failing to complete DSRIP project requirements.	On Hold	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	03/31/2020	DY5 Q4	
Task 8. Develop "Distressed Provider Plan" for monitoring and engaging with fragile providers, obtain recommendations for plan from the	On Hold	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 monitoring financially fragile MHVC partners and steps to	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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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)

Milestone/Task Name	Status	Description	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.		optimize intervention strategies.					
Task 9. As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan."	On Hold	As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan."	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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).	On Hold	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	03/31/2020	DY5 Q4	
Task 11. Finalize financial sustainability strategy to address key issues.	On Hold	Finalize financial sustainability strategy to address key issues.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. 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.	In Progress	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	12/31/2015	DY1 Q3	
Task 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	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-	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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 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.		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.					
Task 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.	In Progress	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	12/31/2015	DY1 Q3	
Task 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	In Progress	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	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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
procedures will identify how to communicate DSRIP-related compliance issues identified by performing providers to the MHVC Compliance Officer.							
Task 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.	In Progress	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	12/31/2015	DY1 Q3	
Task 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.	In Progress	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	12/31/2015	DY1 Q3	
Task 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."	In Progress	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	12/31/2015	DY1 Q3	
Task 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. This system will include a plan for auditing and monitoring how network partners are utilizing DSRIP funds and may	In Progress	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. This system will include a plan for auditing and monitoring how network partners are utilizing DSRIP funds and may coincide with DOH requirements for measuring performance and reporting on the flow of funds related to DSRIP projects.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
coincide with DOH requirements for measuring performance and reporting on the flow of funds related to DSRIP projects.							
Task 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 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.	In Progress	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 connection with this requirement.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 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.	In Progress	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	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	On Hold	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task	On Hold	Engage PPS partners with education and communication plan in an effort to	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2. Engage PPS partners with education and communication plan in an effort to coordinate the shift towards value based arrangements.		coordinate the shift towards value based arrangements.					
Task 3. Conduct survey of partners' existing readiness to participate in VBP and the level of their current involvement in VBP.	On Hold	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	03/31/2020	DY5 Q4	
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 5. Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC.	On Hold	Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 8. Engage Finance and Sustainability SubCommittee and MHVC Steering Committee to develop the roles and responsibilities of the	On Hold	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	03/31/2020	DY5 Q4	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS lead in coordinating the transition to value-based payments.							
Task 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	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	On Hold	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task 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	03/31/2020	DY5 Q4	
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	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	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	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	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	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	03/31/2020	DY5 Q4	
Task 8. Revise and finalize plan.	On Hold	Revise and finalize plan.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Put in place Level 1 VBP arrangement for	On Hold		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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PCMH/APC care and one other care bundle or subpopulation							
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	

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 Narrative Text

Milestone Name	Narrative Text
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	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

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

New York State Department Of Health

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Page 44 of 405

Run Date : 09/24/2015

Montefiore Medical Center (PPS ID:19)

individual projects and partners.

4) Finance will have to work closely with the Performance Reporting teams to assess whether partners are meeting reporting and performance requirements for funding.

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

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 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.	In Progress	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	09/30/2015	DY1 Q2	
Task 2. Review Community Needs Assessment, claims data, and other information from partners and Community Based Organizations to determine size and definition of priority	In Progress	Review Community Needs Assessment, 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	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		spots) to local CBOs, BH, and PCP practices that provide care for these populations.					
Task 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.	In Progress	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.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Identify a vendor for, or develop internal	In Progress	Identify a vendor for, or develop internal capacity (MHVC office, PPS partners, or CBOs), to assess Partners' baseline cultural competency, and identify the	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		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 8. Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management.	In Progress	Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 10. Present strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board.	On Hold	Present 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	03/31/2020	DY5 Q4	
Milestone #2 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: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task 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	03/31/2020	DY5 Q4	
Task 2. Evaluate available resources to train clinical	On Hold	Evaluate available resources to train clinical and non-clinical staff on cultural competency and health literacy and determine scope of training for different	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.		segments of the workforce regarding specific population needs and effective patient engagement approaches.					
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	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)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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

DSRIP Implementation Plan Project

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

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.

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

✅ **IPQR Module 4.6 - 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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 4.7 - 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 :

New York State Department Of Health
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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 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	06/30/2015	DY1 Q1	
Task 1. Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance	In Progress	Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance	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	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	On Hold	Conduct IT assessment Survey using standardized assessment tools (structured interviews and email survey methods) and analyze survey results	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment.	In Progress	Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	On Hold	Explore with Partners other supporting technologies (non clinical).	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
16. Explore with Partners other supporting technologies (non 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	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	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	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	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	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.	On Hold	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	03/31/2020	DY5 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	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	03/31/2020	DY5 Q4	
Task	On Hold	Share results of assessment and validate GAP analysis with Montefiore IT	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
7. Share results of assessment and validate GAP analysis with Montefiore IT SME leadership		SME leadership					
Task 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	03/31/2020	DY5 Q4	
Milestone #2 Develop an IT Change Management Strategy.	On Hold	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	04/01/2015	03/31/2020	03/31/2020	DY5 Q2	NO
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 2. Integrate DSRIP technologies to existing	On Hold	Integrate DSRIP technologies to existing Montefiore IT change management	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	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.		policy that outlines roles& responsibilities, documentation standards, communication requirements and testing & approval processes.					
Task 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	03/31/2020	DY5 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care 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	09/30/2016	DY2 Q2	NO
Task 1. Execute DEAA for PHI data with DOH.	Completed	Execute DEAA for PHI data with DOH.	04/01/2015	04/01/2015	06/30/2015	DY1 Q1	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 6. Leveraging current established Montefiore Health System policy and procedures to design	On Hold	Leveraging current established Montefiore Health System policy and procedures to design ongoing monitoring reporting that will be aligned with agreements in place.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
ongoing monitoring reporting that will be aligned with agreements in place.							
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 6. Identify and assess options for communication channels to be used to enhance patient engagement.	On Hold	Identify and assess options for communication channels to be used to enhance patient engagement.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Create educational curriculum to	On Hold	Create educational curriculum to communicate patient portal best practices coordinated with the PPS leads in the region.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
communicate patient portal best practices coordinated with the PPS leads in the region.							
Task 4. Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers.	On Hold	Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO.	On Hold	Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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	12/31/2015	DY1 Q3	
Task 1. Address consent requirements in partners agreement responsibilities.	In Progress	Address consent requirements in partners agreement responsibilities.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 3. Present to MHVC Steering Committee and compliance Officer for recommendations and validation.	On Hold	Present to MHVC Steering Committee and compliance Officer for recommendations and validation.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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	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	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	vkolonik	19_MDL0503_1_1_20150724160622_Hudson Valley PPS - Healthlink Meeting Notes 6-26-15.docx	Hudson Valley PPS Healthlink Meeting Notes. Upload to task 2.	07/24/2015 04:05 PM
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	vkolonik	19_MDL0503_1_1_20150724160813_Montefiore DEAA Approval Letter.pdf	Montefiore DEAA Approval Letter. Upload to task 1.	07/24/2015 04:07 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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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

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

representation of IT resources on each of the work stream teams.

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

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

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 :

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 6. Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts).	On Hold	Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts).	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Establish data collection processes for key metrics at relevant participating PPS sites.	On Hold	Establish data collection processes for key metrics at relevant participating PPS sites.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Identify individuals within partner organizations with responsibility for clinical and financial outcomes related to projects, who will report to MHVC Clinical Sub-Committee	On Hold	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	03/31/2020	DY5 Q4	
Task 3. Confirm performance reporting system(s) to be used across MHVC, including data collection and analytical tool/capability or IT systems.	On Hold	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	03/31/2020	DY5 Q4	
Task 2. Establish set of required metrics and milestones, relevant data and requirements,	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and dates for collecting all required metrics to be collected at relevant participating PPS sites. MHVC will develop data collection and analytical capabilities that will identify key opportunities for performance improvement.		analytical capabilities that will identify key opportunities for performance improvement.					
Task 1. Establish performance reporting governance structure within the Clinical Quality Sub Committee	In Progress	Establish performance reporting governance structure within the Clinical Quality Sub Committee	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.	On Hold	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	03/31/2020	DY5 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.	On Hold	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	03/31/2020	DY5 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	On Hold	Finalized performance reporting training program.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	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	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
evaluation feedback.							
Task 3. Develop plan for delivery of training to organizations and individual providers in the MHVC network and present to MHVC Steering Committee for review and recommendations.	On Hold	Develop plan for delivery of training to organizations and individual providers in the MHVC network and present to MHVC Steering Committee for review and recommendations.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 1. Identify training objectives and vision based on performance reporting structures and processes defined above.	On Hold	Identify training objectives and vision based on performance reporting structures and processes defined above.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

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.

