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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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Quarterly Report - Implementation Plan for The New York and Presbyterian Hospital

Year and Quarter: DY1, Q2 **Quarterly Report Status:** Adjudicated

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.b.i	Ambulatory Intensive Care Units (ICUs)	Completed
2.b.iii	ED care triage for at-risk populations	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.ii	Behavioral health community crisis stabilization services	Completed
3.e.i	Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations - development of a Center of Excellence for Management of HIV/AIDS	Completed
3.g.i	Integration of palliative care into the PCMH Model	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed
4.c.i	Decrease HIV morbidity	Completed

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Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline)

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	7,720,977	8,228,024	13,305,747	11,782,188	7,720,977	48,757,912
Cost of Project Implementation & Administration	**3,828,259**	**7,932,544**	**10,162,164**	**9,621,170**	**8,355,621**	**39,899,758**
Administration and Overhead	988,255	1,348,822	1,885,735	1,781,823	1,538,091	7,542,726
Project Implementation (NYP and Network Members)	2,721,206	6,320,252	7,426,177	6,826,319	5,794,114	29,088,068
Increased Program Capacity	118,798	263,470	850,252	1,013,028	1,023,416	3,268,964
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**297,131**	**3,132,186**	**2,145,218**	**4,341,421**	**9,915,956**
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0	297,131	3,132,186	2,145,218	4,341,421	9,915,956
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**	**0**
Contingency Fund	0	0	0	0	0	0
Total Expenditures	**3,828,259**	**8,229,675**	**13,294,350**	**11,766,388**	**12,697,042**	**49,815,714**
Undistributed Revenue	**3,892,718**	**0**	**11,397**	**15,800**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012		39_MDL0105_1_1_20150804013137_NYP_PPS_Budget_FundsFlow_Supporting Document.pdf	Supporting documentation for Budget section. This file supports the included narrative.	08/04/2015 01:31 AM

Narrative Text :

REMEDIATION COMMENTS: There are no funds listed under the "other" section to further define/clarify.

The IA review found no issue of the PPS budget portion of the 6/1 Implementation Plan. The contingency line above has been left blank due to

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MAPP tool limitations (not allowing negative numbers). The Contingency Fund is a rolling a fund to address variations in revenue throughout the five years.

The line should read:
DY1: $3,892,718
DY2: ($1,651)
DY3: $11,397
DY4: $15,800
DY5: ($4,976,066)
Total: ($1,057,801)

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
7,720,977	48,757,912	7,720,977	48,757,912

Budget Items	Quarterly Amount - Update		Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
	DY1, Q1 ($)	DY1, Q2 ($)				
Cost of Project Implementation & Administration	**0**	**0**	**3,828,259**	**100.00%**	**39,899,758**	**100.00%**
Administration and Overhead	0	0				
Project Implementation (NYP and Network Members)	0	0				
Increased Program Capacity	0	0				
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**0**		**9,915,956**	**100.00%**
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0	0				
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**		**0**	
Contingency Fund	0	0				
Total Expenditures	**0**	**0**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_MDL0117_1_2_20151030161824_NYP_PPS_FundsFlow_Memo_20151028.pdf	Background memo for Funds Flow / Expenses.	10/30/2015 04:18 PM

Narrative Text :

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REMEDIATION COMMENTS: There are no funds listed under the "other" section to further define/clarify.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.3 - PPS Flow of Funds (Baseline)

Instructions :

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

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	7,720,976.85	8,228,023.66	13,305,746.90	11,782,188.09	7,720,976.85	48,757,912
Practitioner - Primary Care Provider (PCP)	137,802	419,506	794,224	689,414	845,434	2,886,380
Practitioner - Non-Primary Care Provider (PCP)	137,802	434,363	950,834	796,675	1,062,505	3,382,179
Hospital	256,950	845,671	2,149,771	1,743,584	2,503,474	7,499,450
Clinic	265,938	679,677	1,363,853	1,520,101	1,462,579	5,292,148
Case Management / Health Home	470,142	1,329,862	1,641,054	1,620,196	1,403,208	6,464,462
Mental Health	281,510	826,004	1,295,844	1,184,658	1,274,351	4,862,367
Substance Abuse	93,837	280,287	484,151	430,640	497,141	1,786,056
Nursing Home	0	14,857	156,609	107,261	217,071	495,798
Pharmacy	0	14,857	156,609	107,261	217,071	495,798
Hospice	0	14,857	156,609	107,261	217,071	495,798
Community Based Organizations	266,982	732,736	909,234	897,977	777,970	3,584,899
All Other	1,874,161	2,477,677	2,905,712	2,283,365	1,854,487	11,395,402
Total Funds Distributed	**3,785,124.00**	**8,070,354.00**	**12,964,504.00**	**11,488,393.00**	**12,332,362.00**	**48,640,737**
Undistributed Revenue	**3,935,852.85**	**157,669.66**	**341,242.90**	**293,795.09**	**0.00**	**117,175**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012		39_MDL0106_1_1_20150804013724_NYP_PPS_FundsFlow_SupportingDocument.pdf	This document contains the correct sums of DSRIP funds flow within and across the years. This addresses the content in the narrative below.	08/04/2015 01:37 AM

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Narrative Text :

REMEDIATION COMMENT: The "All Other" category includes DSRIP administration, PPS and project overhead, and depreciation expense.

There seems to be an issue with the tool summing within a single year (column). These numbers do not accurately reflect the attached funds flow spreadsheet.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
7,720,977	48,757,912	7,720,977	48,757,912

Funds Flow Items	Quarterly Amount - Update		Percent Spent By Project										DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS											
	DY1 Q1	DY1 Q2	2.a.i	2.b.i	2.b.iii	2.b.iv	3.a.i	3.a.ii	3.e.i	3.g.i	4.b.i	4.c.i		
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	137,802	2,886,380
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	137,802	3,382,179
Hospital	0	0	0	0	0	0	0	0	0	0	0	0	256,950	7,499,450
Clinic	0	0	0	0	0	0	0	0	0	0	0	0	265,938	5,292,148
Case Management / Health Home	0	0	0	0	0	0	0	0	0	0	0	0	470,142	6,464,462
Mental Health	0	0	0	0	0	0	0	0	0	0	0	0	281,510	4,862,367
Substance Abuse	0	0	0	0	0	0	0	0	0	0	0	0	93,837	1,786,056
Nursing Home	0	0	0	0	0	0	0	0	0	0	0	0	0	495,798
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	495,798
Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	495,798
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0	0	266,982	3,584,899
All Other	0	0	0	0	0	0	0	0	0	0	0	0	1,874,161	11,395,402
Total Expenditures	**0**	**0**												

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_MDL0118_1_2_20151030161919_NYP_PPS_FundsFlow_Memo_20151028.pdf	Background memo for funds flow/expenses	10/30/2015 04:19 PM

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Narrative Text :

REMEDIATION COMMENTS: The "All Other" category includes DSRIP administration, PPS and project overhead, and depreciation expense.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	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.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	Completed	Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Project Leads and PMO jointly draft project-specific provider level budget.	In Progress	Project Leads and PMO jointly draft project-specific provider level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	In Progress	Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	On Hold	Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Obtain approval from Executive Committee.	On Hold	Obtain approval from Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	In Progress	Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Incorporate agreed upon funds flow plan and requirements to receive funds into applicable PPS Participation Agreements.	On Hold	Incorporate agreed upon funds flow plan and requirements to receive funds into applicable PPS Participation Agreements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Communicate to PPS members the funds flow plan with a particular focus on how PPS level funds are achieved, the administrative requirements related to the plan, and reporting and distribution schedules.	On Hold	Communicate to PPS members the funds flow plan with a particular focus on how PPS level funds are achieved, the administrative requirements related to the plan, and reporting and distribution schedules.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	

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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.7 - IA Monitoring

Instructions :

The IA has added guidance to modules 1,2,3, and 4.

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Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	YES
Task PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	Completed	PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	Completed	PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Governance Committees to install members of standing committees	Completed	PPS Governance Committees to install members of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PMO develops regular meeting schedule for standing committees	Completed	PMO develops regular meeting schedule for standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	Completed	PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Ratified structure communicated to Project Advisory Committee (PAC)	Completed	Ratified structure communicated to Project Advisory Committee (PAC)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task PMO facilitates Project Leads in development of Cross-Project quality governance guidelines (vision, approach, stakeholders, key Network Members selection process to include representatives from medical, behavioral, substance abuse and social services, scope of authority, etc.) for integrating quality programs across 10 Projects	In Progress	PMO facilitates Project Leads in development of Cross-Project quality governance guidelines (vision, approach, stakeholders, key Network Members selection process to include representatives from medical, behavioral, substance abuse and social services, scope of authority, etc.) for integrating quality programs across 10 Projects	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Convene PPS Clinical Operations Committee (which is an active Committee with broad representation across above groups) to review draft Cross-Project quality governance guidelines and recommend revisions as appropriate	In Progress	Convene PPS Clinical Operations Committee (which is an active Committee with broad representation across above groups) to review draft Cross-Project quality governance guidelines and recommend revisions as appropriate	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Operations Committee ratifies final Cross-Project quality governance guidelines and recommends to Executive Committee for ratification	On Hold	PPS Clinical Operations Committee ratifies final Cross-Project quality governance guidelines and recommends to Executive Committee for ratification	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee reviews and ratifies final Cross-Project quality governance guidelines	On Hold	PPS Executive Committee reviews and ratifies final Cross-Project quality governance guidelines	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Cross-Project quality governance guidelines communicated to Project Advisory Committee (PAC)	On Hold	Cross-Project quality governance guidelines communicated to Project Advisory Committee (PAC)	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Operations Committee designates Project-level quality leads (representing both PPS Lead and Network Members) responsible for implementing the guidelines and recommends	On Hold	PPS Clinical Operations Committee designates Project-level quality leads (representing both PPS Lead and Network Members) responsible for implementing the guidelines and recommends schedule for ad-hoc attendance and reporting	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
schedule for ad-hoc attendance and reporting									
Task Project-level quality leads, in collaboration with Project Leads and Project teams, recommend initial quality "leading indicators" for reporting to Clinical Operations Committee	On Hold	Project-level quality leads, in collaboration with Project Leads and Project teams, recommend initial quality "leading indicators" for reporting to Clinical Operations Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task PMO drafts charter and guidelines (member responsibilities, term of service, voting rules, dispute resolution, policies for under-performing providers) for 4 standing PPS Committees (Finance, IT/Data, Clinical Operations, Audit/Corporate Compliance) and Executive Committee	Completed	PMO drafts charter and guidelines (member responsibilities, term of service, voting rules, dispute resolution, policies for under-performing providers) for 4 standing PPS Committees (Finance, IT/Data, Clinical Operations, Audit/Corporate Compliance) and Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees review and provide feedback re: draft charters and guidelines	Completed	PPS Committees review and provide feedback re: draft charters and guidelines	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees' comments incorporated by PMO	Completed	PPS Committees' comments incorporated by PMO	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS Committees ratify final charters and guidelines and recommend to Executive Committee for ratification	Completed	PPS Committees ratify final charters and guidelines and recommend to Executive Committee for ratification	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Executive Committee reviews and ratifies final charters and guidelines for 4 PPS Committees and Executive Committee	Completed	PPS Executive Committee reviews and ratifies final charters and guidelines for 4 PPS Committees and Executive Committee	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Structures and charters communicated to Project Advisory Committee (PAC)	Completed	Structures and charters communicated to Project Advisory Committee (PAC)	07/01/2015	09/30/2015	07/01/2015	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	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring processes		description of two-way reporting processes and governance monitoring processes							
Task Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	In Progress	Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	In Progress	PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	In Progress	PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	In Progress	4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 PPS Committees' comments incorporated by PMO	In Progress	4 PPS Committees' comments incorporated by PMO	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4 PPS Committees ratify final Dashboards and other performance reports	On Hold	4 PPS Committees ratify final Dashboards and other performance reports	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	In Progress	PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Executive Committee reviews and ratifies final Dashboard	On Hold	Executive Committee reviews and ratifies final Dashboard	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5	In Progress	Community engagement plan, including plans for two-way	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)		communication with stakeholders.							
Task NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	In Progress	NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Community engagement plan presented to PAC for review	On Hold	Community engagement plan presented to PAC for review	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	On Hold	PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee reviews and ratifies final community engagement plan	On Hold	PPS Executive Committee reviews and ratifies final community engagement plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	On Hold	PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	On Hold	Community Engagement Subcommittee commences	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Community Engagement Subcommittee commences monitoring of performance against plan		monitoring of performance against plan							
Task PPS Executive Committee commences monitoring adherence to plan	On Hold	PPS Executive Committee commences monitoring adherence to plan	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	Completed	PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	Completed	PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	Completed	PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Finance Committee reviews Agreement templates and provides feedback	In Progress	PPS Finance Committee reviews Agreement templates and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee comments incorporated	In Progress	PPS Finance Committee comments incorporated by PMO	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
by PMO									
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	On Hold	PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Agreement templates ratified by Executive Committee	On Hold	Agreement templates ratified by Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	In Progress	Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Project Leads and PMO facilitate Agreement discussion w/Network Members	On Hold	Project Leads and PMO facilitate Agreement discussion w/Network Members	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Partnership agreements executed with Network Members, including CBOs	On Hold	Partnership agreements executed with Network Members, including CBOs	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	In Progress	Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO to integrate recommendations into agency coordination roadmap and present to PPS	In Progress	PMO to integrate recommendations into agency coordination roadmap and present to PPS Clinical Operations Committee for review and feedback	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical Operations Committee for review and feedback									
Task PPS Clinical Operations Committee comments incorporated by PMO	In Progress	PPS Clinical Operations Committee comments incorporated by PMO	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	On Hold	Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Agency delegates recruited	On Hold	Agency delegates recruited	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	Completed	PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	In Progress	PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	In Progress	Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	On Hold	Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	On Hold	Executive Committee reviews and ratifies workforce	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Executive Committee reviews and ratifies workforce engagement and communication plan		engagement and communication plan							
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk. Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to	In Progress	The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk. Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away. Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
step away. Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.		in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.							