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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 6.9 - 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 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	06/30/2015	DY1 Q1	
Task 2. Identify professional groups to engage on strategy for practitioner engagement including, but not limited to, government agencies, professional groups, and social services group.	In Progress	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	06/30/2016	DY2 Q1	
Task 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	09/30/2015	DY1 Q2	
Task 4. Begin discussions with providers to identify best practices and opportunities of economies	In Progress	4. Begin discussions with providers to identify best practices and opportunities of economies of scale)e.g. investments, training curriculum, etc).	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
of scale)e.g. investments, training curriculum, etc).							
Task 5. Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums).	On Hold	Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums).	04/01/2015	03/31/2020	03/31/2020	DY5 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	06/30/2016	DY2 Q1	
Task 7. Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process.	On Hold	Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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	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	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	06/30/2016	DY2 Q1	
Task 2.Identify each professional group impacted by projects; Identify opportunities for each professional group to participate in training.	On Hold	Identify each professional group impacted by projects; Identify opportunities for each professional group to participate in training.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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.	On Hold	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	03/31/2020	DY5 Q4	
Task 4. Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy	On Hold	Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Develop training strategy and establish a plan to periodically review training strategy and revise as necessary.	On Hold	Develop training strategy and establish a plan to periodically review training strategy and revise as necessary.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP	

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
program and your PPS-specific quality improvement agenda.	

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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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 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 Montefiore, Director, Public Policy Office of Government Relations 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

DSRIP Implementation Plan Project

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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 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	06/30/2016	DY2 Q1	
Task 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	06/30/2016	DY2 Q1	
Task 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	06/30/2015	DY1 Q1	
Task 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 intervention and prevention services	04/01/2015	07/13/2015	09/30/2015	DY1 Q2	

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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	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.)		across the Hudson Region.)					
Task 3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected.	On Hold	3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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.	On Hold	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	03/31/2020	DY5 Q4	
Task 5. Establish APC/PCMH Certification workgroup to finalize PPS wide roadmap for achieving level 3 certification for relevant providers	On Hold	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	03/31/2020	DY5 Q4	
Task 6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools).	On Hold	6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools).	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
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	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.	On Hold	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	03/31/2020	DY5 Q4	
Task 9. Determine PPS-wide approach for care	On Hold	9. Determine PPS-wide approach for care management services (e.g., what	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
management services (e.g., what will be centralized v. standardized v. local).		will be centralized v. standardized v. local).					
Task 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.	On Hold	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	03/31/2020	DY5 Q4	
Task 11. Develop plan to build central IT capabilities (e.g., care management tool) and help providers develop individual capabilities.	On Hold	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	03/31/2020	DY5 Q4	
Milestone #2 Finalize PPS-wide bed reduction plan.	On Hold	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	03/31/2020	DY5 Q4	NO
Task 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	On Hold	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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 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	03/31/2020	DY5 Q4	
Task 6. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization	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	03/31/2020	DY5 Q4	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and (2) impact of DSRIP projects and other 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	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	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	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	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Develop population health management roadmap.	vkolonik	19_MDL0803_1_1_20150724160309_MeetingMinutes_2015May29_HRD PHC SmokingCessation.docx	Meeting Minutes HRD PHC Smoking Cessation. Upload to task 1.	07/24/2015 04:02 PM
	vkolonik	19_MDL0803_1_1_20150724151730_DSRIP Cross PPS Behavioral Crisis Leadership Group Meeting Minutes DRAFT 07 13 15.docx	DSRIP Cross PPS Behavioral Crisis Leadership Group Meeting. Upload for task 2.	07/24/2015 03:16 PM

Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

management

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

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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)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 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	03/31/2016	DY1 Q4	
Task 7. Develop a plan to fill gaps.	On Hold	Develop a plan to fill gaps.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 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	03/31/2016	DY1 Q4	
Task 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)	On Hold	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	03/31/2020	DY5 Q4	

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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)

Milestone/Task Name	Status	Description	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	12/31/2015	DY1 Q3	
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.	On Hold	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	03/31/2020	DY5 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	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	On Hold	Identify key data elements that support clinical integration strategy in alignment with enterprise data warehouse and reporting strategy	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	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	03/31/2016	DY1 Q4	
Task 3. Convene clinical work group to develop care transitions strategy (e.g. virtual or in person "warm handoffs") across provider types.	On Hold	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
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	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.	On Hold	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	03/31/2020	DY5 Q4	
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	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	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	03/31/2020	DY5 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

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

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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ IPQR Module 9.7 - 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 :

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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.

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

IPQR Module 10.5 - IA Monitoring

Instructions :

DSRIP Implementation Plan Project

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.

Montefiore Medical Center (PPS ID:19)

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.

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.i.2 - Project Implementation Speed**

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	1,242	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	4,970	0	0	0	0	0	0	0	0	0	0
Hospitals	30	0	0	0	0	0	0	0	0	0	0
Clinics	57	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	30	0	0	0	0	0	0	0	0	0	0
Behavioral Health	482	0	0	0	0	0	0	0	0	0	0
Substance Abuse	33	0	0	0	0	0	0	0	0	0	0
Skilled Nursing Facilities / Nursing Homes	79	0	0	0	0	0	0	0	0	0	0
Pharmacies	12	0	0	0	0	0	0	0	0	0	0
Hospice	10	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	105	0	0	0	0	0	0	0	0	0	0
All Other	2,514	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**9,564**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	1,242	0	1,242	1,242	1,242	1,242	1,242	1,242	1,242	1,242	1,242
Non-PCP Practitioners	4,970	0	4,970	4,970	4,970	4,970	4,970	4,970	4,970	4,970	4,970

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	30	0	30	30	30	30	30	30	30	30	30
Clinics	57	0	57	57	57	57	57	57	57	57	57
Health Home / Care Management	30	0	30	30	30	30	30	30	30	30	30
Behavioral Health	482	0	482	482	482	482	482	482	482	482	482
Substance Abuse	33	0	33	33	33	33	33	33	33	33	33
Skilled Nursing Facilities / Nursing Homes	79	0	79	79	79	79	79	79	79	79	79
Pharmacies	12	0	12	12	12	12	12	12	12	12	12
Hospice	10	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	105	0	0	0	0	0	0	0	0	0	0
All Other	2,514	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**9,564**	**0**	**6,935**	**6,935**	**6,935**	**6,935**	**6,935**	**6,935**	**6,935**	**6,935**	**6,935**
Percent Committed Providers(%)		**0.00**	**72.51**	**72.51**	**72.51**	**72.51**	**72.51**	**72.51**	**72.51**	**72.51**	**72.51**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

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.i.3 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2018	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	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		In Progress	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	09/30/2015	DY1 Q2
Task 3. Finalize CPA in collaboration with MHVC Steering Committee	Project		In Progress	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Request letter of intent from partners regarding project participation	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Identify list of partners per project	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Develop plan to outreach to partners that have not been actively engaged or that have asked for additional information	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Create process that tracks provider performance compared to contract terms/requirements, including corrective action	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 12. Commence outreach to create alignment with payers and social service organizations	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	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	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	03/31/2017	DY2 Q4
Task 1. Commence routine working meetings with regional Health Homes	Project		In Progress	07/30/2015	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2020	DY5 Q4
Task 3. Define proposed workflows for review and discussion with Health Home partners	Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #3 Ensure patients receive appropriate health care and community support,	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	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	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	03/31/2020	DY5 Q4
Task PPS trains staff on IDS protocols and processes.	Project		On Hold	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	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2018	DY3 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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	On Hold	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	On Hold	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	On Hold	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 Skilled Nursing Facilities / Nursing Homes	On Hold	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration	Project		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan	Project		On Hold	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	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	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	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	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	03/31/2018	DY3 Q4
Task	Provider	Safety Net Primary Care	On Hold	06/01/2015	12/31/2018	12/31/2018	DY4 Q3