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	ink9012	Other	39_MDL0203_1_2_20151215154000_NYP_PPS_Committee_RolesandResponsibilities.pdf	Inventory of PPS Governance Committee Membership and Meetings	12/15/2015 03:40 PM
	ink9012	Other	39_MDL0203_1_2_20151215153901_NYP_PPS_Charters.pdf	Inventory of PPS Governance Committee "Charters."	12/15/2015 03:39 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	ink9012	Other	39_MDL0203_1_2_20151215153610_NYP_PPS_GovMilestone1_RemediationMemo_20151215.pdf	Memo describing response to IA remediation comments. Please review prior to reviewing charters, membership, and meeting inventory.	12/15/2015 03:36 PM
	lea9024	Other	39_MDL0203_1_2_20151029122038_NYP PPS Leadership Approval Committee Structure_20151026.pdf	Leadership approval of PPS Committee structure	10/29/2015 12:20 PM
	lea9024	Other	39_MDL0203_1_2_20151029103703_NYP PPS Governance Structure.pdf	NYP PPS Governance Structure	10/29/2015 10:37 AM
Finalize bylaws and policies or Committee Guidelines where applicable	ink9012	Other	39_MDL0203_1_2_20151215154304_NYP_PPS_Charters.pdf	Inventory of NYP PPS Governance Committee "Charters"	12/15/2015 03:43 PM
	ink9012	Other	39_MDL0203_1_2_20151215154201_NYP_PPS_GovMilestone3_RemediationMemo_20151215.pdf	Memo describing PPS response to IA remediation comments.	12/15/2015 03:42 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	We previously completed this work. As we had not yet been given the minimum documentation guidance for domain 1 milestones, we did not submit the supporting documentation. We are now submitting that material.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

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Milestone Review Status

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

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk.

Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include:
Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away.

Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.

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.)

Good governance is at the heart of a successful PPS. Therefore, interdependence with other workstreams is high. Good PPS governance will require several critical factors to be successful:
Strong IT systems and processes: IT systems and processes capable of collecting and analyzing key performance metrics are essential to support credible and accurate decision-making.

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Effective communication among participating community providers and CBO: Active and open decision-making with strong participation from PPS members will support the engagement of community providers, CBOs, and the community at large.

Effective workforce management across the PPS: Training, education and funding must be designed to effectively support the changes needed across the delivery system.

Transparent and credible funds flow management: The effective commitment of DSRIP funds is required to stimulate participation and reward collaboration while buffering the negative impacts of DSRIP program progress on some provider organizations.

Engagement of practitioners across the continuum: Practitioner engagement is critical to achieving the levels of coordination and collaboration required to deliver the right services to the right patients at the right time and at the right locations.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Lead and Fiduciary	NewYork-Presbyterian (David Alge, VP Integrated Delivery System Strategy, DSRIP Executive)	Policies and procedures; PMO leadership and resourcing; IT infrastructure leadership and resourcing; budgeting and funds flow; PPS legal, regulatory and compliance support; PPS Committee co-Leadership, Project Leadership; quality leadership and assurance
Major FQHC Collaborators	Charles B. Wang Community Health Center (Betty Cheng), Community Healthcare Network (Ken Meyers), Harlem United/Upper AIDS Ministry (Jacqui Kilmer), St. Mary's Center, Inc.	Committee membership; Protocol design for care transitions, ED triage and primary/behavioral integration, palliative care
Major Post-Acute Collaborators	MJHS (Jay Gormley), ArchCare (Eva Eng), Hebrew Home (David Pomeranz), VNSNY (Angela Martin)	Committee membership; Protocol design for care transitions, Ambulatory ICU
Major Children's Healthcare Providers	Leaders from Blythedale Children's Hospital, St. Mary's Hospital for Children, Northside Center for Child Development and others	Committee membership; Protocol design for care transitions, Ambulatory ICU
Major Behavioral Health and Substance Abuse Providers	Leaders from Argus Community (Daniel Lowy), The Bridge, ASCNYC (Sharen Duke), St. Christopher's Inn, and others	Committee membership; Protocol design for primary/behavioral integration, crisis stabilization, HIV COE
Community Health Worker CBOs	ASCNYC (Sharen Duke), Community League of the Heights, Northern Manhattan Improvement Corp (Mario Drummonds), DWDC and others	Committee membership; CHW workforce development; support for CHW technology design
Community Organizations	Various Community Boards, homeless services providers, and others	PAC membership; community feedback

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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
All PPS Members	Committee members including, but not limited to primary care, behavioral health and substance abuse providers and CBOs	Representing other like organizations on Committees; providing input and feedback on policies, protocols, performance management, IT strategies and tactics, quality programs; Holding other members accountable
PAC (internal)	PAC membership	Represent PPS members interests and understand community needs
1199 TEF	Workforce expertise	Workforce (re)training, (re)deployment, reduction and hiring best practices and associated resources
External Stakeholders		
PAC (external)	PAC membership	Represent community interests and understand PPS members' needs
Workforce Collaborators (1199, NYSNA)	Workforce advocacy	Support and advise re: workforce engagement plan, training plans, recruitment, workforce feedback
NYC DOHMH	Committee member	Provide integration with other PPS and input on governmental resources and priorities

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IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

A robust IT infrastructure is essential for the various governance committees to support effective and efficient decision-making and DSRIP goal achievement for the NYP PPS. The collection and analysis of data from participating community providers and CBOs will form the basis for an evidence-based process for evaluating effectiveness of PPS interventions across the ten projects as well as the contribution of the various community providers and CBOs in achieving DSRIP goals. Good data and information produced by this IT infrastructure will help build and maintain credibility within the PPS, with the PAC and with the broader community. The IT infrastructure will work collaboratively with the PPS PMO to create effective channels to share information on progress toward milestones, utilization and quality outcomes, and opportunities for community engagement through private and public information-sharing tools.

Key to the NYP PPS IT shared infrastructure will be:
1) successfully building on the current work deploying Allscripts Care Director (ACD) to selected community providers and CBOs involved in the existing NYP Health Home (e.g., ASCNYC). NYP has both an implementation blueprint and a recent and rich understanding of critical success factors and barriers to timely deployment which will heavily inform our approach to deploying ACD more widely across the PPS, and
2) leveraging our leadership role in the RHIO, Healthix, to assure priorities, design considerations, SHIN-NY related decisions, etc. advance the interests of DSRIP and do so in a timely way consistent with the stated DSRIP objectives. NYP plays important leadership roles on various Healthix committees and the Healthix Board.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

"The NYP PPS has a high likelihood of success in governance due to two important factors. The first is the relatively small size of the PPS membership; our thoughtful and strategic selection of Network Members who together cover the full spectrum of clinical and social determinants of health needs allows us to govern efficiently and effectively. Second, our experience working with many of the Network Members on existing population initiatives allows us to build on trusted relationships (e.g., Charles B. Wang Community Health Center and NYP Lower Manhattan Hospital on serving the Chinese population; Weill Cornell Medical Center and Community Healthcare Network serving underserved populations in Western Queens; Columbia University Medical Center and the myriad CBOs, community providers and pharmacies like ASCNYC, Washington CORNER Project and AIDS Healthcare Foundation serving PLWA/HIV).

The success of NYP PPS governance will be measured by: 1) adherence to these timeline commitments; 2) the application of Committee policies to

resolve issues and meet unanticipated challenges; 3) the development, negotiation and execution of agreements to formalize PPS contractual relationships; 4) robust attendance at the Standing Committees and the Executive Committee; and 5) the management of performance for the PPS as a whole and for individual community providers and CBOs within the PPS. "

IPQR Module 2.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	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	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	Completed	Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Define roles and responsibilities of PPS lead and finance function	Completed	Define roles and responsibilities of PPS lead and finance function	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	Completed	Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	In Progress	Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers							
Task PMO drafts Financial Sustainability standards/thresholds using NYS DOH guidance and monitoring framework for PPS Finance Committee review	In Progress	PMO drafts Financial Sustainability standards/thresholds using NYS DOH guidance and monitoring framework for PPS Finance Committee review	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee reviews standards/thresholds and monitoring framework and provides feedback	In Progress	PPS Finance Committee reviews standards/thresholds and monitoring framework and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO drafts Financial Sustainability survey of operational and financial metrics aligned with standards/thresholds for review by PPS Finance Committee	In Progress	PMO drafts Financial Sustainability survey of operational and financial metrics aligned with standards/thresholds for review by PPS Finance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee reviews survey and provides feedback	In Progress	PPS Finance Committee reviews survey and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committees' comments incorporated by PMO	On Hold	PPS Finance Committees' comments incorporated by PMO	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Finance Committee approves final survey	On Hold	PPS Finance Committee approves final survey	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO releases survey to all PPS members on behalf of PPS Finance Committee	On Hold	PMO releases survey to all PPS members on behalf of PPS Finance Committee	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee reviews survey results and identifies financially fragile organizations, develops draft interventions, and finalizes monitoring framework; Recommends	On Hold	PPS Finance Committee reviews survey results and identifies financially fragile organizations, develops draft interventions, and finalizes monitoring framework; Recommends interventions and framework to PPS Executive Committee	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
interventions and framework to PPS Executive Committee									
Task PPS Executive Committee reviews recommendations and ratifieds, as appropriate	On Hold	PPS Executive Committee reviews recommendations and ratifieds, as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	On Hold	PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	On Hold	PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	On Hold	PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	On Hold	PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	Completed	Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance	In Progress	Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
plan that are within the scope of responsibilities of the PPS Lead.									
Task PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	In Progress	PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee ratifies PPS Compliance Plan	On Hold	PPS Executive Committee ratifies PPS Compliance Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	On Hold	PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	On Hold	PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Establish Value Based Payment Work Group and Initiate Engagement	In Progress	Establish Value Based Payment Work Group and Initiate Engagement	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	In Progress	Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop VBPWG Charter and guidelines to include responsibility to determine how revenue will be estimated, how value will be determined,	In Progress	Develop VBPWG Charter and guidelines to include responsibility to determine how revenue will be estimated, how value will be determined, how payments will be made and how MCOs will be engaged	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
how payments will be made and how MCOs will be engaged									
Task VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	In Progress	VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Conduct Stakeholder Engagement with PPS Providers	In Progress	Conduct Stakeholder Engagement with PPS Providers	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	In Progress	VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	In Progress	VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBPWG to release stakeholder engagement survey	In Progress	VBPWG to release stakeholder engagement survey	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VBPWG to compile stakeholder engagement survey results and analyze findings.	In Progress	VBPWG to compile stakeholder engagement survey results and analyze findings.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Milestone: Conduct stakeholder engagement with MCOs	In Progress	Milestone: Conduct stakeholder engagement with MCOs	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to conduct stakeholder engagement sessions with MCOs to discuss potential contracting options and requirements (workforce,	In Progress	VBPWG to conduct stakeholder engagement sessions with MCOs to discuss potential contracting options and requirements (workforce, infrastructure, knowledge, legal support, etc.).	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
infrastructure, knowledge, legal support, etc.).									
Task Finalize PPS VBP Baseline Assessment	In Progress	Finalize PPS VBP Baseline Assessment	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	In Progress	VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to identify best practies in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	In Progress	VBPWG to identify best practies in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	In Progress	Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	In Progress	VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	In Progress	VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	10/01/2015	03/31/2016	10/01/2015	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	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	YES
Task Prioritize potential opportunities and providers for VBP arrangements.	On Hold	Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	On Hold	VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	On Hold	VBPWG to identify challenges related to the implementation	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
VBPWG to identify challenges related to the implementation of the UOSSM model		of the UOSSM model							
Task VBPWG to prioritize providers based on assessment of who is best prepared to engage in UOSSM	On Hold	VBPWG to prioritize providers based on assessment of who is best prepared to engage in UOSSM	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task VBPWG to conduct sessions with best-prepared providers to discuss the process and requirements necessary for UOSSM	On Hold	VBPWG to conduct sessions with best-prepared providers to discuss the process and requirements necessary for UOSSM	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop VBP adoption plan.	On Hold	Develop VBP adoption plan.	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBPWG to draft VBP Adoption Plan which will include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting, all which will be developed over the course of the first 6 DSRIP quarters and for which there is no current plan.	On Hold	VBPWG to draft VBP Adoption Plan which will include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting, all which will be developed over the course of the first 6 DSRIP quarters and for which there is no current plan.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task VBPWG to recommend VBP Adoption Plan to PPS Finance Committee for comments and recommendation to PPS Executive Committee	On Hold	VBPWG to recommend VBP Adoption Plan to PPS Finance Committee for comments and recommendation to PPS Executive Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS Executive Committee to review and ratify VBP Adoption Plan	On Hold	PPS Executive Committee to review and ratify VBP Adoption Plan	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task VBPWG to develop a timeline for best prepared providers to adopt UOSSM	On Hold	VBPWG to develop a timeline for best prepared providers to adopt UOSSM	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBPWG to continue discussions with other providers regarding adoption of UOSSM.	On Hold	VBPWG to continue discussions with other providers regarding adoption of UOSSM.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task VBPWG to present initial PPS VBP Adoption	On Hold	VBPWG to present initial PPS VBP Adoption Plan to PPS membership and PAC.	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Plan to PPS membership and PAC.									
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

Funding: The NYP PPS DSRIP budgeted conservatively based on expectations set by the State regarding both PMPM and preliminary attribution. The actual reduction in funding of 21% resulted in a budget contraction of similar magnitude. At the same time, there has been no relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology have not changed, we are concerned about the impact on sustainable implementation of the ten projects and the impact lower funding on our community providers/CBOs. Mitigation strategies include encouraging the State to reduce reporting and performance requirements and conservative planning/expectation-setting across the PPS.
Acceptance by Network Members of Sustainability Plan/compliance with reporting Requirements: Some Network Members may be reluctant to share their financial challenges with other Members. Also, some Members may be not be able to adhere to reporting requirements which may stress organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements within the constraints of the DSRIP requirements, collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial metrics for PPS participants, or collaborating with local PPSs with shared network members to share financial sustainability information.
Resources to maintain the financial sustainability monitoring: There is a risk that financial sustainability reporting becomes onerous. This is a risk for the Network Members (see above) and for the PPS Finance Committee and PMO as aggregate reporting requirements across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements and the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.
Acceptance of funds flow model by PPS members: Having the buy-in of the PPS membership is key if the PPS is going to meet DSRIP project requirements and earn the performance payments. In some instances those project requirements may negatively affect PPS members' business model. Therefore, the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.
Adherence by Network Members to compliance reporting: Network Members may have compliance plans that may not be fully aligned with DSRIP requirements. Modifying compliance plans may require involvement of Boards and organizations may be reluctant to modify long-standing programs. Mitigation strategy includes allowing Network Members to self-report and attest to meeting the requirements.
Building basic understanding of VBP across the PPS membership: Many Network Members lack experience with non-fee-for-service models of reimbursement. The preferred mitigation strategy is the State provides broad-based education for providers at increasing levels of sophistication (and possibly certification to demonstrate proficiency). A less desirable model relies on the PPS Finance Committee (or designee) providing this education.
Analyzing population health data to inform VBP Adoption Plan in a cost-effective way: Little local experience exists in VBP and this presents a risk as achievement of the 80-90% goal is fundamentally transformative and presents a significant threat to participants. In addition, risk exists that preparing for VBP may be cost-prohibitive vis. the needed consultants, IT infrastructure, data analysis and contracting expertise. Mitigation strategies include: collaborating with the State for shared resources, including scrubbed/searchable population data, and collaborating with other PPS in discussions with MCOs to increase scalability.

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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.)

Major risks to implementation of the Financial Sustainability workstream and achievement of outcome measure targets, and associated mitigation strategies include:
DSRIP Funding: The NYP PPS DSRIP calculated its project budgets based on communications from the State regarding both the PMPM and the preliminary attribution for the NYP PPS. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement values and lower-than-expected Domain 2 and 3 quality and clinical outcomes measures. The actual reduction in funding of 21% due to the change in attribution methodology and, possibly, a change in PMPM has resulted in a budget contraction of a similar magnitude. At the same time, there has been no communication regarding relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology infrastructure have not changed, we remain concerned about the negative impact on our ability to sustainably implement the ten projects chosen and developed by the PPS during the application phase and the impact lower funding could have on our community providers and CBOs. Mitigation strategies include encouraging the State to address reporting and performance requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.
Acceptance by Network Members of the Financial Sustainability Plan and compliance with PPS reporting Requirements: It is anticipated that some Network Members may be reluctant to share their financial challenges with other network members, including potential competitors in other lines of business. In addition, some Network Members may be overwhelmed by (or not have robust enough financial reporting to adhere to) reporting requirements which may add stress and workload in particular to organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements to the extent possible within the constraints of the DSRIP requirements, and collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial sustainability metrics for PPS network members from around the State and, in the absence of that, collaborate with local PPSs with shared network members to share financial sustainability information and mitigation approaches.
Resources to maintain the financial sustainability monitoring: There is a risk should the requirements for financial sustainability reporting become onerous and the metrics either too numerous or not well-defined. This is a risk for the Network Members (as discussed above) and for the PPS Finance Committee and PMO as reporting requirements taken in aggregate across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements (in lieu of PPS Finance Committee/PMO collecting and analyzing). A second mitigation strategy could be the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.
Acceptance of funds flow model by PPS members: Having the buy-in and support of the PPS membership is key if the PPS is going to meet DSRIP's overall goals and project requirements and earn the acceptable levels of DSRIP payment. In some instances those project goals and requirements may negatively affect PPS members' standard business model. In order to obtain, and maintain, this essential buy-in the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS PMO	David Alge, VP Integrated Delivery System and Isaac Kastenbaum, DSRIP PMO Director	Responsible for development and management of the PMO Finance function, including functional roles (AR, AP, treasury, etc.), subject matter experts, financial analysts, reporting resources, consultants (as needed) and supporting IT. The PMO will provide guidance and oversight related to the Financial Stability Plan.
PPS Finance Committee Co-Chairs	Robert Guimento, NYP VP ACN; Brian Kurz, NYP ACN Finance; Network Member (Rotating)	Responsible for the leadership and management of the PPS Finance Committee in its role in overseeing PPS Network Member financial sustainability, including adoption of thresholds, standards and framework.
PPS Lead - Compliance	Debora Marsden, Compliance Officer	Will oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The PPS Lead - Compliance will advise the Executive Committee.
PPS Lead - Audit	Debora Marsden, Compliance Officer	Engages and oversees internal and/or external auditors reporting to the Compliance/Audit Committee who will perform the audit of the PPS related to DSRIP services according to the audit plan recommended by the PPS Compliance/Audit Committee and approved by the PPS Finance Committee and Committees
NYP Budget	Richard Einwechter, Accounting	Oversees NYP accounts payable, treasury/banking and general ledger functions which NYP will be providing to the PPS
NYP Grants Accounting	Sameh Elhadidi, Accounting	Responsible for the day-to-day operations of the DSRIP Accounts Payable function related to the DSRIP funds distribution
Audit	TBD	External auditors will perform the audit of the PPS Lead including those services, functions and funds flows related to DSRIP
VBP Work group (VBPWG)	TBD	Coordinate overall development of VBP baseline assessment and plan for achieving UOSSM or IPC payments; engages third parties as needed to complete

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IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
David Alge, VP Integrated Delivery System	DSRIP Executive Lead	Oversight of the DSRIP initiative for the PPS
Isaac Kastenbaum, Director Strategy	DSRIP PMO Director	Day-to-day operations of the PMO and the PPS infrastructure including Governance
Debora Marsden, Compliance Officer	"PPS Lead - Compliance PPS Lead - Audit "	Oversight of Compliance and Audit functions, staffing and deliverables
Gil Kuperman, MD, PhD, Director Interoperability Informatics	PPS IT Infrastructure Lead	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
Various (rotating)	PPS Executive Committee	Oversight of PPS Finance and Audit Committee recommendations; review of VBP Adoption Plan
Various (rotating)	PPS Finance Committee	Oversight of financial sustainability plan development, implementation and enforcement; review of VBP Adoption Plan
Various (rotating)	PPS Compliance/Audit Committee	Oversight of compliance plan development, implementation and enforcement
External Stakeholders		
Various (rotating)	PAC	Communication of community needs and interests related to network financial sustainability and compliance
MMCOs and other payers, including special needs plans	VBPWG	Productive engagement with the PPS VBPWG
NYS DOH	Defines related DSRIP requirements	Timely, exhaustive requirements; robust support for fulfilling; and easy access to enabling data, technology and other tools

IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

The development of shared IT infrastructure across the PPS will support the PPS Finance Committee and the PMO in the financial sustainability work by providing the Network Members with capability for sharing and submitting reports and data pertaining to organizational performance in a secure, manipulable and compliant manner.

Shared IT infrastructure and functionality is critical to supporting the work of the VBPWG, including the development of the VBP Baseline Assessment and the VBP Adoption Plan, including:
Population Health Analytic Infrastructure: Systems, data sets, tools and technology
Allscripts Care Director: care coordination software that supports management of patient populations across the Network Membership
RHIO/SHIN-NY: interoperability and connectivity needed to share information to optimize timely and effective management of patient care.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The performance of the NYP PPS with respect to Financial Sustainability will be measured by the PPS PMO, as established by the Executive Committee. Success will be measured by: 1) adherence to these timeline and milestone commitments; 2) the deployment of the Financial Sustainability Plan including a manageable and measurable set of financial and operational metrics for routine reporting; 3) the effectiveness in either supporting financially fragile organizations in their return to health OR transitioning responsibilities for patient care and other services to stronger organizations; 4) the adherence to compliance commitments at a comparable rate to other PPSs; and 5) robust attendance and participation by the VBPWG; and 6) comparison of PPS performance to the NYS VBP Roadmap goal of 90% VBP.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	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.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: Clinical Operations Committee and internal and external colleagues with an expertise in cultural competency/health literacy and delivering cultural competency/health literacy training to healthcare providers.	In Progress	VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: meetings and discussions with key CBOs, Network Members and community stakeholders; and a review of the health disparities and community needs in each NYP PPS service area (Southwest Bronx, Upper Manhattan, Upper East Side, Harlem, Western Queens and Lower Manhattan) via the CNA.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	In Progress	VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	In Progress	Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Clinical/Operations Committee approves CCHL strategy.	On Hold	Clinical/Operations Committee approves CCHL strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Working Group to present CCHL strategy to Executive Committee for ratification.	On Hold	Working Group to present CCHL strategy to Executive Committee for ratification.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Executive Committee to ratify CCHL strategy	On Hold	PPS Executive Committee to ratify CCHL strategy	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Working group presents strategy to PAC	On Hold	Working group presents strategy to PAC	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task	In Progress	VP, Community Health reviews current cultural competency	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
VP, Community Health reviews current cultural competency curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.		curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.							
Task VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	In Progress	VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	In Progress	VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	On Hold	VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	On Hold	Clinical/Operations Committee approves training strategy.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical/Operations Committee approves training strategy.									
Task Working Group to present training strategy to Executive Committee for ratification.	On Hold	Working Group to present training strategy to Executive Committee for ratification.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Executive Committee to ratify training strategy	In Progress	PPS Executive Committee to ratify training strategy	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Working group presents training strategy to PAC	In Progress	Working group presents training strategy to PAC	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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Milestone Review Status

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

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The NYP PPS has adopted a patient-centered approach to cultural competency, known as the "Culture of One," which is aligned with the National Quality Forum's (NQF) framework, was arose from seminal research published by NYP's VP-Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally. As part of the Culture of One, the the burden of clear communication and understanding is placed on the provider, not the patient, otherwise, we risk the same fragmented care that DSRIP seeks to remedy.. We have identified several associated implementation risks: .
Training. We must ensure that all providers on a patient's care team across the continuum are consistently and effectively trained in cultural competency and health literacy. To mitigate this risk, the NYP PPS will train frontline staff and physicians to provide care that respects patients' "Culture of One" by treating patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoiding racial or ethnic stereotyping. Additionally, providers and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i will receive training on how to deal sensitively with patients and families facing advanced illnesses. Those involved in Projects 3.e.i and 4.c.i will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues. We will also establish an expert panel to review the health literacy level of DSRIP project educational materials.
The NYP PPS also intends to co-invest with the State through the CRFP and with ASCNYC in a Peer Training Institute which provide training for CHWs, Patient Navigators, Health Educators and Interpreters. These "peer providers" are trained local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. At the Peer Training Institute, trainees will learn to avoid the pitfalls of "false fluency" and of using family interpreters or bilingual providers as ad hoc interpreters. They are critical to mitigating the barriers presented by the cultural diversity of our attributed beneficiaries.
New Patient Population. Though NYP has extensive experience with Upper Manhattan communities, it has less experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. This service area is 25% Asian with a majority of Chinese origin (75% of the Asian population; 18% of the total service area). Almost a third of the population is foreign-born, 60% of which originate from Asian countries. Twenty percent of the population speaks an Asian language, of which 65% speak English less than "very well." To address the challenge of working with this new population, the NYP PPS will collaborate with long-standing, experienced leaders in the community such as Charles B. Wang Community Health Center as well as the NYC Department of Health and Mental Hygiene for training, translated materials and so on.
In addition, the NYP PPS will establish and provide guidance to existing and new cultural competency committees at several large Network Members to ensure that the Culture of One program is tailored to the needs of PPS members.
Data Collection. In order to analyze data and measure progress/success, we must capture the appropriate patient-level data at each encounter. These include but are not limited to ethnicity, race and preferred language. To mitigate the risk of not having adequate data, training for registrars and other front-desk staff will include education on how to ask these sensitive questions and how to code them appropriately.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

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Instructions :

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

"As Cultural Competency and Health Literacy are integral to the roll-out of all DSRIP projects, several interdependencies are noted below.

Workforce Strategy. The overlap between these two workstreams is related to 1) hiring and 2) training. First, the PPS will hire close to 40 culturally competent peer providers (Community Health Workers and Patient Navigators). This group of new employees is an important link between beneficiaries and medical/social services. Second, cultural competency and health literacy training is a key aspect of the PPS's workforce development strategy. To ensure standardized training across all staff, the Community Health Department and Workforce Sub-committee will work together to design and implement a training schedule, to be approved by the Clinical/Operations Committee. In addition, NYP and ASCNYC are partnering to develop a Peer Training Institute which will be a PPS center for Community Health Worker, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members.

Financial Sustainability. Similar to the Workforce Strategy workstream, we must be able to finance cultural competency and health literacy training. To that end, the Finance Committee has embedded within it a member of the Workforce Sub-committee, who will be able to speak to cultural competency and health literacy training. The Finance Committee will also invite the Community Health department to report on this training.

Governance. The NYP PPS will rely on several key Network Members, such as Charles B. Wang Community Health Center, to assist in its cultural competency and health literacy training. To keep these Network Members engaged, we will make sure they are among the first to serve on the Executive Committee and Clinical/Operations Committee.

Practitioner Engagement. The practitioner communication and engagement plan will include information and training on cultural competency and health literacy. Physicians (including house staff) will need separate training from care team staff (RNs, etc.)."

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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Community Health	Emilio Carrillo, MD, VP Community Health, NYP	Developing and executing cultural competency and health literacy strategy and training
CCHL Strategy Work Group	Emilio Carrillo, MD, VP Community Health, NYP and Various Others (NYP and Network Members)	Develop CCHL Strategy
Community Health	Victor Carrillo, Community Health	Executing strategy globally
Organization-Based Cultural Competency Committees	Multiple PPS Network Members	Executing strategy locally

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IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Consulting on workforce training needs
Eric Carr	Workforce Sub-committee Lead	Work with Community Health on training roll-out
Charles B. Wang Community Center	Experienced PPS Network Member	Assistance with cultural competency and health literacy training for Lower Manhattan population
1199 Training & Employment Funds (TEF)	Workforce training	Training assistance for frontline workers
Employees / Practitioners	Providers	Engage in training
All PPS Network Members	IT Contacts	Liaison
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
External Stakeholders		
NYC DOHMH	Training and technical assistance	Technical assistance for projects at the NYP/LM campus
NYU NYC Treats Tobacco	Training and technical assistance	Technical assistance for Project 4.b.i - Tobacco Cessation
1199 SEIU; NYSNA	Labor/Union Representation	Expertise and input re cultural competency training

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.

"Shared IT infrastructure development will support the implementation of our cultural competency / health literacy strategy in three ways: 1) Workflow support for care coordinators via Allscripts Care Director; 2) Documentation support for Community Health Workers; and 3) Enhancements to the patient portal.

Workflow support for care coordinators. The PPS will extend Allscripts Care Director (ACD), an application that supports the work flows of care coordinators to multiple Network Members across the care continuum. The application enables care coordinators to care for registries of patients; manage tasks related to those patients; and document assessments, care plans, problems, goals, interventions and future tasks. In this way, care team members across the continuum can be made aware of patients' cultural preferences.

Documentation support for Community Health Workers (CHWs). Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations. Because CHWs are mobile, the PPS will provide them with a wireless-enabled tablet-based application for documentation. The application will allow both free-text and structured documentation approaches. The PPS will leverage lessons learned as part of a NYS eHealth Collaborative Digital Health Accelerator project in which NYP piloted electronic documentation for CHWs.

Enhancements to the patient portal. The PPS will develop a patient portal for patients. We will create specialized, relevant, multi-lingual content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults. The content will be clinically oriented but also provide information about Network Members and social services available."