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Physicians					
Task 1. Define scope and assess eligible participating partners	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess current level of connectivity and EHR usage by provider site across PPS	Project		On Hold	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	03/31/2020	DY5 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption	Project		On Hold	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	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	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. 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	03/31/2020	DY5 Q4
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	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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	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 be enhanced as more data becomes available and IT platforms are implemented.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	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	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	On Hold	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	12/31/2015	DY1 Q3
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Build on baseline assessment to identify and engage key PPS partners and MCOs that will drive transition to value-based payments.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	03/31/2020	DY5 Q4
Task 6. Develop and finalize IPA structure	Project		On Hold	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	03/31/2020	DY5 Q4
Task 8. Communicate and collect feedback on plan with governing bodies.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
9. Communicate final plan with all PPS partners							
Task 10. First value-based arrangements in place	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 1. Identify MCOs currently engaging majority of PPS attributed lives	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		On Hold	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	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	03/31/2020	DY5 Q4
Task 3. Collaborate with partners in selecting from this set of potential models developed above	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project
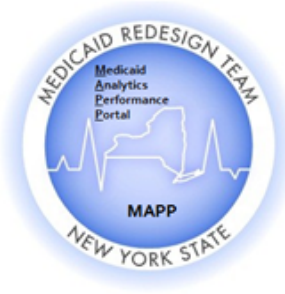
Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
culturally competent community-based organizations, as appropriate.							
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	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	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	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	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	03/31/2020	DY5 Q4
Task 5. Based on survey, create expansion plan including training.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

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

DSRIP Implementation Plan Project

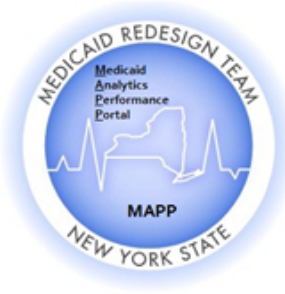**Montefiore Medical Center (PPS ID:19)**

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. 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.										
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.										

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)

Project 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. 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 2. Identify appropriate projects and care management services for specific patient segments										
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.)										
Task 4. Evaluate baseline performance on relevant Domain 2, 3 and										

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
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 5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts.										
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.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	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	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 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										

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 #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										
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										

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. 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 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.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0

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 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.										
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.										

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. 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 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.										

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 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.										
Task 5. Based on survey, create expansion plan including training.										

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 #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 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										

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 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.										
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.										

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 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 2. Identify appropriate projects and care management services for specific patient segments										
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.)										
Task 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 5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts.										
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.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	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

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	74	74	74	74	74	74	74	74	74
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 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										

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. 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										
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										

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
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.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	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										

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 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.										
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										

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 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 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.										

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. 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 Name	Description	Upload Date
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.	vkolonik	19_PMDL2003_1_1_20150728084054_LSCMinutes070915.docx	LSC Meeting Minutes. Upload to task 2.	07/28/2015 08:40 AM

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.	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
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	

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
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.	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

IPQR Module 2.a.i.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 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: 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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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.2 - Project Implementation Speed**

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	1,218	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	4,848	0	0	0	0	0	0	0	0	0	0
Clinics	57	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	30	0	0	0	0	0	0	0	0	0	0
Behavioral Health	476	0	0	0	0	0	0	0	0	0	0
Substance Abuse	33	0	0	0	0	0	0	0	0	0	0
Pharmacies	12	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	61	0	0	0	0	0	0	0	0	0	0
All Other	2,462	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**9,197**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	1,218	0	1,218	1,218	1,218	1,218	1,218	1,218	1,218	1,218	1,218
Non-PCP Practitioners	4,848	0	4,848	4,848	4,848	4,848	4,848	4,848	4,848	4,848	4,848
Clinics	57	0	57	57	57	57	57	57	57	57	57
Health Home / Care Management	30	0	30	30	30	30	30	30	30	30	30
Behavioral Health	476	0	476	476	476	476	476	476	476	476	476

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	33	0	33	33	33	33	33	33	33	33	33
Pharmacies	12	0	12	12	12	12	12	12	12	12	12
Community Based Organizations	61	0	61	61	61	61	61	61	61	61	61
All Other	2,462	0	2,462	2,462	2,462	2,462	2,462	2,462	2,462	2,462	2,462
Total Committed Providers	**9,197**	**0**	**9,197**	**9,197**	**9,197**	**9,197**	**9,197**	**9,197**	**9,197**	**9,197**	**9,197**
Percent Committed Providers(%)		**0.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

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.3 - Patient Engagement Speed**

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	8,407	10,974	13,541	13,451	26,902	47,078	67,254	16,814	33,627
Percent of Expected Patient Engagement(%)	**0.00**	**12.50**	**16.32**	**20.13**	**20.00**	**40.00**	**70.00**	**100.00**	**25.00**	**50.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	50,441	67,254	16,814	33,627	50,441	67,254	0	0	0	0
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

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Narrative Text :

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 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish the HH at Risk Workgroup (including at a minimum: HHs, PCPs, Hospitals, CBOs), sitting under Clinical Sub-committee.	Project		In Progress	06/01/2015	12/30/2015	12/31/2015	DY1 Q3
Task 2. In consultation with HH at Risk workgroup and Montefiore CMO define HH at Risk population	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Define the services to be provided to HH at Risk population. (Assessment, creation of Care plan, etc)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Task 7. Assess partner capability/desire to provide CM services	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Develop partner approach to CM - centralized vs. localized depending on assessment results, and clearly define roles of all parties (HHs, PCMH/APC	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and PCPs)							
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	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	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	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	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	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards	Provider	Primary Care Physicians	On Hold	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		On Hold	08/01/2015	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	12/31/2015	DY1 Q3
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

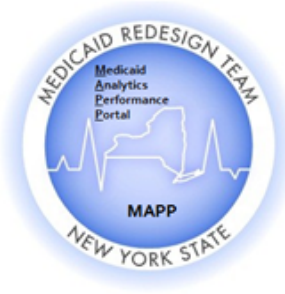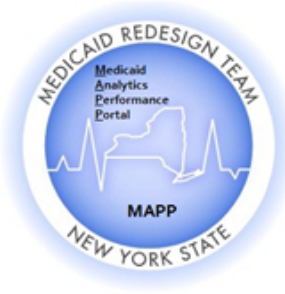**Montefiore Medical Center (PPS ID:19)**

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	On Hold	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 Primary Care Physicians	On Hold	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 Non-PCP Practitioners	On Hold	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 Health Home / Care Management	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	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	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	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

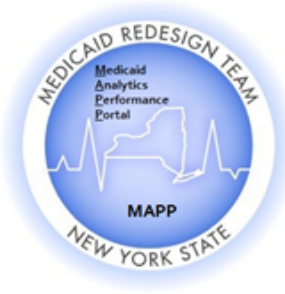### Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1.Define scope and assess eligible participating partners	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
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	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	03/31/2020	DY5 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Task 1. Assess current level of connectivity across PPS (refresh of survey completed in Feb. 2015)	Project		In Progress	04/01/2015	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	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	03/31/2020	DY5 Q4
Task 4. Utilize data available on attributed population to begin creating relevant	Project		On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	Project	N/A	In Progress	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	03/31/2020	DY5 Q4
Task 1. Convene HH at Risk Workgroup to participate in the development of standardized assessment and care plan elements	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	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	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	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Each identified PCP establish partnerships with the local Health Home for care management services.	Provider	Primary Care Physicians	On Hold	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	Health Home / Care Management	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has established partnerships to medical, behavioral health, and social services.	Provider	Health Home / Care Management	On Hold	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	03/31/2020	DY5 Q4
Task 1.Review CHNA to assess shortages of community resources i.e. (transportation providers, peer resources, transitional housing)	Project		In Progress	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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4. Establish communication links between PCP and behavioral health providers/social services (e.g. community forum, formal networks)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 1. HH at Risk Workgroup (to include social services agencies) establishes regularly scheduled formal meetings	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. HH at Risk workgroup identifies patient populations for which evidence	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

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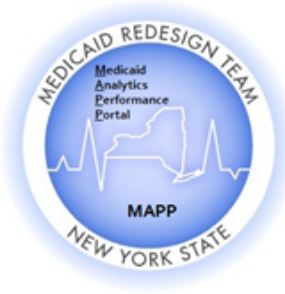
Montefiore Medical Center (PPS ID:19)

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										
Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										
Task 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										

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										

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. 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.										
Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient										

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)

Project 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, 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										
Task 4. Develop policies and procedures detailing protocols for initiating outreach, assessments used, and for interoperability										

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 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 departments).										