IPQR Module 4.8 - Progress Reporting

Instructions :

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

Because the cultural competency / health literacy strategy is at the core of every project, we will measure its success by analyzing: 1) existing disparity-sensitive clinical outcomes measures, as defined by the National Quality Forum (NQF); 2) Ambulatory Care Sensitive Conditions (PQIs and PDIs); 3) measures associated with cultural competency; and 4) utilization (i.e., emergency department visits, hospitalizations and 30-day readmissions) and patient satisfaction. We will also track the number of providers (staff, physicians and peer providers) trained as measure of our

progress.

Disparity-Sensitive Clinical Outcomes. Each project has its own clinical outcomes measures of success. We will select existing measures that qualify as "disparity-sensitive" as defined by the NQF, i.e., "those that serve to detect… differences in quality among populations or social groupings (race/ethnicity, language, etc.)." These measures include care with a high degree of discretion, such as the decision to prescribe medication to control a patient's pain (e.g., Project 3.g.i); communication-sensitive services, such as smoking cessation counseling (e.g., Project 4.b.i); social determinant-dependent, or patient self-management, measures, such as medication adherence to diabetes or CHF management (e.g., Projects 2.b.i, 2.b.iv); and outcome and communication-sensitive process measures, such as the provision of certain vaccines, where some groups may have specific concerns about some interventions or medications over others (e.g., Project 2.b.i).(1)"
"Ambulatory Care Sensitive Conditions. PQIs measure potentially avoidable hospitalizations for ambulatory care sensitive conditions and reflect issues of access to high-quality ambulatory care, which may be the result of disparities in care. Examples are short-term complications from diabetes and uncontrolled diabetes admission rate, both of which will likely be tracked by Project 2.b.i.

Cultural Competency Measures. We will track some of the NQF-endorsed measures associated with culture, language and health literacy. For example, patient readmission measures are included in this bucket due to the importance of patient-provider communication in transitions of care (e.g., Project 2.b.iv). Other examples are adherence to chronic care medication (e.g., Projects 2.b.i, 3.e.i) and the conducting of a depression assessment (e.g., Projects 2.b.i, 3.a.i, 3.a.ii, 3.g.i and 3.e.i).

Utilization and Patient Satisfaction. We will measure changes in utilization (admissions, readmissions and ED visits) and patient satisfaction (via Press Ganey) in aggregate and by categories such as race, ethnicity and preferred language, much as we did with the NYP Regional Health Collaborative (RHC). In October 2010, NYP, in association with the Columbia University Medical Center, launched an integrated network of patient-centered medical homes that were linked to other providers and community-based resources and formed a "medical village" in Northern Manhattan. Three years later, a study of 5,852 patients who had some combination of diabetes, asthma and congestive heart failure (CHF) found that emergency department visits, hospitalizations and 30-day readmissions had been reduced by 29.7%, 28.5% and 36.7%, respectively, compared to the year before implementation of the network. Patient satisfaction scores improved across all measures.(2)

(1) Weissman, Carrillo et al, "Commissioned Paper: Healthcare Disparities Measurement," National Quality Forum, October 4, 2011.
(2) Carrillo et al, "The NYP Regional Health Collaborative," Health Affairs, 33, No. 11 (2014) 1985-1992."

IPQR Module 4.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings.Previous PPS Network Member survey(s) will inform assessment design.	In Progress	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings.Previous PPS Network Member survey(s) will inform assessment design.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO distributes IT assessment to Network Members for feedback.	In Progress	PMO distributes IT assessment to Network Members for feedback.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	In Progress	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO incorporates feedback from Network Members.	In Progress	PMO incorporates feedback from Network Members.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	In Progress	Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.	On Hold	IT/Data Governance Committee reviews and summarizes network IT capabilities.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee presents assessment to Exec Committee for ratification.	On Hold	IT/Data Governance Committee presents assessment to Exec Committee for ratification.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	On Hold	IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	In Progress	Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	PPS PMO and PPS IT, working with Network Members, align	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS PMO and PPS IT, working with Network Members, align previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.		previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.							
Task IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	On Hold	IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee presents strategy to PAC.	On Hold	IT/Data Governance Committee presents strategy to PAC.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	On Hold	IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	On Hold	IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	In Progress	IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	07/01/2016	09/30/2015	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Director of Interoperability Informatics leads small internal group (clinicians, end users) to develop NYP datasharing and interopability plan.	In Progress	Director of Interoperability Informatics leads small internal group (clinicians, end users) to develop NYP datasharing and interopability plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Corporate Director, Director of Interoperability Informatics and IT/Data Governance Committee develop PPS Network datasharing and interopability system in conjunction with vendors and RHIO.	In Progress	Corporate Director, Director of Interoperability Informatics and IT/Data Governance Committee develop PPS Network datasharing and interopability system in conjunction with vendors and RHIO.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification	On Hold	IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task The plan is presented to the PAC and communicated to Network Members to ensure transparency.	On Hold	The plan is presented to the PAC and communicated to Network Members to ensure transparency.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task IT/Data Governance Committee creates process for monitoring partner compliance with	On Hold	IT/Data Governance Committee creates process for monitoring partner compliance with connectivity and data-sharing requirments, including reporting back to Executive	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
connectivity and data-sharing requirments, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.		Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.							
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.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	Completed	IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy priniciples are incorporated into the new RHIO consent process.	In Progress	Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy priniciples are incorporated into the new RHIO consent process.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	In Progress	Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	On Hold	Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	On Hold	Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5	In Progress	Data security and confidentiality plan, signed off by PPS	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a data security and confidentiality plan.		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.							
Task Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	In Progress	Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	In Progress	Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	On Hold	IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	ink9012	Other	39_MDL0503_1_2_20151029213231_NYP_PPS_Template_InLieuSSPs_DY1Q2.pdf	NYP PPS In Lieu of SSPs. At this time, the PPS has opted not to receive Medicaid data. Our	10/29/2015 09:32 PM

NYS Confidentiality – High

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				current data needs will be met by the MAPP tool, as currently outlined in NYS documents.	

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	No plans to submit an update at this moment. Will re-evaluate accepting DOH Medicaid data as need arises.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	This milestone is Pass and Ongoing pending final review of security workbooks by DOH.

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The biggest risk to implementing the IT governance structure and network-wide infrastructure is that funding from the CRFP is not approved. The NYP PPS IT infrastructure is a prerequisite to achieving the goals of DSRIP. If we receive less funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Another risk is the need to develop new inter-institutional workflows. These challenges will be mitigated through leadership commitment from NYP and the Network Members as well as dedicated project management resources.
Third, there is a need to develop robust governance processes. The mitigation approach will be to use the IT/Data Governance Committee to make decisions as needed, with approval from the Executive Committee.
Finally, there is the risk that our assumptions, though conservative, have still underestimated the budget for key parts of the infrastructure. To mitigate this risk, we plan to use operational funds earmarked for projects if needed.
One of the key risks is the capacity of the RHIO to connect new members. Healthix has to support about eight PPSs citywide, and the number of new interfaces they will need to create is estimated at over 1,000. They have given us a tentative timetable that it will take until the end of 2016 to connect all NYP PPS Members. We will mitigate this risk by (i) prioritizing the connections so that the partners that are most important to achieving our goals will be connected first; and (ii) having a multi-layered data exchange strategy that includes—beside the RHIO—key members using Allscripts Care Director, the use of direct messaging and the secure exchange of auxiliary files when necessary.
Another challenge will be consent. Obtaining consent can be operationally difficult to implement, yet RHIO consent is a core measure of success for the PPS. Mitigation approaches include (i) leadership commitment from the partners to participate in HIE-related obligations; (ii) educating partner organizations about the processes necessary to obtain consent; (iii) examining the consent options; and (iv) staffing, in the form of a "CBO integration manager," to help partners organizations work through consent-related challenges.
Third, there is the challenge of interoperability amongst various vendors and with different Network Members. To mitigate this risk, the PPS intends to assure that all relevant PPS partners are connect to Healthix so that the Network Members can access the basic, necessary data to care for patients. NYP currently connects to the State Health Information Network for New York (SHIN-NY) via Healthix. Currently, only a minority of NYP PPS Network Members are Healthix participants.
Another risk mitigation strategy to address interoperability and the ability to share data is the implementation across the PPS of Allscripts Care Director (ACD), a care coordination platform supported by NYP. PPS members will use ACD to document patient assessments and care plans and to see documents entered by others who are caring for the patient. ACD currently is being used by several CBOs as part of NYP's Medicaid Health Home program and will be extended under DSRIP.
The goals of the PPS will be achieved through the implementation of technology-enabled work flows that include increased access to the patient's data by members of the patient's care team. The increased access will be achieved through (i) the use of Allscripts Care Director by Network Members and (ii) the use of Healthix.
To mitigate ACD's risks, ACD's privacy and security framework includes BAAs, which establish privacy obligations under HIPAA; formal processes for creation/termination of accounts; training in privacy and security; and password management. Healthix members sign a Participant Agreement, which obligates them to adhere to Healthix's Privacy and Security Policies.

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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.)

The IT Systems and Processes workstream will depend on:

Cultural Competency. As RHIO consent is an important part of the success of DSRIP, cultural competency and health literacy will be essential to the success of this workstream. The PPS must ensure that consent is accessible to a diverse audience. As discussed in other parts of the implementation plan, we will ensure accessibility by providing cultural competence and health literacy training to all frontline staff and peer providers who will be working with our attributed population. In addition, we intend to redesign patient registration areas in NYP's clinics to include a small education cubicle for private conversations with patients regarding health-related issues and obtaining RHIO informed consent as well as a patient education cubicle or kiosk.

Practitioner Engagement. IT is but a tool; in order for the workstream to be successful, practitioners must be engaged in learning new software or using existing software in new ways, as the case may be. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. New and existing workers at all levels will need technical training and engagement support to ensure that impacted staff are ready, willing and able to succeed with the new system. To address this challenge, the NYP PPS will retain the 1199SEIU League Training and Employment Funds (TEF) as the lead workforce development provider. Using TEF's expertise in this area, the PPS will provide training to incumbent workers who need additional skills to do existing jobs and develop training for new staff. Training will also be delivered by external resources from the community or by the NYP internal training department (Talent Development). For some projects, we plan to engage with the NYC Department of Mental Health and Hygiene to assist in technical training (see Project 4.b.i). Software vendors such as Allscripts and Healthix will also conduct their own user training.

Governance. The size of the NYP PPS--though small relative to others in the Greater NYC area--makes staying on the same page with regard to IT decisions important. The goals of the PPS will have to dictate the final local decisions, but the Data/IT Governance Committee and Clinical/Operations Committee will both provide operational and clinical decision-making to guide the Network.

Clinical Integration. As strategies and workflows are developed for network integration, the supporting IT infrastructure will be developed simultaneously so that these two aspects fit together to form a coherent process. Workflows and information technology support will be developed simultaneously to support: 1) the identification of the patients that can benefit from involvement with Network Members; 2) the methods that are used to inform Network Members about the need for engagement with the patient; 3) the data that needs to be available to Network Members; 4) the protocols that will be used to care for the patient; and 5) the methods for data flows from Network Members to other clinicians. Education, training and other operational processes related to the information systems (e.g., authorization) will be taken into account as clinical integration processes are implemented.

Performance Reporting. Information systems will be involved as performance measurement specifications are developed. We expect that some specifications will be related to DSRIP project goals, per se; other specifications will be related to quality measures and yet others will be related to more general performance improvement goals. Information Services will be involved with the project teams as these specifications are developed.

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Corporate IT Director for Analytics, NYP	Niloo Sobhani	Co-Chair of IT/Data Governance Committee
PPS Network Member	Rotating	Co-Chair of IT/Data Governance Committee
Director of Interoperability Informatics, NYP	Gil Kuperman, MD, PhD	Implementation of IT infrastructure components; coordination of training
Chief Information Security Officer, NYP	Jennings Aske	Implementation of data security plan
ACN/Financial Operations	Brian Kurz	Architect of clinical operations (registration) redesign to implement RHIO consent process
Clinical Expertise	TBD	Clinician(s) familiar with the PPS population who can provide guidance on implementation of the RHIO consent process and other changes
PPS Network Member Expertise	Network Members TBD- to include primary care, behavioral health and substance abuse (e.g., Charles B. Wang CHC, Harlem United, Community Healthcare Network, ASCNYC, Argus, The Bridge, NYSPI)	Operations counterparts at Network Member sites who can provide guidance on shaping the RHIO consent process and other change, particularly as relates to securing consent from lower SES, substance abusing and mentally ill patients
State and Local Government Expertise	e.g., DOH, DOHMH	Share best practices among participating PPS and advocate for streamlined documentation and processes to support goal of universal RHIO consent

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IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Aurelia Boyer	Chief Technology Officer, NYP	Overseeing all IT implementation
Rob Guimento	VP, NYP ACN	Overseeing changes to registration at ACN to implement RHIO consent process
Cheryl Parham	Lead Counsel, NYP	Ensuring that contracts for software across the PPS are legal
PPS Network Members	--	Good faith efforts to incorporate necessary IT and encourage practitioners to use it
Clinical/Operations Committee	Several	Guidance on clinical and operational aspects of IT implementation
External Stakeholders		
RHIOs (Healthix, BRIC)	Infrastructure, Training	Delivery of on-time project; user training
Medicaid beneficiaries	Recipients	Providing RHIO consent
Software Application Vendors (Allscripts, etc.)	Infrastructure, Training	Delivery of on-time project; user training
1199 SEIU Training & Employment Fund	Training	Training of front-line workers in new systems and processes

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

We will measure the success of this organization workstream in several ways, including:

• Successful roll-out of all seven components of the IT infrastructure project:
(1) Development of an automated work flow platform to support care coordinators. Metrics will include installation of Allscripts Care Director in targeted sites and usage statistics.
(2) Enhancements to the electronic health records (EHR) applications. Metrics will include tracking changes necessary for becoming a Level 3 PCMH as well as project-specific needs.
(3) Procurement and implementation of an automated application for mobile Community Health Workers. Metrics will include usage and usability statistics based on conversations with CHWs.
(4) Development of health information exchange (Healthix RHIO) so that members of the care team can interact optimally. Metrics will include number of connections and pace of roll-out.
(5) Data interfacing capabilities to move data among applications. Metrics will include number and type of data interfaces as well as utilization statistics.
(6) Enhancements to the NYP patient portal. Metrics will include the selection of the final patient portal and how often it is used by PPS beneficiaries.
(7) Development of an analytics platform to support the PPS. Metrics will include number and quality of reports developed to oversee the performance of the PPS.

• RHIO consent attempts and the consents themselves.

• Patient safety improvements, including reduced patient safety errors and adverse drug events.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	In Progress	PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	In Progress	Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	In Progress	PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	On Hold	PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task IT/Data Governance Committee-selected work	In Progress	IT/Data Governance Committee-selected work group maps out approach to creation and use of clinical quality and	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
group maps out approach to creation and use of clinical quality and performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.		performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.							
Task Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	On Hold	Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	On Hold	Finalized performance reporting training program.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	In Progress	Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	On Hold	Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	On Hold	Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	On Hold	Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Workforce Sub-committee with leadership support from PPS Executive Committee and	On Hold	Workforce Sub-committee with leadership support from PPS Executive Committee and logistical support from PMO initiate performance reporting training program; it is expected training	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
logistical support from PMO initiate performance reporting training program; it is expected training will be ongoing over the course of the DSRIP program		will be ongoing over the course of the DSRIP program							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

"Data Availability. DOH is the source of much of the performance reporting data; that data is on a significant delay. The PPS will rely heavily on the MAPP tool as the most complete and relatively current data repository which either provides actuals or proxies for data used for performance measurement purposes so the PPS understands progress and challenges. MAPP has the potential to become a roadblock if there are delays in release or concerns about data integrity.; already it is proving to be a cumbersome and slow-responding web-based tool without the upload/transfer functionality this PPS would expect of the central tool supporting a state-wide program of this magnitude. To mitigate this, the PPS will analyze existing or propose easily implementable measurements based on internal data with which real-time (or near) performance can be ascertained. However, the PPS has not contemplated replicating the data repository or analytic capability which is to be provided by the MAPP as that is both incompatible with available DSRIP funding and the DOH has been clear throughout the process about its accountability for this function.

Resistance to Change. One risk is practitioners who are resistant to changing practice in response to performance reporting. To mitigate this challenge, the PPS PMO will design practitioner surveys and analyze responses to gauge levels of engagement or resistance. The PPS Clinical/Operations Committee will represent practitioner interests, solicit input through surveys and recommend practitioner group structure to PPS Executive Committee as well as monitor practitioner engagement plan. In addition, we will establish Practitioner Groups, whose leads will represent practitioners to the Clinical/Operations Committee as needed to advance the engagement agenda. Our hope is that if practitioners feel they have a voice in the process, they will be more responsive to performance reporting and management.

IT Systems. Because of the complexity of the DSRIP initiative, there is a risk that the IT capabilities will not be able to provide practitioners and managers with the data they need to make decisions. To mitigate this risk, IT personnel will be involved as performance measurement specifications are developed.

Time Lag in Capabilities. We recognize that we will need to monitor performance starting April 1, 2015; clearly our reports will not be deployed at that point, which is a risk to the performance management system and culture. To address this challenge, we will prioritize reporting needs and roll them out incrementally. In the interim, we will rely on the State's data via the MAPP portal (e.g., performance on the claims-based, non-Hospital CAHPS DSRIP metrics as well as the DSRIP population health metrics) to benchmark ourselves against other PPSs and compare Network Members' progress internally. In addition, we will identify other available performance measures which may serve as effective proxies and leading indicators for some of the more important metrics, until the official measure is available."

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.)

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"IT Systems and Processes. Clearly, IT infrastructure forms the backbone of reporting capabilities. Though inputs to the reports will come from clinicians, Project Leads, key Network Members and other stakeholders, the analytic output is dependent on the PPS' IT function putting it all together in a useful manner.

Governance. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered. The NYP PPS Clinical/Operations Committee will be responsible for reporting on PPS performance, both at an individual project level and at a network level. This Committee will be led by one NYP representative and one community provider or CBO representative, with membership including representation from all Network Members. This group will report directly to the Executive Committee and receive analytical support from the IT/Data Governance Committee and the PMO. The Finance Committee will also monitor financial performance (revenue and expenses) of the PPS. Both committees will report on the "State of the PPS" at bi-monthly committee meetings and at Executive Committee meetings.

Workforce Strategy. The size of the NYP PPS—from Network Member, staff and provider perspectives—will pose the classic management challenge of integration, e.g., gaining buy-in to the established governance and performance management structure and processes. The Workforce Sub-committee will provide overall direction, guidance and decisions related to the workforce transformation agenda, including developing a change management strategy that addresses performance management. In addition, providers will need training on using performance reporting systems and/or understanding how to read and interpret reports.

Likewise, Practitioner Engagement and Clinical Integration will both be critical to creating a common performance culture throughout the PPS network, and to embedding the new performance reporting practices within existing clinical practice. "

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PMO	Isaac Kastenbaum, Director, DSRIP PMO	Initial performance reporting strategy
Project Leads	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster PD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN	Initial performance reporting strategy; clinical and financial outcomes for projects
Workforce Sub-committee	Eric Carr, Lead	Strategy to include performance reporting training into DSRIP-wide training, as appropriate
IT Lead	Gil Kuperman, MD, PhD, Director, Interoperability Informatics	Lead for creation of analytic tools
Network Members	variousto include community physician practices, FQHCs/Article 28, Article 31, Article 32 and, as appropriate, non-licensed Network Members that may impact, or be impacted by, PPS performance	Provide input and feedback into performance reporting and communications strategy

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IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
1199 TEF	Training Vendor	Assist with scheduling and rolling out training
Clinical/Operations Committee	PPS Committee	Oversee roll-out of performance reporting
IT/Data Governance Committee	PPS Committee	Oversee roll-out of analytic tools for performance reporting
PPS Lead Employees/Practitioners	Providers	Engage in training and required reporting
PPS Network Members	Primary care, behavioral health, substance abuse, care management and other provider and support functions, as appropriate	Engage in training and required reporting
PPS Network Members	IT and HR Contacts	Liaison for performance reporting implementation and training
External Stakeholders		
1199/NYSNA	Labor Unions	Advising on workforce issues related to training
DOH	DSRIP measurement partner and customer	Providing guidance, best practices and tools to enhance value of performance reporting
Medicaid Patients/Representatives	Healthcare customer	Input into performance monitoring and continuous performance improvement processes
Non-PPS IPAs/Physicians	Shared patients	Provide input and feedback into performance reporting as impacts the non-PPS network member

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IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

"The NYP PPS will use a variety of analytics tools (Microsoft Amalga, Tableau, SAS, etc.) to develop reports that monitor process and outcome measures with data from EHRs, Allscripts Care Director (care management platform), the Healthix RHIO and implementation reports. The analytics platform will provide population health management capabilities for the PPS. The platform will identify eligible patients, receive identifying information from NYS and combine it with NYP medical records and PPS-wide care coordination platform data. Analysts will create data marts that—with graphical front-end tools—will provide management reports, quality reports, reports for regulatory reporting purposes, lists of patients meeting specific criteria that need care coordination services and predictive models that identify likely high utilizers of care. The analytics platforms will leverage NYP's existing database hardware and analytics software, but additional application software, database servers and hard disk storage will be needed to support the PPS.

Analytics reports, including baseline, current and target performance metrics, will be available on the PPS's intranet website. Performance data will be reviewed at weekly PMO meetings and bimonthly Clinical/Operations Committees; to achieve necessary targets, each group will develop a plan-do-study-act (PDSA) cycle for metrics that are not achieving their goals. Any major tweaks to project activities will be reviewed by the Executive Committee and the NYS DOH, when appropriate. The IT/Data Governance Committee will be responsible for interfacing with the Project Leads as well as the Clinical/Operations Committee to ensure that dashboards, reports and metrics are accurate and user-friendly, i.e., easy to read/understand and helpful in making decisions."

IPQR Module 6.8 - Progress Reporting

Instructions :

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

From NYP's population health experience, we understand that effective rapid-cycle evaluation (RCE) is critical to the success of the NYP PPS's DSRIP projects. Effective RCE requires: 1) clear definitions and benchmarks for performance measurements; 2) developing the appropriate data governance standards; 3) scheduling regular meetings to review performance data; and 4) focusing on both process and outcomes data. We will measure the success of this workstream by examining the usefulness of reports, both to the PPS Committees and to practitioners, i.e., how much they are used to make decisions for the next reporting period. We will also look at how well providers and Network Members understand their performance.

IPQR Module 6.9 - IA Monitoring

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Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	In Progress	PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	In Progress	PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	07/01/2015	09/30/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	On Hold	Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task PPS Clinical Operations Committee, with input from PPS Project Leads, to develop engagement and communication plan including frequency of contact/meeting, potential agendas including educational sessions, information sharing approach, etc.	On Hold	PPS Clinical Operations Committee, with input from PPS Project Leads, to develop engagement and communication plan including frequency of contact/meeting, potential agendas including educational sessions, information sharing approach, etc.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	On Hold	Practitioner training / education plan.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task PPS Clinical Operations Committee with support of PMO to solicit input through a second survey sent to practitioner group members regarding topics of interest for future training/education	On Hold	PPS Clinical Operations Committee with support of PMO to solicit input through a second survey sent to practitioner group members regarding topics of interest for future training/education	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Committee to seek input from local government agency (DOHMH) as to alignment between survey findings and experience of agency in community; DOHMH to provide ongoing feedback as to needs and gaps	On Hold	PPS Clinical Operations Committee to seek input from local government agency (DOHMH) as to alignment between survey findings and experience of agency in community; DOHMH to provide ongoing feedback as to needs and gaps	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Committee with support of PMO to identify and stratify practitioners into appropriate groups for purposes of receiving practitioner engagement interventions. Such groups may include primary and specialty physicians and mid-levels, health home care managers, and behavioral health and substance abuse providers. Some practitioners may have mandatory practitioner engagement requirements and others may be voluntary depending on their role in project delivery and in future VBP arrangements.	On Hold	PPS Clinical Operations Committee with support of PMO to identify and stratify practitioners into appropriate groups for purposes of receiving practitioner engagement interventions. Such groups may include primary and specialty physicians and mid-levels, health home care managers, and behavioral health and substance abuse providers. Some practitioners may have mandatory practitioner engagement requirements and others may be voluntary depending on their role in project delivery and in future VBP arrangements.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task "PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop core training/education plan for practitioner groups focused on: a. Core goals of DSRIP program b. NYP PPS projects - goals, metrics, timing and key success factors c. Integration with existing initiatives "	On Hold	"PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop core training/education plan for practitioner groups focused on: a. Core goals of DSRIP program b. NYP PPS projects - goals, metrics, timing and key success factors c. Integration with existing initiatives "	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education plan which may include the following potential topics: a. Best operational practices under DSRIP b. Best financial practices under DSRIP c. PPS resources available to address social determinants of health d. Intro to population health management e. Role of Health Homes f. IT trends: HIE, RHIO, SHIN-NY, etc. and impact on practitioners g. Building cultural competency and health literacy among practitioners h. Quality improvement tools, techniques and approaches	On Hold	Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education plan which may include the following potential topics: a. Best operational practices under DSRIP b. Best financial practices under DSRIP c. PPS resources available to address social determinants of health d. Intro to population health management e. Role of Health Homes f. IT trends: HIE, RHIO, SHIN-NY, etc. and impact on practitioners g. Building cultural competency and health literacy among practitioners h. Quality improvement tools, techniques and approaches	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task "Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education materials which may include the following approaches: a. In-person trainings b. Web-based trainings	On Hold	"Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education materials which may include the following approaches: a. In-person trainings b. Web-based trainings c. Clinical forums (consistent with current NYP practice) d. Case studies	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
c. Clinical forums (consistent with current NYP practice) d. Case studies e. Affinity Groups"		e. Affinity Groups"							
Task Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to launch practitioner training/education	On Hold	Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to launch practitioner training/education	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task "PPS Clinical Operations Committee with support of PMO and NYP Talent Management to recommend, develop and implement feedback mechansim to ensure that: 1) engagement interventions are meeting the needs of practitioners in the community, including customization to the different levels of sophistication of providers and to the different demands of their practive, as those needs evolve; and 2) engagement interventions are meeting the to-be-determined needs of the PPS"	On Hold	"PPS Clinical Operations Committee with support of PMO and NYP Talent Management to recommend, develop and implement feedback mechansim to ensure that: 1) engagement interventions are meeting the needs of practitioners in the community, including customization to the different levels of sophistication of providers and to the different demands of their practive, as those needs evolve; and 2) engagement interventions are meeting the to-be-determined needs of the PPS"	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Competition for practitioner time: The NYP PPS geography has several different PPSs and many practitioners are members of multiple PPSs. As such, demands on these providers are high. We will mitigate this risk by: 1) seeking input from practitioners as to topics of interest, methods of communication and availability, so the training/education plan is sensitive to their needs; 2) collaborating (where feasible and practical) with other PPSs in general training and education topics; and 3) offering virtual participation for most training/education events.

Sustaining practitioner engagement over DSRIP term: Competing demands for time within and across PPSs, and the need for practitioners to maintain their non-DSRIP businesses over the term of DSRIP will be a risk. If not mitigated, that risk could result in a lack of engagement across the PPS which could jeopardize the level of awareness, knowledge and expertise required to produce the broad system transformation DSRIP aspires to. The primary mitigation strategy is to ensure that the practitioners are engaged in meaningful, efficient and effective training and education that delivers value to the practitioner and not just the NYP PPS or the DSRIP Program more broadly.

High practitioner turnover undermines common knowledge foundation: New care delivery models and new roles require significant practitioner up-staffing which is expected to lead to intense competition for resources. While the mitigation strategy for the resource competition remains elusive as of now, the mitigation strategy for delivering practitioner training/education in a high turnover environment may benefit first and foremost from a commitment by the State (including DOH, OMH, OPWDD, etc.) to developing and delivering high-value cross-PPS training modules. That means the training/education burden at the PPS level is specific to PPS projects, strategies and populations. Then, the mitigation strategies become: 1) simple, direct, "turnkey" training, especially virtual training and training which can be delivered in a "train-the-trainer" mode; and 2) collaborating (where feasible and practical) with other PPSs in general training and education topics so practitioners have a choice of trainings available and the expense burden is shared.

Technology as a barrier to engagement, collaboration and understanding: Practitioners are both dependent on, and frequently isolated by, technology. That is, technologies that support workflow, decision-making and record-keeping are frequently different within and across practitioner types. That can negatively affect engagement, communication and transformation of clinical practice. To mitigate this risk, a multi-pronged approach must be taken. One is a concerted effort to raise the level of all primary care practitioners through the common requirements and language of PCMH and Meaningful Use. Another is to emphasize connection to the RHIO and SHIN-NY so that practitioners have a better connection to the overall care of the patient populations they serve. Finally, deploying a technology like Allscripts Care Director for care management similarly helps build connections between practitioners and institutions.