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 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.										

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 has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented.										
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.										
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.										
Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases.										
Task 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										

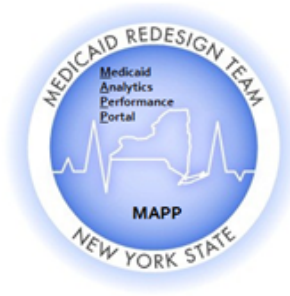| Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.										
Task A clear strategic plan is in place which includes, at a minimum:										

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
- Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHs										
Task 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										
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,										

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
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 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

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 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										
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)										

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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 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 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.										

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. 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										
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										

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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)

Project 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 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
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										

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
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 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										

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
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 Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

Milestone 5: There are no work steps identified toward achieving this milestone beyond noting the need to identify and track patients. The IA suggests that detailed work steps be provided for implementing population health management through IT platforms.

Milestone 6: Management of patient progress is not evident in tasks. The IA suggest including a methods to track progress of current patients & to identify eligible patients not yet receiving Health Home At-Risk Intervention Program.

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

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DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

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.2 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Expected Number of Medical Villages Established	7	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Expected Number of Medical Villages Established	7	0	0	0	7	7	7	7	7	7	7
Total Committed Providers	**7**	**0**	**0**	**0**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
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Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 2.a.iv.3 - Patient Engagement Speed**

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	464	6,960	928	1,392	2,784	6,264	9,744	4,176	8,352
Percent of Expected Patient Engagement(%)	**0.00**	**2.50**	**37.50**	**5.00**	**7.50**	**15.00**	**33.75**	**52.50**	**22.50**	**45.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	13,456	18,560	6,496	12,992	15,776	18,560	0	0	0	0
Percent of Expected Patient Engagement(%)	**72.50**	**100.00**	**35.00**	**70.00**	**85.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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.4 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 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	09/30/2018	DY4 Q2
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 1. Engage partner hospitals to discuss the co-creation of the future state vision.	Project		Completed	04/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task 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	06/30/2015	DY1 Q1
Task 3. Conduct preliminary partner baseline financial evaluation	Project		Completed	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task 4. Support partners in submitting requests for CRFP funding.	Project		Completed	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
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	03/31/2018	DY3 Q4
Task 6. Develop strategic program plan including population projections, partner	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Identify pilot sites and project champions for each site and establish regularly scheduled meetings.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 11. Finalize strategic plan .	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Task 15. Collect and assess feedback from pilot sites and modify the plan as appropriate	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Replicate steps with next wave/s of Medical Village sites	Project		On Hold	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Model financial implications of bed reduction scenarios to inform sustainability plan.	Project		On Hold	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Primary Care Physicians	On Hold	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 level 3 certification for all relevant providers	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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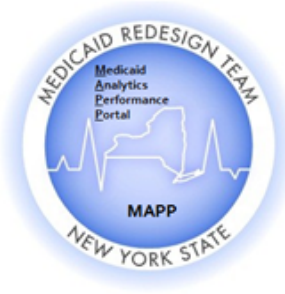
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 5. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	On Hold	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 Behavioral Health	On Hold	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		On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	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	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the	Project	N/A	On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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		On Hold	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	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	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	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	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	03/31/2020	DY5 Q4
Task 1.Define scope and assess eligible participating partners	Project		On Hold	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	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	03/31/2020	DY5 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption	Project		On Hold	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	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project
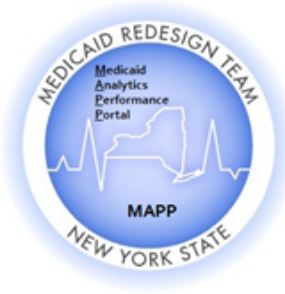
Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4
Task 1. Review CNA to identify deficiencies in services	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 4. Develop communications plan to engage media and create community awareness	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.										
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task Project must reflect community involvement in the development and the specific activities that will be undertaken										

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
during the project term.										
Task 1. Engage partner hospitals to discuss the co-creation of the future state vision.										
Task 2. Conduct preliminary facility surveys to assess suitability of space for potential uses and estimated required capital.										
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										

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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
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 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

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. 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
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										

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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)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
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										
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										

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 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.										
Task 4. Develop communications plan to engage media and create community awareness										

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

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
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										
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										

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
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)										
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.										

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)

Project 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 #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
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.										

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.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										
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										

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
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.										
Task 4. Develop communications plan to engage media and create community awareness										

Prescribed Milestones Current File Uploads

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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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-	

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
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)

☑ **IPQR Module 2.a.iv.5 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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.6 - IA Monitoring

Instructions :

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 VAPAP financial sustainability analysis. Overlap in ED Care Triage and Medical Village b) PPS will work with ER operations staff to help identify

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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)

Page 204 of 405

Run Date : 09/24/2015

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.

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.2 - Project Implementation Speed**

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Emergency Departments with Care Triage	10	0	0	0	0	0	0	0	0	0	10
Total Committed Providers	**10**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**10**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Emergency Departments with Care Triage	10	10	10	10	10	10	10	10	10	10	10
Total Committed Providers	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects based on attributed membership and partner readiness.

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.3 - Patient Engagement Speed

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	252	379	505	631	1,262	2,019	2,776	975	1,943
Percent of Expected Patient Engagement(%)	**0.00**	**4.98**	**7.49**	**9.99**	**12.48**	**24.96**	**39.92**	**54.89**	**19.28**	**38.42**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	3,500	5,057	1,767	3,534	4,296	5,057	0	0	0	0
Percent of Expected Patient Engagement(%)	**69.21**	**100.00**	**34.94**	**69.88**	**84.95**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	Project	N/A	In Progress	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	09/30/2017	DY3 Q2
Task 1. Analyze member claims data to identify ED utilization patterns and to identify hotspots	Project		In Progress	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		In Progress	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		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Conduct ED partner site visits to identify existing program in place and assess readiness for changes	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Convene ED Care Triage Workgroup (Hospitals, PCPs, HHs, CBOs, CMO)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Based on review of site visits, identify Pilot site/s to implement project.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Access existing workflows and navigator like roles at pilot site/s, identify opportunities for improvement and share best practice	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Create a staffing plan including job descriptions and role-specific competencies for care transition staff and suggested staffing ratios	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 12. In consultation with Workforce lead, create a curriculum for care transition staff training	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task 15. Establish guidelines on how to collect and report care transition metrics for DSRIP reporting purposes	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Roll out ED Care Triage model at pilot sites	Project		On Hold	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	03/31/2020	DY5 Q4
Task 18. Convene learning collaboratives to collect feedback and modify tools/workflows as necessary	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
c. Ensure real time notification to a Health Home care manager as applicable							
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Primary Care Physicians	On Hold	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	03/31/2020	DY5 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Hospitals	On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 8. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	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)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Present toolkit to the Clinical Quality Sub-Committee for comment	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop in consultation with Workgroup Sub-Committee, job descriptions for	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Disseminate policies and procedures detailing diversion protocols and documentation for reporting purposes, to include ability to support ENS	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Monitor pilot sites compliance with program protocols, policies and procedures	Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	Provider	Safety Net Hospitals	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. ED Care Triage Workgroup will develop criteria to identify members that have non emergent conditions (assessments)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. ED Care Triage Workgroup with clinical project champions will document protocols for diversion after initial assessment	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3.Present assessment and diversion protocols to Clinical Quality Sub-Committee for comment	Project		On Hold	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	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	03/31/2020	DY5 Q4
Task 6. Convene meetings with MCOs to discuss diversion and transport. Discuss	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	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	03/31/2020	DY5 Q4
Task 3. Develop a plan to implement additional technology identified as well as refining data analytics process for population management activities	Project		On Hold	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	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 3. Define key roles for ED Care Triage Workgroup participation and recruit to identify appropriate representation of partners to										

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
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.										
Task 14. In consultation with Director of Workforce and Training and										

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
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										
Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	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 Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	0	0	0	0	0	0	0
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	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										

NYS Confidentiality – **High**

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
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 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										
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										

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)

Project 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 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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	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 Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	0	0	0	0	0	0	0
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	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 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										

NYS Confidentiality – **High**

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 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										
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).										
Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support										

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
resources is in place.										
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										

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
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 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 Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

✅ **IPQR Module 2.b.iii.5 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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.6 - IA Monitoring

Instructions :

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.