Managing resistance to change in clinical pathways and care models: Certain practitioner types, esp. community physicians, will likely be resistant to changing practice. To mitigate this, the PPS may seek to: 1) collaborate with other PPS to create a common language related to delivery system change strategies and tactics; 2) draw on case studies of applicable initiatives that show success which may be available through the MIX platform; 3) enlist change management techniques currently deployed by the PPS Lead's training and education department; and 4) develop evidence-based practices and case-studies to support rationale for change.

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IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Interdependence of the Practitioner Engagement Workstream with other workstreams is high, including:
Financial Sustainability/Budget: This commitment to practitioner engagement requires significant investments on the part of the PPS in an environment where: 1) proceeds from the DSRIP waiver are still unknown, and 2) specific mandates for practitioner engagement were not provided at the time PPS application and budgets were developed. While engaging practitioners was always a PPS plan, practitioner engagement plans will now need to be sized consistent with Waiver proceeds.

Governance and Financial Sustainability: The PPS Clinical Operations Committee is an essential conduit for practitioner interests and will need to consider practitioner needs perhaps more broadly than its actual representation at any given time. Similarly, the PPS Finance Committee will need to consider practitioner incentives.

Workforce Strategy: Promoting practitioner engagement will need to be done hand-in-hand with developing the practitioner workforce. The Workforce Sub-committee can provide an important perspective regarding training and change management across and within practitioner groups.

Strong IT systems and processes: IT systems and processes capable of collecting and analyzing key performance and financial metrics are essential to delivering evidence-based models, case studies and performance reports needed to engage practitioners and transform care delivery.

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IPQR Module 7.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS PMO - Network Relations	TBD	"Facilitate the development and implementation of the practitioner engagement strategy including designing surveys and analyzing responses; collaborate with other PPS as appropriate and with the State to encourage state-wide approach to training and education "
PPS Clinical Operations Committee Co-Chairs	J. Emilio Carrillo, MD, NYP VP Community Health and Rotating PPS Network Member	Represent practitioner interests, solicit input through surveys and recommend practitioner group structure to PPS Executive Committee; monitor practitioner engagement plan
Practitioner Group Leads - Primary and Speciality	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of primary and, in some case, specialty physicians, nurse practitioners and other mid-level providers
Practitioner Group Leads -Behavioral Health and Substance Abuse	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of behavioral health physicians, nurse practitioners and other mid-level providers, social workers, CSACs and, as appropriate, even peer advisors.
Practitioner Group Leads -Care Management and Health Homes	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of health home care managers (lay and licensed)
Practitioner Group Leads -Post-acute Care	TBD	Represent practitioner groups to the Clinical Operations Committee as needed to advance the engagement agenda for this key constituency of non-acute (institutional or in-home/community-based) nurses, social workers, therapists and care managers
DOHMH	TBD	Provide ongoing feedback to Clinical Operations Committee as to initial survey findings and evolving practitioner engagement needs

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IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioners in PPS including NYP ACN physicians, 6 community physician practices, 3 FQHCs (Harlem United, Charles B Wang CHC, Community Healthcare Network), and various providers of mental health and substance abuse service.	Target of engagement activities	Participation and feedback Practitioners will be expected to provide feedback via surveys so that training and other engagement programs can be customized for optimal results (including customizing for practitioner sophistication); in addition they will be expected to participate in education and training programs and other forums designed to increase engagement and improvem sustainability
Project Leads	Advising PPS Clinical Operations Committee	Project Leads will be expected to provide both facts and impressions related to engaging practitioners within their specific DSRIP projects. Project Leads will also be expected to champion engagement strategies developed by the PPS Practitioner preparedness/gaps
PPS IT/Data Governance Committee	Provider of infrastructure and enabling technologies	Identify practitioner type-specific needs and engage at practitioner level in addition to DSRIP Project focus
External Stakeholders		
Other PPSs in geography including Mount Sinai, HHC, Maimonides and Bronx Lebanon	Potential Collaborator	Identification and facilitation of cross-PPS collaboration and engagement opportunities which may support both reaching a broader practitioner community and reinforcing engagement, skills, and best practices

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IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Shared IT infrastructure will be required to collect and synthesize the data necessary for performance reporting that demonstrates practitioner performance, project performance and supports case study development. While a ""shared IT infrastructure"" is not required for easy access to virtual training and content, good IT will enable it.

In addition, we will build on the success of our current Health Home effort which uses shared IT to engage practitioners across a wide spectrum of practice. For example, we have recent experience engaging behavioral health practitioners (NYS Psychiatric Institute, The Bridge), care managers/coordinators (ACMH, Argus), post-acute providers (Hebrew Home, Isabella) in the targeted, high-touch management of this patient population on a common platform of Allscripts Care Director. The RHIO will further enable these and other practitioners to engage and collaborate.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

The success of this workstream will be measured by practitioner performance in meeting goals of DSRIP projects. In addition, success may be measured through practitioner surveys/feedback on engagement plan alignment with surveyed needs.

The effectiveness of this Workstream may also be measured through the measurement of training effectiveness and the recruitment and retention of practitioners in the various groups.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task PPS PMO to establish PMO-PCMH Team	Completed	PPS PMO to establish PMO-PCMH Team	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	Completed	PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	In Progress	PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	In Progress	PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	In Progress	PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	On Hold	Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	On Hold	Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	On Hold	PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	On Hold	PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	On Hold	PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	On Hold	PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	On Hold	Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS PMO to integrate emerging project-level pop health data needs into roadmap	On Hold	PPS PMO to integrate emerging project-level pop health data needs into roadmap	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task	On Hold	PPS PMO, PCMH Team and Workforce Sub-committee to roll	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS PMO, PCMH Team and Workforce Sub-committee to roll out training plan consistent with roadmap		out training plan consistent with roadmap							
Task PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	In Progress	PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
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.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, and inpatient behavioral, using PMO and DOH reports on reductions in avoidable hospital use when available	On Hold	PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, long-term care, and sub-acute rehab; and behavioral and substance abuse capacity across inpatient, residential, partial hospitalization and other settings, using PMO and DOH reports on reductions in avoidable hospital use when available	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task "Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	On Hold	"Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task PPS Lead to develop and ratify inpatient capacity change plan as appropriate	On Hold	PPS Lead to develop and ratify inpatient capacity change plan as appropriate	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task	On Hold	PPS community providers impacted by forecasted capacity	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS community providers impacted by forecasted capacity change to be advised by PPS Lead of magnitude and to determine the need for their own capacity change plan if such change not already contemplated in collaborative implementation planning		change to be advised by PPS Lead of magnitude and to determine the need for their own capacity change plan if such change not already contemplated in collaborative implementation planning							

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

Major risks to implementation of the Population Health workstream, and associated mitigation strategies include:
Current Care Delivery and Reimbursement Models: There is a disconnect presently between population health management demands and the approach to care delivery at the practice/provider level. Care remains siloed with providers still rewarded largely on the basis of procedures or other discreet clinical interventions rather than the health of the populations they serve. To mitigate this risk, performance bonuses expected to be available as a result of the waiver may be used to create incentives for adherence to population health metrics and techniques. In addition, more locally, we will structurally drive a better population health orientation through the use of interdisciplinary teams with active participation of care managers.

Community Provider Engagement in PCMH certification: DSRIP requires network participants to achieve PCMH and MU standards. Such standards come at a cost to providers, both in terms of real financial cost and the distractions and productivity hits the PCMH process can cause to practices. Two key mitigation strategies will be used: 1) the NYP PPS will provide material support to community providers who are on the journey to PCMH and MU by participating in the financing of the effort; 2) the NYP PPS will leverage its extensive experience bringing community providers to PCMH and MU standards, including deploying best implementation, training and education, documentation and other practices which reduce the adverse business impact on the community practices.

Collecting, analyzing and interpreting population health data: The risk exists that preparing for true population health management may be cost-prohibitive vis. consultants, IT infrastructure and data/statistical capabilities required. Mitigation strategies include: collaborating with the State for shared resources, including scrubbed and searchable population data for Medicaid attributed beneficiaries, and collaborating with other PPS to increase scalability of this requirement.

Financial Sustainability: The financial sustainability of the transformation to population health management and any one of the related VBP models of reimbursement is, to date in NYS, unproven. The complete universe of risks are not yet understood and there is great diversity in the sophistication of providers statewide. Mitigation strategy includes a deliberate and thoughtful approach to population health management and VBP enabled by conservative investments in associated infrastructure.

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.)

Interdependence of the Population Health Workstream with other workstreams is high. In fact, Population Health is inextricably linked to

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Practitioner Engagement, Clinical Integration, IDS, Performance Reporting, Cultural Competency, Workforce and IT.

Practitioner Engagement and Clinical Integration: The PPS needs a strong and well-executed practitioner engagement strategy. The practitioner engagement training & education described in the Practitioner Engagement section will include education regarding population health management so clinicians can begin to make the shift in approach and practice necessary for success under the DSRIP program. Similarly, effective population health management requires new models of clinical integration, especially integration with those providers and CBOs that impact the social determinants of health.

IT Systems and Processes and Performance Reporting: The foundation of effective population health management is IT. Without a robust population health IT capability, efforts will be short-lived and unmeasurable. Putting the resources in place to build this capability will be critical to Program Success. Similarly, building a capable performance reporting function which makes proper use of Rapid Cycle Evaluation will be important to the smart design and maintenance of population health efforts.

Workforce Transformation and Cultural Competency: Shifting to a population health sensibility requires both new kinds of workers as well as existing workers with new expertise and understanding. Teaming with the Workforce Sub-committee to ensure the programmatic needs of population health are married to the project-level needs of service delivery will be important. Integrating Cultural Competency into the hiring, training, staffing and workflow processes will be critical to making this redesigned workforce most effective.

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS PMO-Population Health Team	Gil Kuperman, Niloo Sobhani and others	Design DSRIP population health IT approach and integrate it with existing population health IT efforts
PPS CNA Team	Emilio Carrillo, Victor Carrillo and others	Provide integration of CNA findings with population health approach
PPS PMO-PCMH Team	Victor Carrillo and others	Develop roadmap to achieving 2014 NCQA Level 3 standards and Meaningful Use across the PPS
PPS PMO	Isaac Kastenbaum	Provide integration across clinical, financial, IT and performance reporting functions and demands
PPS Network Members impacted by care model delivery changes	various	Support population health approach despite significant differences to current operations and strategies
PPS Network Members impacted by capacity changes	various	Forecast changes in capacity needs

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IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Clinical Operations Committee	Both adviser to and consumer of population health function	Self-educate on this new capability to provide effective leadership to PPS efforts
PPS CBO Network Members	Provider of enhanced roles under population health	Bring expertise related to social determinants of health to PPS in design of population health strategy
External Stakeholders		
NYS DOH	Driver of population health approach for Medicaid population	Facilitate population health collaboration statewide
Various City and State agencies	Consumer of population health data	Provide population health expertise for different populations/diseases
MCOs	VBP stakeholder	Provide insight and expertise into population health management approaches that may be relevant to NYP PPS
Other PPSs	Beneficiaries of and contributors to pop health success	Collaborate to enable cross-PPS integration/visibility

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IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

The PPS Lead, NYP, has emerging population health IT capabilities and has acquired and implemented population health software on a limited basis. Current population health management capabilities include (i) an enterprise master patient index that consistent patient identification across NYP and its affiliated organizations, (ii) data warehousing platforms with front-end query capabilities that enable registry development, risk stratification and panel management, (iii) applications that support the workflow of care coordinators – i.e., clinical documentation, care plan development task management, etc., and (iv) participation in Healthix that enables inter-institutional data transfer. At this point, we have not yet explored other population health IT capabilities outside of the Lead but will do so under the direction of the IT/Data Governance Committee.

The PPS IT function is developing detailed plans for the building population health IT adequate to serve the needs of the PPS. That effort will be funded by a combination of DSRIP Waiver proceeds (for which there is a detailed IT budget currently) and by the CRFP IT grant (pending approval) which will support the purchase of assets needed to build the necessary population health IT platform.