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.2 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	1,194	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	4,618	0	0	0	0	0	0	0	0	0	0
Clinics	57	0	0	0	0	0	0	0	0	0	0
Behavioral Health	482	0	0	0	0	0	0	0	0	0	0
Substance Abuse	33	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	96	0	0	0	0	0	0	0	0	0	0
All Other	2,358	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**8,838**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	1,194	0	1,194	1,194	1,194	1,194	1,194	1,194	1,194	1,194	1,194
Non-PCP Practitioners	4,618	0	4,618	4,618	4,618	4,618	4,618	4,618	4,618	4,618	4,618
Clinics	57	0	57	57	57	57	57	57	57	57	57
Behavioral Health	482	0	482	482	482	482	482	482	482	482	482
Substance Abuse	33	0	33	33	33	33	33	33	33	33	33
Community Based Organizations	96	0	96	96	96	96	96	96	96	96	96
All Other	2,358	0	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358	2,358

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	8,838	0	8,838	8,838	8,838	8,838	8,838	8,838	8,838	8,838	8,838
Percent Committed Providers(%)		0.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

User ID	File Name	File Description	Upload Date
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Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	66,867	40,120	13,373	13,374	26,747	50,151	73,554	25,744	51,487
Percent of Expected Patient Engagement(%)	**0.00**	**50.00**	**30.00**	**10.00**	**10.00**	**20.00**	**37.50**	**55.00**	**19.25**	**38.50**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	92,611	133,734	46,807	93,614	113,674	133,734	0	0	0	0
Percent of Expected Patient Engagement(%)	**69.25**	**100.00**	**35.00**	**70.00**	**85.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

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Narrative Text :

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

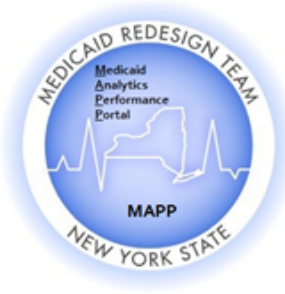✅ **IPQR Module 3.a.i.4 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Practices will complete inventory of available and needed resources to support onsite behavioral health co-location		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Primary care practices will develop alliances with behavioral health service providers leading to partnership contracts for service co-location.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. PPS will survey practice sites to understand current screening protocols and workflows		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 4. Practices will identify and train personnel who will administer and document screening.		Project		On Hold	04/01/2015	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	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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Milestone #5	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Co-locate primary care services at behavioral health sites.								
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Behavioral Health clinics will complete inventory of available and needed resources to support onsite primary care co-location services		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Behavioral health clinics will develop alliances with primary care providers or clinics leading to partnership contracts for service co-location.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. PPS will assist Article 31 clinics in obtaining regulatory relief that		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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 process.	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health	Model 2	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

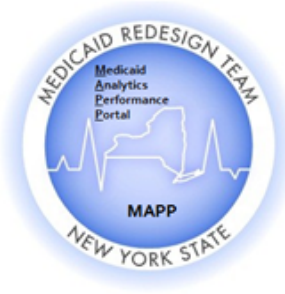## Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.								
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Screenings are documented in Electronic Health Record.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. PPS will survey behavioral health clinics to understand current behavioral health and medical screening protocols and workflows.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
screening.								
Task 7. PPS will provide guidelines for assessing and reporting on screener competency.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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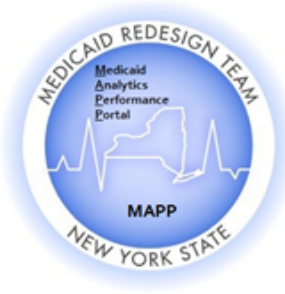
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Practices will complete inventory of available and needed resources to support IMPACT model implementation.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. PPS provides information and required training toolkits on the IMPACT model to PCPs, depression care managers and consulting psychiatrists.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. PPS will provide guidance to integrated practices regarding the completion of collaborative agreements with outpatient specialty		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 10. Collaborate on the development of statewide repository for best practices and implementation toolkits, for sharing effective strategies and solutions for overcoming barriers		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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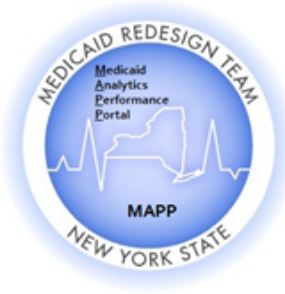
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 3. PPS will develop training and clinical assessment materials to ensure fidelity with IMPACT model		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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..		Project		On Hold	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	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	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	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	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	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – **High**

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

DSRIP Implementation Plan Project
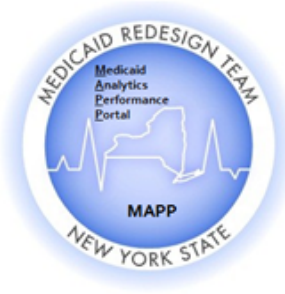
Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. PPS will survey primary care practice sites to understand current screening protocols and workflows		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. 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	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		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
not improving as per the model.								
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	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	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										

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
collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, 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).										

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 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 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.										

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. 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.										
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.										

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. 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 process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task 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 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 3. Build a region wide learning collaborative to facilitate										

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
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 #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
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										

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
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										
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										

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
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. 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										

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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)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
health 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, 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										

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
integration including stepped treatment, medication management, brief therapy modalities, and care engagement processes. Meetings will occur at regular intervals and ad hoc.										
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										

NYS Confidentiality – **High**

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
for Depression Care Managers, including train the trainer programs, to ensure maintenance of a skilled behavioral health team over time.										
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										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
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										
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										

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 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 suggested timeline of steps and disseminates to primary care practices										
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.										
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.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 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										

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
entities.										
Task 2. PPS to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants.										
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.										
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										
Task 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 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	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										

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
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, 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										

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 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
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.										

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 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 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.										

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 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.										
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.										

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 #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task 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 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 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 #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										

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 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 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										

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)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.										
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.										

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 #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 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										

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 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.										
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.										

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 #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.										
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										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										

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. 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 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										

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
patient after 10-12 weeks after start of treatment plan.										
Task 1. IMPACT work group develops a stepped-care model including suggested timeline of steps and disseminates to primary care practices										
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.										
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.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 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 to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants.										
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.										
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										

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
a regular basis										
Task 5. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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.5 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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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	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

Model 3, Milestone 12: The IA recommends clarifying tasks to demonstrate IMPACT intent to link a psychiatrist to a DCM

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

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Montefiore Medical Center (PPS ID:19)

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

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.2 - Project Implementation Speed**

Instructions :

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

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected Number of Crisis Intervention Programs Established	7	0	0	0	0	0	0	0	7	7	7
Total Committed Providers	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**7**	**7**	**7**
Percent Committed Providers(%)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00	100.00	100.00

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected Number of Crisis Intervention Programs Established	7	7	7	7	7	7	7	7	7	7	7
Total Committed Providers	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

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Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

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.3 - Patient Engagement Speed**

Instructions :

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

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

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	3,159	3,385	3,611	3,160	6,319	12,186	18,053	6,319	12,637
Percent of Expected Patient Engagement(%)	**0.00**	**17.50**	**18.75**	**20.00**	**17.50**	**35.00**	**67.50**	**100.00**	**35.00**	**70.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	15,345	18,053	6,319	12,637	15,345	18,053	0	0	0	0
Percent of Expected Patient Engagement(%)	**85.00**	**100.00**	**35.00**	**70.00**	**85.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	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	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	09/30/2015	DY1 Q2
Task 2. Convene the HRD Crisis Leadership Group	Project		Completed	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Review county and partners crisis services	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5.Assess existing services to identify gaps	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 7. Develop plan to fill gaps	Project		On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