Finally, we will look to emerging strategies and technologies across NYS to identify best practices for population health IT in the context of the DSRIP program.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The success of the Population Health Management workstream will be measured by the ability of the PPS to both track and manage individual PPS attributed beneficiaries across the PPS continuum while also assessing those beneficiaries against the outcomes and costs of the entire attributed beneficiary population. Specifically, we will use both DSRIP required outcome measures (which include cost, access and utilization measures) as well as our own specific population health metrics which will be recommended to the PPS IT/Data Governance Committee by the Project Leads in collaboration with the PPS Clinical Operations Committee and which have not yet been developed given the recency of the population health approach to the NYP PPS.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	On Hold	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	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project,	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project, incorporating the community needs assessment and the current partner lists. This provider map will cover the entire	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
incorporating the community needs assessment and the current partner lists. This provider map will cover the entire continuum of the providers involved		continuum of the providers involved							
Task Based on experience to date implementing DSRIP Projects, the PMO, in consultation with the Project Leads and the CNA team, to perform a gap analysis of the provider network involved in that project, using the clinical integration needs assessment framework to determine which elements of clinical integration (people, process, technology and data components) are currently present and where they are completely or partially lacking.	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with the Project Leads and the CNA team, to perform a gap analysis of the provider network involved in that project, using the clinical integration needs assessment framework to determine which elements of clinical integration (people, process, technology and data components) are currently present and where they are completely or partially lacking.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Project Leads to present clinical integration needs assessment to PPS Clinical Operations Committee for discussion and ratification	On Hold	Project Leads to present clinical integration needs assessment to PPS Clinical Operations Committee for discussion and ratification	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS Clinical Operations Committee to ratify clinical integration needs assessment	On Hold	PPS Clinical Operations Committee to ratify clinical integration needs assessment	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Develop a Clinical Integration strategy.	On Hold	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	07/01/2016	06/30/2017	07/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
Task Using clinical integration needs assessment as foundation, Project Leads, in collaboration with	On Hold	Using clinical integration needs assessment as foundation, Project Leads, in collaboration with key Network Members associated with each DSRIP project, define what the target	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
key Network Members associated with each DSRIP project, define what the target clinical integrated state should look like from a people, process, technology and data perspective and identify the main functional barriers to achieving integration		clinical integrated state should look like from a people, process, technology and data perspective and identify the main functional barriers to achieving integration							
Task Project Leads, in collaboration with key Network Members associated with each DSRIP project, and using previous analyses, define and prioritize the steps required to close the gaps between current state and desired future state	On Hold	Project Leads, in collaboration with key Network Members associated with each DSRIP project, and using previous analyses, define and prioritize the steps required to close the gaps between current state and desired future state	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PPS PMO facilitates Project leads and key Network Members associated with each DSRIP project, in a prioritization or ranking of clinical integration need based on the results of the assessment as all Network Members may not require the same degress of clinical integration as others.	On Hold	PPS PMO facilitates Project leads and key Network Members associated with each DSRIP project, in a prioritization or ranking of clinical integration need based on the results of the assessment as all Network Members may not require the same degress of clinical integration as others.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Project Leads, in collaboration with key Network Members associated with each DSRIP project, identify whether conditions exist to support evidence-based clinical pathways for deployment across the PPS, or some modification of same, which may include clinical guidelines, protocols, best practices or benchmarks.	On Hold	Project Leads, in collaboration with key Network Members associated with each DSRIP project, identify whether conditions exist to support evidence-based clinical pathways for deployment across the PPS, or some modification of same, which may include clinical guidelines, protocols, best practices or benchmarks.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Care Transition Project Lead, in collaboration with their Network Members, to facilitate the identification of people, process, technology and data synergies required for integrated and seamless transitions from inpatient to the outpatient and/or home care settings.	On Hold	Care Transition Project Lead, in collaboration with their Network Members, to facilitate the identification of people, process, technology and data synergies required for integrated and seamless transitions from inpatient to the outpatient and/or home care settings.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task PMO to integrated findings and recommendations and, with IT, to facilitate the	On Hold	PMO to integrated findings and recommendations and, with IT, to facilitate the identification of people, process, technology and data commonalities/synergies required for	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
identification of people, process, technology and data commonalities/synergies required for clinical integration across projects.		clinical integration across projects.							
Task PMO, in collaboration with PPS Finance Committee, to develop incentives (financial, service, technology) to encourage clinical integration	On Hold	PMO, in collaboration with PPS Finance Committee, to develop incentives (financial, service, technology) to encourage clinical integration	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task PMO facilitates aggregation of gap closure steps, clinically integrated care transitions approach, operational and IT synergies and incentives into clinical integration strategy	On Hold	PMO facilitates aggregation of gap closure steps, clinically integrated care transitions approach, operational and IT synergies and incentives into clinical integration strategy	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Project Leads, with PMO support, to present clinical integration strategy to PPS Clinical Operations Committee for review and ratification	On Hold	Project Leads, with PMO support, to present clinical integration strategy to PPS Clinical Operations Committee for review and ratification	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task PPS Clinical Operations Committee ratifies clinical integration strategy	On Hold	PPS Clinical Operations Committee ratifies clinical integration strategy	04/01/2017	06/30/2017	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Major risks to implementation of the Clinical Integration Workstream, and associated mitigation strategies include:
Managing resistance to change in care delivery models: Certain providers will likely be resistant to changing practice in support of a more clinically integrated model. In addition, many providers who are critical links in the integration chain operate largely in silos from the other pieces of the delivery system. To mitigate this, the PPS may seek to: 1) invest in resources to support clinical integration (care and case managers, mid-level providers, data-sharing technologies) and decrease the burden on the provider; 2) draw on case studies of applicable initiatives that show success which may be available through the MIX platform; 3) enlist change management techniques currently deployed by the PPS Lead's training and education department.

High practitioner turnover may be a barrier to consistent, sustainable integration: New care delivery models and new roles require significant practitioner up-staffing which is expected to lead to intense competition for resources. The mitigation strategy for supporting consistent, sustainable integration in a high turnover environment may include simple, direct, ""turnkey"" training for new providers on clinical integration resources, processes, policies, protocols/pathways and dashboards; this may be developed by the PPS Lead's training and education departments in collaboration with Network Member training staff, or in collaboration with industry groups like GNYHA, HANYS, 1199TEF or other PPS.

Conflicting or overwhelming demands on providers participating in more than one PPS: Many providers--post acute, community physicians, CBOs and behavioral health providers--have obligations in more than one PPS. Clinical integration strategies may look different from PPS to PPS. Providers may be overwhelmed with slightly different or even conflicting approaches to clinical integration which will make their participation impractical. Mitigation strategies may include: 1) collaboration with other PPSs to standardize approaches, terminology, reporting requirements, etc. where possible by further developing plans to engage with them, especially those two PPSs with a heavy presence in Manhattan; and 2) a relentless commitment to basing these clinical integration strategies in simplicity and common sense, removing bureaucratic and administrative hurdles.

Strong clinical integration requires strong IT systems and processes locally and at the State/regional level, and is a significant investment for the PPS and for participating Network Members:
New IT and communications are needed to support data and information-sharing between providers, levels of care and with CBOs. Designing and building new tools for data sharing when a significant amount of the sharing infrastructure is the responsibility of the RHIO(s) and SHIN-NY is a complex challenge. To mitigate this risk, we will: 1) Continue to use our leadership position in the RHIO to push the RHIO and SHIN-NY to accelerated, high performance; and 2) integrate members of the PPS IT/Data Governance Committee into the team developing the clinical integration strategy.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

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Instructions :

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

Interdependence of the Clinical Integration Workstream with other workstreams is high, including:
Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement strategy. The practitioner engagement training & education described in the Practitioner Engagement section will include education regarding clinical integration so clinicians can develop the skills and capabilities required to deliver integrated care across the continuum and with non-traditional partners in healthcare delivery.

Cultural Competency: Patients as well as practitioners will need to adapt to the new models of care, integration and population health. As such, we will incorporate Cultural Competency into the Clinical Integration approach.

IT Systems and Processes: Without a solid IT foundation to support data sharing and communication between and among providers and CBOs, clinical integration is manual and unsustainable. IT systems and processes will therefore need to be designed and built (a) with the goal of reducing administrative processes from their current levels and (b) with the input of clinical end users. Putting the resources in place to build this capability will be critical to Program Success.

Workforce Transformation: Shifting to a model of clinical integration requires both new kinds of workers as well as existing workers with new expertise and understanding. Teaming with the Workforce Sub-committee to ensure the skills and expertise required to work in an effective inter-disciplinary manner are developed will be important.

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Clinical Operations Committee Co-Chair	Emilio Carillo MD, NYP VP for Community Health	Provide overall community health and clinical integration expertise and leadership to the PPS Clinical Operations and Executive Committees for the development of the clinical integration strategy
Project Leads and Key Network Members	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster PD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Ronald Adelman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN plus key Network Members TBD	Provide expertise and leadership for the development of the clinical integration strategy, report on its progress to the PPS Clinical Operations Committee
CNA Team	Emilio Carillo MD and Victor Carillo	Support the identification of resource gaps in the community
PMO	Isaac Kastenbaum, DSRIP PMO Director	Provide project management coordination and facilitation so that strategy is consistent and efficient across projects
IT	Gil Kuperman MD, PhD, Director Interoperability Informatics	Provide IT expertise and facilitation to prioritize and streamline IT infrastructure needed for effective data sharing
PPS Finance Committee	Robert Guimento, Brian Kurz and others	Provide financial expertise and leadership to the PPS Clinical Operations and Executive Committees for the development of incentives to support clinical integration
Workforce Sub-committee	Eric Carr, VP HR and others TBD	Develop (re)training and recruitment appropriate to support clinical integration needs
Practitioner Groups	various	Provide feedback to Project Leads and to PPS Clinical Operations Committee regarding effectiveness of clinical integration strategy

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IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitionersincluding 4 FQHCs, 6 community physician practices	Users of new roles, processes, technology and data	Provide feedback including recommendations for streamlining and sustainability
Clinical Leadership at PPS Lead and Network Member organizations (post-acute: VNSNY, ArchCare, Isabella, Hebrew Home, Amsterdam, MJHS, Schervier and others; primary care: 4 FQHCs, 6 community physician practices, the NYP ACN, and others; behavioral health and substance abuse: The Bridge, ASCNYC, ACMH, NYSPI, Argus and others, etc.)	Champions for new roles, processes, technology and data	Participation in PPS Clinical Operations Committee, ad hoc work groups, the PAC and in other public forums to champion the change
External Stakeholders		
Groups that address the social determinants of health (e.g., DOHMH, End of the Epidemic Taskforce, NYS Quitline and others)	Social determinants of health and clinical integration	Resources, expertise and perspective on statewide approaches to addressing social determinants of health
Groups involved in care management/care coordination of populations (e.g., NY e-Health Collaborative)	Care management/care coordination and clinical integration	Resources, expertise and perspective on statewide approaches to addressing care management/care coordination for Medicaid population
Professional and Trade Groups (e.g., GNYHA, HANYS, PCDC and others)	Industry approaches to clinical integration	Resources, expertise and perspective on statewide approaches to achieving clinical integration across regions and providers
Civic/Community Advocacy Groups (e.g., Community Boards 12 and 1, United Way of NYC and others)	Community needs and clinical integration	Resources, expertise and perspective on local and regional approaches to addressing community needs

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IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean becoming PCMHs or enhancing their level of certification, for others it will mean joining the RHIO, for still others it will mean learning and utilizing Allscripts Care Director and tracking and monitoring registries of Medicaid beneficiaries participating in the PPS. The development of the clinical integration strategy and the development of the project plans will help determine which IT infrastructure elements are high priority. Elements will include:
- Architecture
- Data sharing and confidentiality protocols
- Platforms
- Approach to automated and manual processes
- Data reporting and performance monitoring
- Secure messaging and alerts
- Role of portals

The State will play a key role in supporting clinical integration from an IT standpoint. In particular, accelerating the SHIN-NY will be critical to bridging geographical regions. In addition, if the State can redesign the RHIO consent process to streamline the consent to the PPS level (versus the provider level), that would materially facilitate integration.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

Clinical integration done well has direct and measurable impact on the population served. The DSRIP Domain 1, 2 and 3 measures related to patient satisfaction, utilization and clinical process and outcome indicators will improve if clinically integrated care--people, process, technology, data sharing, etc.--is delivered. The strategy for measurement and monitoring is just now getting underway and will be an iterative process given its complexity and the inadequacy of many current systems and approaches in measuring clinical integration. Retention of providers in the Network will be one indicator of the success of the PPS in creating an administratively manageable and navigable strategy. Measurement of patient experience with respect to clinical integration will also become an indicator of success. That measurement approach, which may include patient surveys, has yet to be defined.

IPQR Module 9.9 - IA Monitoring:

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Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

The overall approach to implementation is based on the Collective Impact model of social innovation. As described by the Stanford Social Innovation Review, collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem…. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

The centralized infrastructure is represented by the five-committee structure of the NYP PPS Collaborative Contracting Model of governance: Executive Committee, Finance, IT/Data Governance, Clinical/Operations and Audit/Corporate Compliance ("Governance Committees"). The Executive Committee is the entity from which all PPS functions receive their guidance and to which they ultimately report. The remaining four committees are responsible for executing the Executive Committee's vision and implementing and monitoring the projects.

The NYP PPS has established a Project Management Office (PMO) consisting of dedicated staff who will work across the PPS to provide the operational and project management aimed at ensuring all milestones and metrics are met as well as aligning the clinical and operational standards under which the entire PPS will operate. This staff will be led and managed by NYP's VP, Integrated Delivery System, who will also at as the PPS Executive Lead on the Executive Committee.

Work, however, will be done at the local level. Each of the 10 Project Leads (clinical, operational and administrative staff such as Service Line leaders and providers) will be supported by individual Project Managers sitting inside the PMO. This dyad will be responsible for designing the implementation plan in close collaboration with Network Members, executing day-to-day project operations and shepherding the projects through a structured process designed to ensure success of the program through a common agenda, shared measurement and mutually reinforcing activities among the Project Leads, Network Members and project teams. The PMO will continue regular meetings with all Project Leads to discuss ideas, issues and roadblocks as well as to ensure provider inclusion and commitment to the goals of the PPS.

The Project Managers and Project Leads will report regularly to the Governance Committee on implementation metrics (e.g., number of staff hired/trained, outreach efforts, encounters) and relevant quality and outcome metrics (e.g., HIV viral load suppression). All of the projects will be connected through the broader processes taking place across the PPS and monitored by the PPS Executive Committee. These broader processes include but are not limited to: IT infrastructure development; workforce training and management; and Medicaid MCO negotiations and contracting.

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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.

The most significant interdependency among projects has to do with the IT infrastructure necessary to support the development of an integrated delivery system for the NYP PPS's attributed Medicaid population. Ensuring that patients receive optimal care will require providers across the PPS to have the most accurate information about the current state of the patient—including the patient's clinical and utilization data and the names of other providers and CBOs involved in the patient's care—so that the care provider can make appropriate care decisions and use available resources most effectively. The NYP PPS IT/Data Governance Committee will be responsible for overseeing the implementation of the IT Infrastructure and reporting progress regularly to the NYP PPS Executive Committee.
The PPS's Workforce Strategy will provide an opportunity for cross-project collaboration. Two examples are technical training and cross-project hiring. First, most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the RHIO. New and existing workers at all levels will need technical training and engagement support to ensure that impacted staff are ready, willing and able to succeed with the new system. To address this challenge, the NYP PPS will retain the 1199SEIU Training and Employment Funds (TEF) as the lead workforce development provider.
Cultural Competency and Health Literacy training is a key to the success of all projects. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. In addition, NYP and ASCNYC are partnering to develop a Peer Training Institute which will be a PPS center for Community Health Worker, Patient Navigator, Health Educator and Interpreter training serving.
Overlapping goals and requirements of different projects could lead to duplicate efforts without strong, centralized planning and management. For example, managing transitions of care more effectively will be a central part of multiple projects, and without a proactive approach to our Care Transitions Strategy there is a risk that different protocols will be developed at different sites or in different projects. Many projects also share same or similar project requirements (e.g. 30-day Care Transitions and Ambulatory ICU). To address this issue, the Clinical/Operations committee has been charged with defining standards.
In addition, we will map out all of the project requirements affecting our committed providers and develop a "heat map" of the project requirements that show where they cross-cut and which providers will be involved in the most projects. For those project requirements that are most pervasive, we will set up specific teams tasked with driving consistent, coordinated implementation.
There are three primary PPSs that overlap with ours: Mount Sinai, NYC HHC, and Advocate s. During the Design Grant phase we met with both Mount Sinai and HHC about potential project overlap and collaborations. In both instances it was agreed that starting in DY1 we would meet to explore operational and infrastructure opportunities.. In addition, we have met with Advocate Community Partners to understand their PPS and describe our projects/vision for the PPS, particularly with respect to the Lower Manhattan service area. We have also started conversations with the New York Hospital Queens Performing Provider System.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Leads and Key Network Members	Elaine Fleck MD, Adriana Matiz MD, Peter Steel MD, Jordan Foster MD, Patricia Peretz, Peter Gordon MD, Sam Merrick MD, Veronica Lestelle, Craig Blinderman MD, Ronald Adelman MD, Barbara Linder, Dianna Dragatsi MD, David Albert DDS and Julie Mirkin RN plus key Network Members TBD	Provide expertise and leadership for development and implementation of projects
PMO	Isaac Kastenbaum, Director Strategy, NYP and Director of NYP PPS PMO	Provide project management coordination and facilitation so that strategy is consistent and efficient across projects
IT	Niloo Sobhani, Corporate Director IT, NYP and Gil Kuperman MD, PhD, Director Interoperability Informatics, NYP	Develop and implement IT infrastructure needed for success of projects
PCMH Certification Team	Emilio Carillo MD, VP Community Health, NYP	Drive the implementation of NCQA 2014 Level 3 PCMH certification across the PPS
Community Health Department	Emilio Carillo MD, VP Community Health, NYP and Victor Carrillo, Director Community Health, NYP	Design and implement cultural competency training across the PPS
NYP ACN	Rob Guimento, VP NYP ACN and Brian Kurz, NYP ACN Finance, NYP	Oversee the increase in capacity at ACN practices
Workforce Sub-Committee	Eric Carr, HR Director NYP and others TBD	Develop (re)training and recruitment; develop and implement change management strategy
Legal	Cheryl Parham, Lead Counsel, NYP	Pursue regulatory waivers and relief on behalf of projects; ensure contracts among Network Members and with vendors are sufficient
Managed Care Office	Dov Schwartzben, SVP Managed Care, NYP	Lead conversations and negotiations with MMCOs