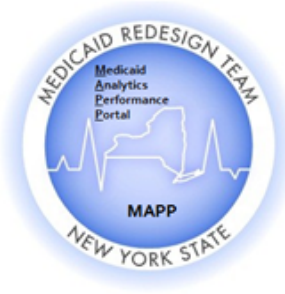## Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	03/31/2020	DY5 Q4
Task 1. Engage Local Government Units/County Mental Health Departments (7 Counties) in Cross PPS Collaborative effort.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. In collaboration with other PPSs, meet with counties, health homes, partners and hospitals (ER) to review status of existing diversion protocols	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 4. Agreement reached on protocols	Project		On Hold	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	03/31/2020	DY5 Q4
Task 6. Document diversion protocols	Project		On Hold	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Convene partners to solicit feedback and refine protocols as necessary,	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Develop case based business models to engage MCOs in discussions to	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

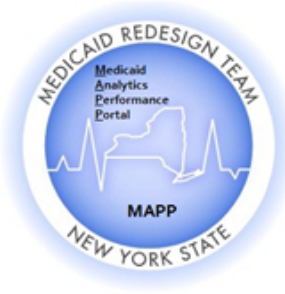**Montefiore Medical Center (PPS ID:19)**

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	On Hold	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	03/31/2020	DY5 Q4
Task Coordinated treatment care protocols are in place.	Project		On Hold	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	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	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	03/31/2020	DY5 Q4
Task 4. Plan phased role out of protocols	Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	Provider	Safety Net Hospitals	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement areas, and implements improvement steps.							
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	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	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	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	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	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 Hospitals	On Hold	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 Clinics	On Hold	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 Behavioral Health	On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

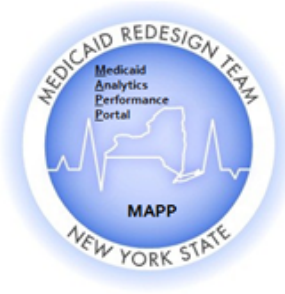### DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access							
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	On Hold	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	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	03/31/2020	DY5 Q4
Task 1. Identify community mobile crisis teams currently available in each of our seven county regions.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Review current evidence based mobile-crisis protocols	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 4. Obtain agreement on protocols	Project		On Hold	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	03/31/2020	DY5 Q4
Task 6. Begin implementation of protocols	Project		On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Milestone #8	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

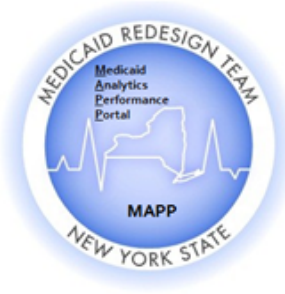## Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.							
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		On Hold	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 Primary Care Physicians	On Hold	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 Non-PCP Practitioners	On Hold	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 Hospitals	On Hold	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 Behavioral Health	On Hold	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	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	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	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	03/31/2020	DY5 Q4
Milestone #9 Establish central triage service with agreements among participating	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
psychiatrists, mental health, behavioral health, and substance abuse providers.							
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Conduct gap analysis	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Explore opportunities to address gaps	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.							
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 5. Evaluate qualty metrics and establish a process to capture , analyze and report to Committee and stakeholders	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. 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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

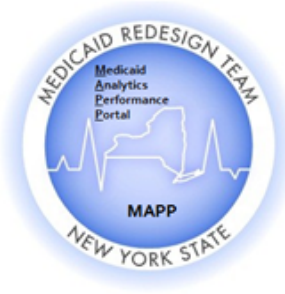### Montefiore Medical Center (PPS ID:19)

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

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 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 2. Convene the HRD Crisis Leadership Group										
Task 3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services.										
Task 4. Review county and partners crisis services										
Task 5.Assess existing services to identify gaps										
Task 6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services										

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 7. Develop plan to fill gaps										
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.)										
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										

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
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 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.										

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 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
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										
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.										
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										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	0	0	0
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	0	0	0
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	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. 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 2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access										
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.										
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.										

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. 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.										
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										

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)

Project 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. 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 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.										

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 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.										
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										

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
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.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 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 2. Convene the HRD Crisis Leadership Group										
Task 3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services.										
Task 4. Review county and partners crisis services										
Task 5.Assess existing services to identify gaps										
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
6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services										
Task 7. Develop plan to fill gaps										
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.)										
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,										

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 #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 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										

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
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
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										
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.										
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										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	0	0	0
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	0	0	0
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment,	0	0	0	0	0	0	0	0	0	0

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
geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
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.										
Task 2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access										
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.										
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										

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
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.										
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										

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 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 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										

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 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.										
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										

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. 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 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	

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
project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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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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.b.i.2 - Project Implementation Speed**

Instructions :

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

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	**DY1,Q2**	**DY1,Q3**	**DY1,Q4**	**DY2,Q1**	**DY2,Q2**	**DY2,Q3**	**DY2,Q4**	**DY3,Q1**	**DY3,Q2**
Primary Care Physicians	1,242	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	4,603	0	0	0	0	0	0	0	0	0	0
Clinics	57	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	27	0	0	0	0	0	0	0	0	0	0
Behavioral Health	433	0	0	0	0	0	0	0	0	0	0
Substance Abuse	33	0	0	0	0	0	0	0	0	0	0
Pharmacies	12	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	35	0	0	0	0	0	0	0	0	0	0
All Other	2,389	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**8,831**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Primary Care Physicians	1,242	0	1,242	1,242	1,242	1,242	1,242	1,242	1,242	1,242	1,242
Non-PCP Practitioners	4,603	0	4,603	4,603	4,603	4,603	4,603	4,603	4,603	4,603	4,603
Clinics	57	0	57	57	57	57	57	57	57	57	57
Health Home / Care Management	27	0	27	27	27	27	27	27	27	27	27
Behavioral Health	433	0	433	433	433	433	433	433	433	433	433

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Substance Abuse	33	0	33	33	33	33	33	33	33	33	33
Pharmacies	12	0	12	12	12	12	12	12	12	12	12
Community Based Organizations	35	0	35	35	35	35	35	35	35	35	35
All Other	2,389	0	2,389	2,389	2,389	2,389	2,389	2,389	2,389	2,389	2,389
Total Committed Providers	**8,831**	**0**	**8,831**	**8,831**	**8,831**	**8,831**	**8,831**	**8,831**	**8,831**	**8,831**	**8,831**
Percent Committed Providers(%)		**0.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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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.b.i.3 - Patient Engagement Speed**

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	29,412

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	4,412	5,148	5,883	2,059	4,118	10,883	17,648	6,177	12,353
Percent of Expected Patient Engagement(%)	**0.00**	**15.00**	**17.50**	**20.00**	**7.00**	**14.00**	**37.00**	**60.00**	**21.00**	**42.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	20,883	29,412	10,295	20,589	25,001	29,412	0	0	0	0
Percent of Expected Patient Engagement(%)	**71.00**	**100.00**	**35.00**	**70.00**	**85.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
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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.b.i.4 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	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	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	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		In Progress	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 3. Conduct outreach to partners with experience implementing Million Hearts to identify champions to guide project planning.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Implement the approved action plan a pilot early adopter site utilizing PDSA approach.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 8. Monitor ongoing performance, analyze clinical and operational outcomes.	Project		On Hold	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	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	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	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2018	DY3 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	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	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	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	03/31/2020	DY5 Q4
Milestone #3	Project	N/A	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4

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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)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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).	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Primary Care Physicians	On Hold	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	12/31/2015	DY1 Q3
Task 2. Assess current level of connectivity and EHR usage by provider site across PPS	Project		On Hold	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	03/31/2020	DY5 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption	Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #4 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	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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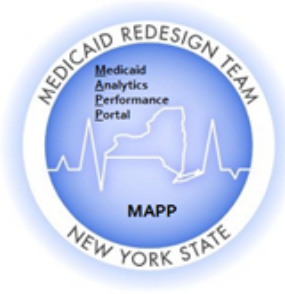
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project	N/A	On Hold	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	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	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	03/31/2020	DY5 Q4
Task 2. Develop PPS guidelines for embedded automated prompts related to each project and data points that will need to be captured for reporting.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Work with clinical leadership to support performance improvement initiatives to support practice level improvement.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Assess and plan for technical assistance and other resources as needed for implementation.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for implementation across PPS.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		On Hold	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	03/31/2020	DY5 Q4
Task 1. Identify participating sites that utilize a care coordination team from the current state assessment.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4.Project workgroup will develop care coordination models that incorporate a patient centered approach to managing HTN.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Identify partner organizations to champion and pilot new model for improved care coordination assuring proper representation from a multidisciplinary team	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Collaborate with workforce sub-committee to identify staffing gaps in model	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 8. Develop and implement policies and procedures to support and sustain	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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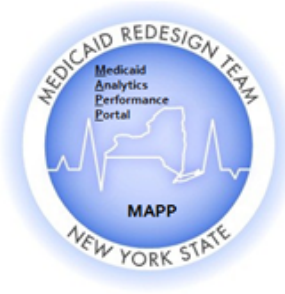
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	Primary Care Physicians	On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	03/31/2020	DY5 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
correctly with the correct equipment.							
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	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	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	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	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	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	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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 readings but do not have a diagnosis of hypertension.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Support practices in implementation of recommendations through learning collaboratives	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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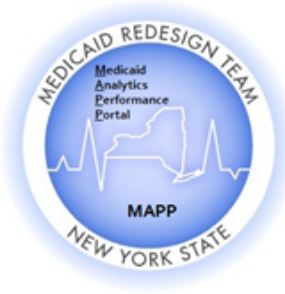
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project	N/A	On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	03/31/2020	DY5 Q4
Task 6. Implement continuous quality improvement processes to assure consistent adherence to the new guidelines by providers at the participating practices.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Udate HTN medication algorithms as needed to support changes in clinical evidence.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Self-management goals are documented in the clinical record.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	03/31/2020	DY5 Q4
Task 1. Identify best practices for identification and follow up of Self Management Goals.	Project		On Hold	04/01/2015	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	03/31/2020	DY5 Q4
Task 3. Identify relevant training and curriculum development resources.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Develop feedback mechanisms for accountability and continuous quality improvement.	Project		On Hold	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	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	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	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	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	12/31/2015	DY1 Q3
Task 4. Develop process to ensure that database is updated regularly.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Define the process and requirements for referral	Project		On Hold	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	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	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	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	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	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project
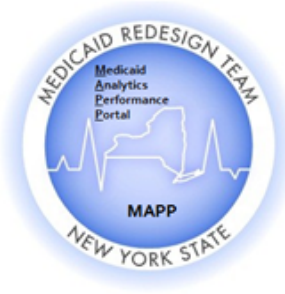
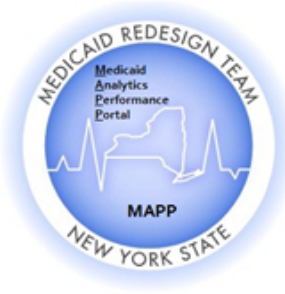**Montefiore Medical Center (PPS ID:19)**

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	03/31/2020	DY5 Q4
Task 1. Profile best practices, across PPS partners regarding home BP monitoring, warm referrals and follow-up.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Identify minimal and recommended protocols to satisfy project requirements.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Conduct training to share self monitoring and follow up protocols with practice sites.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 4. Develop feedback mechanisms for accountability and continuous quality	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement.							
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Project	N/A	In Progress	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	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	03/31/2017	DY2 Q4
Task 2. Identify current state of referrals to NYS Quit line and follow-up policies and procedures.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	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	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 4. Identify a list of organizations (Providers and CBOs) providing Stanford	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	03/31/2020	DY5 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	Project	N/A	On Hold	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	Primary Care Physicians	On Hold	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	Non-PCP Practitioners	On Hold	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	Behavioral Health	On Hold	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Identify relevant patient self management support tools for inclusion in COP.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Review Action Guide related to HTN and Self Blood Pressure Measurement (SBPM) to incorporate into guidelines/protocols.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows.	Project		On Hold	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	03/31/2020	DY5 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
affected population to coordinate services under this project.							
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		On Hold	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Primary Care Physicians	On Hold	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	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	03/31/2020	DY5 Q4
Task	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.							

Project 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.										
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										

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
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										
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										

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 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 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 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										

NYS Confidentiality – High

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
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 #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 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 2. Develop PPS guidelines for embedded automated prompts 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.										
Task 4. Assess and plan for technical assistance and other resources as needed for implementation.										
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.										
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.										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										

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 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 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 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 3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for 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.										
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.										
Task 6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status.										
Task 7. Implement new guidelines at pilot site/s utilizing the PDSA approach.										
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										

NYS Confidentiality – **High**

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
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 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										

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. 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 competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards).										
Task 5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and										

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
equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.										
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.										
Task 3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment.										
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 readings but do not have a diagnosis of hypertension.										
Task 3. Support practices in implementation of recommendations through learning collaboratives										

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. 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.										
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.										

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 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.										
Task 10. Develop role specific competency standards for each staff and implement process for evaluating staff competency at										

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
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 Develop and implement protocols for home blood pressure monitoring with follow up support.										

NYS Confidentiality – **High**

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 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 registries)										
Task 3. Conduct periodic learning collaboratives with sites to share										

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
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.										
Task 2. Identify alternative care centers (churches, barber shops etc.) to address shortages of services and reach difficult to reach populations as needed.										

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. 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 Measurement (SBPM) to incorporate into guidelines/protocols.										
Task 4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows.										

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. 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 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Convene monthly meetings with PPS leadership and MCO's.										
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.										
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.										
Task 4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and disease.										
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.										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										

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

DSRIP Implementation Plan Project

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 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.										
Task 6. In collaboration with the practice team at the early adopter sites, designate a project champion, complete a gap analysis										

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
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										
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as										

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
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 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements requirements to track										

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
actively engaged patients aligned 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 #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 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 2. Develop PPS guidelines for embedded automated prompts 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.										
Task 4. Assess and plan for technical assistance and other resources as needed for implementation.										
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.										

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 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 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task 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 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 3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for 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.										
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.										
Task 6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status.										
Task 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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	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.										
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										

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
model for improved care coordination assuring proper representation 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.										

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
Pressure Down. education program. And distribute culturally competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards).										
Task 5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.										
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.										
Task 3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment.										

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. 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 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.										

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 7. Udate HTN medication algorithms as needed to support changes in clinical evidence.										
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.										

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)

Project 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 9. Develop capacity within partnering organizations and CBO's to deliver culturally competent SMS training through development and implementation of "Train the Trainer" programming.										
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										

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)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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 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.										

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. 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 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										

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
partnerships with community-based organizations.										
Task 1. Use claims data to analyze "hot spot" areas for outreach as needed.										
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										

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)

Project 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 relevant patient self management support tools for inclusion in COP.										
Task 3. Review Action Guide related to HTN and Self Blood Pressure Measurement (SBPM) to incorporate into guidelines/protocols.										
Task 4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows.										
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.										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Convene monthly meetings with PPS leadership and MCO's.										
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.										
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.										
Task 4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and 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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	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.										
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 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.	

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 EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 3.b.i.5 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ IPQR Module 3.d.iii.2 - Project Implementation Speed

Instructions :

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

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	984	0	0	0	0	0	0	0	984	984	984
Non-PCP Practitioners	2,548	0	0	0	0	0	0	0	2,548	2,548	2,548
Clinics	57	0	0	0	0	0	0	0	57	57	57
Health Home / Care Management	27	0	0	0	0	0	0	0	27	27	27
Pharmacies	12	0	0	0	0	0	0	0	12	12	12
Community Based Organizations	35	0	0	0	0	0	0	0	35	35	35
All Other	2,369	0	0	0	0	0	0	0	2,369	2,369	2,369
Total Committed Providers	**6,032**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6,032**	**6,032**	**6,032**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	984	984	984	984	984	984	984	984	984	984	984
Non-PCP Practitioners	2,548	2,548	2,548	2,548	2,548	2,548	2,548	2,548	2,548	2,548	2,548
Clinics	57	57	57	57	57	57	57	57	57	57	57
Health Home / Care Management	27	27	27	27	27	27	27	27	27	27	27
Pharmacies	12	12	12	12	12	12	12	12	12	12	12
Community Based Organizations	35	35	35	35	35	35	35	35	35	35	35
All Other	2,369	2,369	2,369	2,369	2,369	2,369	2,369	2,369	2,369	2,369	2,369

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	**DY3,Q4**	**DY4,Q1**	**DY4,Q2**	**DY4,Q3**	**DY4,Q4**	**DY5,Q1**	**DY5,Q2**	**DY5,Q3**	**DY5,Q4**
Total Committed Providers	6,032	6,032	6,032	6,032	6,032	6,032	6,032	6,032	6,032	6,032	6,032
Percent Committed Providers(%)		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

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Narrative Text :

MHVC is unable to provide provider ramp up, as we are currently assessing partner capabilities. Additionally we are building out our phased in strategy for our projects, based on attributed membership and partner readiness.

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q4	13,344

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	2,335	2,836	3,336	3,336	6,672	10,008	13,344	3,336	6,672
Percent of Expected Patient Engagement(%)	**0.00**	**17.50**	**21.25**	**25.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	10,008	13,344	3,336	6,672	10,008	13,344	0	0	0	0
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date
No Records Found			

Narrative Text :

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 - Prescribed Milestones**

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Project	N/A	In Progress	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	03/31/2017	DY2 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.	Provider	Primary Care Physicians	On Hold	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	Non-PCP Practitioners	On Hold	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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Project		On Hold	09/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	07/15/2015	12/31/2015	12/31/2015	DY1 Q3

NYS Confidentiality – **High**

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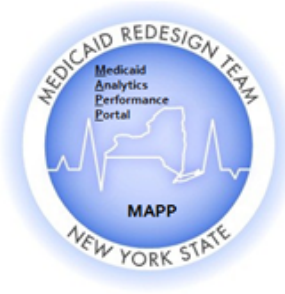
DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. Review the Community Needs Assessment and identify areas for targeted "hotspotting".	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Review partner survey data to access current state.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Establish cross walk between PPS projects. (asthma, ED Care Triage, HH at risk and 2.ai.) to ease implementation.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 11. Engage pilot site/s within a "hot spot" to participate in a pilot of Evidence Based Asthma Management Protocols Implementation	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 13. Draft project addendums with guidelines for implementation of asthma evidenced based guidelines.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Implement the approved action plan at the pilot participating provider site utilizing PDSA quality improvement approach.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 15. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 16. Create a process to identify barriers (inability to afford inhalers, transportation, education) to effective stepped-care evidence based asthma	Project		On Hold	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
management.							
Task 17. Spread successful model to other hotspotted areas and to other partnering organizations. (Phase 1 providers followed by Phase 2)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Agreements with asthma specialists and asthma educators are established.	Project		On Hold	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 Primary Care Physicians	On Hold	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 Non-PCP Practitioners	On Hold	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: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Assess data sharing requirements, HIE connectivity and QE data sharing capabilities	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Access providers experience with telemedicine and innovation as part of readiness assessment.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 4. Convene Asthma Project workgroup to review and agree to adopt Evidence Based Asthma guidelines.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Create a list of participating asthma and allergy specialists in the PPS	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

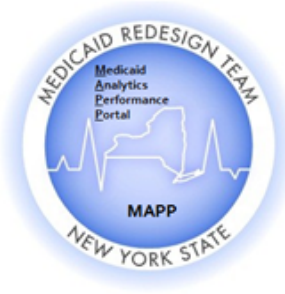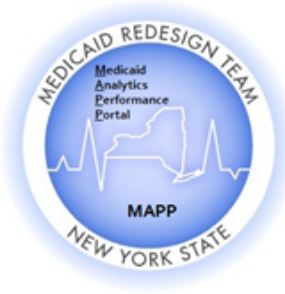**Montefiore Medical Center (PPS ID:19)**

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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 and patient centered asthma care in the community.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 8. Present guidelines to Clinical Quality Sub-Committee for approval to facilitate timely adoption of PPS preferred guidelines.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 9. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 12. Facilitate conversations with MCOs regarding Telemedicine pilot and piloting payment models as we bridge to value based purchasing.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 13. Initiate outreach to organizations that have not begun process of sharing information with RHIO	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 14. Implement a process of addressing continuous improvement and training utilizing learning collaboratives	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Participating providers receive training in evidence-based asthma management.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Engage experienced stakeholder organizations as leads to share best practice experience (Provider Engagement)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Coordinate provider training about Self Management support theory to support patient centered goal setting and guide asthma action planning (teach back)	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Survey participating practitioners current utilization of Expert Panel Review-3 (EPR-3) guidelines for managing patients with asthma.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 4. Asthma Workgroup in collaboration with asthma specialists will develop/adopt evidence-based asthma protocols, care pathways.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Develop training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Conduct periodic educational sessions at participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	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	03/31/2020	DY5 Q4
Task 2. Convene monthly meetings with PPS Leadership and MCOs.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. Ensure ongoing involvement of MCOs in coordinating above services to	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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 community.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 3. 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	03/31/2020	DY5 Q4
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	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		On Hold	04/01/2015	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	03/31/2020	DY5 Q4
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.	Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

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										

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
document 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										

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
asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.										
Task Agreements with asthma specialists and asthma educators are established.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	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: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability										
Task 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										

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
Based Guidelines and support a comprehensive, coordinated 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										

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
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.										
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										

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
homes, care manager, PCPSs and specialty providers for care coordination/management for asthma management in the community.										
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 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.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-										

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
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 to the PPS Clinical Quality Sub-Committee for review.										

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 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 management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.										

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 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: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability										
Task 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 and patient centered asthma care in the community.										

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 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 action planning (teach back)										

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. 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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
community.										
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 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 Name	Description	Upload Date

No Records Found

NYS Confidentiality – **High**

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	
Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	
Deliver educational activities addressing asthma management to participating primary care providers.	
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

☑ **IPQR Module 3.d.iii.5 - PPS Defined Milestones**

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

Instructions :

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 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 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	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	09/30/2015	DY1 Q2
Task 2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign	On Hold	2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task	On Hold	5. Set up Private group on MIX to share strategies for tobacco cessation. Consider	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
5. Set up Private group on MIX to share strategies for tobacco cessation. Consider making group public for statewide input.		making group public for statewide input.				
Task 6. Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach	On Hold	6. Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE	On Hold	7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Milestone 2. In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	On Hold	In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 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	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	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	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	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 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	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	On Hold	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	04/01/2015	03/31/2020	03/31/2020	DY5 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 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	03/31/2020	DY5 Q4
Task 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	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	03/31/2020	DY5 Q4
Milestone 4. In collaboration with HRDPHC partners,	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	03/31/2020	DY5 Q4

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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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods						
Task 1. Review current clinical guidance from USPHS	On Hold	1. Review current clinical guidance from USPHS	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	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	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	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	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	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 cessation medications	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	03/31/2020	DY5 Q4

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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	

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 - 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 - PPS Defined Milestones**

Instructions :

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

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 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	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)	On Hold	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)	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region	On Hold	2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	03/31/2020	DY5 Q4
Task 5. Develop a private group on MIX to share strategies for cancer prevention and	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	03/31/2020	DY5 Q4

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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)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
management. Consider making group public for statewide input.						
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4
Milestone 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	03/31/2020	DY5 Q4
Task 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.	On Hold	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.	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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	03/31/2020	DY5 Q4

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)

Milestone/Task Name	Status	Description	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	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	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	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	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	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	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	03/31/2020	DY5 Q4
Task 1. Work with QE as well as Health Departments as others to collect and analyze baseline rates of cancer screening conducted across the	On Hold	1. Work with QE as well as Health Departments as others to collect and analyze baseline rates of cancer screening conducted across the network.	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	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	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	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	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	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	03/31/2020	DY5 Q4

PPS Defined Milestones Current File Uploads

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

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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 Hudson Valley	
3. Develop strategies to increase provider and care team screening protocols and adherence	

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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)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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	

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 - IA Monitoring

Instructions :

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**.

Primary Lead PPS Provider:	MONTEFIORE MEDICAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	Lynn Richmond
Submission Date:	09/24/2015 02:49 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, Q1	Submitted	Lynn Richmond	lrichmon	09/24/2015 02:49 PM
DY1, Q1	Returned	Lynn Richmond	sv590918	09/08/2015 07:51 AM
DY1, Q1	Submitted	Lynn Richmond	lrichmon	08/07/2015 09:11 AM
DY1, Q1	In Process		system	07/01/2015 12:12 AM

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**
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:51 AM

Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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

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