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IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
David Alge, VP Integrated Delivery System	DSRIP Executive Lead	Oversight of the DSRIP initiative for the PPS
Debora Marsden, Compliance Officer	"PPS Lead - Compliance PPS Lead - Audit "	Oversight of Compliance and Audit functions, staffing and deliverables
Clinical Leadership at PPS Lead and Network Member organizations (post-acute, primary care, behavioral health, substance abuse, etc.)	Champions for new roles, processes, technology and data	Participation in PPS Clinical Operations Committee, ad hoc work groups, the PAC and in other public forums to champion the change
Practitioners	Users of new roles, processes, technology and data	Provide feedback including recommendations for streamlining and sustainability
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
Ron Phillips	Chief Human Resources Officer, NYP	Support Workforce Strategy implementation in each project
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Support Workforce Strategy, Cultural Competency adoption in each project
Aurelia Boyer	Chief Technology Officer, NYP	Overseeing all IT implementation
Various PPS Network Members (rotating)	All PPS Standing Committees	Oversight of PPS Standing Committee Roles
PPS CBO Network Members	Provider of enhanced roles under population health	Bring expertise related to social determinants of health to PPS in design of population health strategy
PAC	PAC membership	Represent PPS members interests and understand community needs
Community Needs Assessment Team	Emilio Carillo MD and Victor Carillo	Support the identification of resource gaps in the community
External Stakeholders		
1199 SEIU; NYSNA	Labor Representation	Expertise and input around job impacts resulting from DSRIP projects
1199 SEIU Training & Employment Funds (TEF)	Workforce Training - Lead Workforce Training Vendor	Technical training curriculum development; recruiting support
NYC DOHMH, Software Vendors	Training Vendors	IT Technical Training
RHIOs (Healthix, BRIC)	IT Infrastructure	PPS- and city-wide provider communication
Groups that address the social determinants of health (e.g., DOHMH, End of the Epidemic	Social determinants of health and clinical integration	Resources, expertise and perspective on statewide approaches to addressing social determinants of health

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Taskforce, NYS Quitline and others)		
Groups involved in care management/care coordination of populations (e.g., NY e-Health Collaborative)	Care management/care coordination and clinical integration	Resources, expertise and perspective on statewide approaches to addressing care management/care coordination for Medicaid population
NYS DOH	Driver of population health approach for Medicaid population	Facilitate population health collaboration statewide
MCOs	VBP stakeholder	Provide insight and expertise into population health management approaches that may be relevant to NYP PPS
Other PPSs	Beneficiaries of and contributors to pop health success	Collaborate to enable cross-PPS integration/visibility

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IPQR Module 10.5 - IT Requirements

Instructions :

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

Over five years, the NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant and a 100% NYP match (pending approval) to develop connectivity across the PPS. The work has seven main components:
1. Work Flow Support for Care Coordinators. The PPS will extend the Allscripts Care Director (ACD) care coordination platform to multiple Network Members. The application enables care coordinators to care for registries of patients; manage tasks related to those patients; and document assessments, care plans, problems, goals, interventions and future tasks.
2. EHR Enhancements. The inpatient and outpatient EHR at NYP, Allscripts Sunrise Clinical Manager (SCM), will be enhanced to support the work flows of physicians and nurses. Alerts and reminders will be created to notify these care providers about patients that are eligible for specialized services. For example, SCM will notify the physician and nurse when they are seeing a patient who is in the Ambulatory ICU program or who is eligible for ED triage services.
3. Support for Community Health Workers (CHWs). Culturally competent CHWs will serve as a link between patients and medical/social services. The CHWs will see patients in their homes and document their findings, e.g., psychosocial issues that may be hurdles to the delivery of optimal care and recommendations for referrals to community-based organizations. Because CHWs are mobile, a wireless-enabled tablet-based application is necessary for documentation. After a requirements-gathering process, hardware and software will be selected, the application will be implemented and CHWs will be trained in the use of the hardware and application.
4. Health Information Exchange. NYP currently connects to the State Health Information Network for New York (SHIN-NY) via its regional health information organization (RHIO), Healthix. Sixty-nine (69) Collaborators will join Healthix and participate in SHIN-NY-based health information exchange activities. Thirty-four (34) of those organizations will contribute their full clinical data set to Healthix so that other Collaborators can use those data. Twelve (12) organizations will contribute encounter data, so records of encounters can be tracked by the RHIO. The remaining 23 organizations will contribute patient lists to Healthix so they can view the data of other Healthix participants.
5. Data Interfaces. We will create additional data interfaces—including inter-application interfaces—to increase data availability to members of the care team.
6. Enhancements to Patient Portal. MyNYP.org, NYP's PHR, will serve as the patient portal for patients enrolled in Ambulatory ICU programs. We will create specialized, relevant content to improve health literacy such as asthma-related materials for parents of asthmatic children and information about managing multiple chronic diseases for adults.
7. Analytics Platform. The analytics platform will provide population health management capabilities for the PPS. The platform will identify eligible patients, receive identifying information from NYS and combine it with NYP medical records and PPS-wide care coordination platform data (see #2). Analysts will create data marts that—with graphical front-end tools—will provide management reports, quality reports, reports for regulatory reporting purposes, lists of patients meeting specific criteria that need care coordination services and predictive models that identify likely high utilizers of care. This process will be highly coordinated with the State's MAPP tool and other analytic platforms.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

From NYP's population health experience, we understand that effective rapid-cycle evaluation (RCE) is critical to the success of the NYP PPS's DSRIP projects. Effective RCE requires: (1) clear definitions and benchmarks for performance measurements; (2) developing the appropriate data governance standards; (3) scheduling regular meetings to review performance data; and (4) focusing on both process and outcomes data.
The NYP PPS Clinical/Operations Committee will be responsible for reporting on PPS performance, both at an individual project level and at a network level. This Committee will be led by one NYP representative and one community provider or CBO Collaborator, with membership including representation from all Collaborators. This group will report directly to the Executive Committee and receive analytical support from the IT/Data Governance Committee and the PMO. The Finance Committee will also monitor financial performance (revenue and expenses) of the PPS. Both committees will report on the "State of the PPS" at bi-monthly committee meetings and at Executive Committee meetings.
The NYP PPS will use a variety of analytics tools (Microsoft Amalga, Tableau, SAS, etc.) to develop reports that monitor process and outcome measures with data from the Hospital EHR, Allscripts Care Director (care management platform), the Healthix RHIO and implementation reports. These reports, including baseline, current and target performance metrics, will be available on the PPS's intranet website. Performance data will be reviewed at weekly PMO meetings and bimonthly Clinical/Operations Committees; to achieve necessary targets, each group will develop a plan-do-study-act (PDSA) cycle for metrics that are not achieving their goals. Any major tweaks to project activities will be reviewed by the Executive Committee and the NYS DOH, when appropriate. We recognize that we will need to monitor performance starting April 1, 2015; clearly our reports will not be deployed at that point. To address this challenge, we will prioritize reporting needs and roll them out incrementally, likely beginning toward the end of DY 1. In the interim, we will rely on the State's data via the MAPP portal to benchmark ourselves against other PPSs as well as compare Network Members' progress internally.
For those providers with limited EHR connectivity, the NYP PPS will provide material financial support to help them integrate technology into their workflows. The NYP PPS will leverage its extensive experience bringing community providers to PCMH and MU standards, including training and education. In the interim, the NYP PPS will devote resources to ensuring that performance reporting occurs in low-tech ways (paper, interviews, etc.) to ensure that performance management and reporting includes alll PPS members.

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IPQR Module 10.7 - Community Engagement

Instructions :

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

The NYP PPS will drive community involvement in the DSRIP projects through the Provider Advisory Committee, or PAC. The PAC consists of 57 members, 23 from the community (e.g., local government, senior centers and churches), 31 from PPS provider (e.g., primary care, behavioral health and long-term care providers) and three members from two labor unions. The PAC met monthly through the design/planning period; it will continue to meet quarterly through the five DSRIP years.
Medicaid beneficiaries will be able to provide feedback on PPS performance, including the addition/removal of Collaborators through two methods: (1) submitting feedback through a regularly scheduled PAC meeting directly or through a representative; or (2) submitting feedback through the NYP PPS public website. All comments will be reviewed by the PMO and presented to the Executive Committee.
Network members are critical collaborators in the PPS. The PPS is contracting with between three and six CBOs to hire more than 35 Community Health Workers (CHWs), health educators and interpreters. CHWs are trained, local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. We expect to enter into contracts for CHW and related staff during DY1. Contracted CBOs for CHWs and related staff will be included in project delivery plans from inception.
The PPS may contract with other CBOs for non-CHW and related staff services. Contracted CBOs for non-CHW staff or services will be included in project delivery plans from inception. Involvement will include process flow, IT enablement, reporting needs, educational materials and other beneficiary collateral, compliance and quality expectations. These CBOs will help extend the reach of our PPS network in the communities we serve.
Community engagement will contribute to the success of the projects in two ways:
1. Members of the PAC are often closer to the ground than are the members of the NYP PPS Executive Committee or even the project leaders. This forum will be critical to hearing feedback—positive and negative—about which aspects of our projects are working and which are not.
2. CHWs, contracted directly from CBOs, are a critical element of the NYP PPS DSRIP endeavor. Many of the gaps in access and navigation we identified in our Community Needs Assessment are not structural but the result of healthcare access barriers grounded in cultural and social determinants of health.
There are three primary risks associated with our community strategy:
1. Member Engagement. If the PPS does not communicate its vision effectively with Network Members and the Community, we may lose the interest and dedication of the very individuals and organizations who will ensure the projects are a success. That is why we are committed to providing a regular forum (the PAC) for feedback as well as informal feedback channels through the relationships we have developed in the community.
2. CBO Sustainability. We recognize that some of the CBOs with whom we will contract are financially fragile. The NYP PPS Finance Committee will develop a monitoring process for those providers identified as potentially vulnerable. 3. Competition for Resources. We anticipate high demand for capable Community Health Workers. For CHWs, the PPS will apply a "search-firm-like" approach to source and recruit top talent in collaboration with the host CBOs.
4. New Population. NYP has limited experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. The service area is 25% Asian. To ensure success with the Asian and Asian-American population in Lower Manhattan, the PPS will work with Charles B. Wang Community Health Center to find and source appropriate CHWs and Patient Navigators (for the EDs).

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IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending

Instructions :

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

Funding Type	Year/Quarter										
	DY1(Q1/Q2)($)	DY1(Q3/Q4)($)	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)	DY3(Q1/Q2)($)	DY3(Q3/Q4)($)	DY4(Q1/Q2)($)	DY4(Q3/Q4)($)	DY5(Q1/Q2)($)	DY5(Q3/Q4)($)	Total Spending($)
Retraining	0	121,200	60,600	60,600	40,400	40,400	20,200	20,200	20,200	20,200	404,000
Redeployment	0	23,400	11,700	11,700	7,800	7,800	3,900	3,900	3,900	3,900	78,000
Recruitment	0	111,000	55,500	55,500	37,000	37,000	18,500	18,500	18,500	18,500	370,000
Other	0	0	0	0	0	0	0	0	0	0	0

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

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Narrative Text :

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.			07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities	Not Started	Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS	Not Started	Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)	Not Started	Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee with PMO support to	Not Started	Workforce Sub-committee with PMO support to consolidate			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
consolidate the project-by-project analysis in a comprehensive view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects		the project-by-project analysis in a comprehensive view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects							
Task Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography	Not Started	Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed	Not Started	Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification	Not Started	Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task PPS Executive Committee ratifies future state workforce plan	Not Started	PPS Executive Committee ratifies future state workforce plan			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	In Progress	Completed workforce transition roadmap, signed off by PPS workforce governance body.			07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee	In Progress	Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the	Not Started	Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the workforce; define timeline of when these changes will need to take place and what the dependencies are (for all			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
workforce; define timeline of when these changes will need to take place and what the dependencies are (for all training, redeployment and hiring in line with project timeline and needs)		training, redeployment and hiring in line with project timeline and needs)							
Task Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification	Not Started	Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Executive Committee ratifies the workforce transition roadmap	Not Started	PPS Executive Committee ratifies the workforce transition roadmap			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.			07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task "Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"	In Progress	"Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs	In Progress	Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget	In Progress	Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to update future state roadmap based on gap analysis (who, how	Not Started	Workforce Sub-committee to update future state roadmap based on gap analysis (who, how many, when the transition of the workforce from the current state to the future state will			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
many, when the transition of the workforce from the current state to the future state will occur)		occur)							
Task Workforce Sub-committee to finalize gap analysis	Not Started	Workforce Sub-committee to finalize gap analysis			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification	Not Started	Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Executive Committee ratifies gap analysis	Not Started	PPS Executive Committee ratifies gap analysis			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.			07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members	In Progress	Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)	In Progress	Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes	In Progress	Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes			07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role	In Progress	Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role			07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Not Started	As appropriate, Workforce Sub-committee to develop and			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
As appropriate, Workforce Sub-committee to develop and incorporate policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice		incorporate policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice							
Task Workforce Sub-committee to finalize compensation and benefit analysis	Not Started	Workforce Sub-committee to finalize compensation and benefit analysis			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification	Not Started	Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task PPS Executive Committee ratifies compensation and benefit analysis	Not Started	PPS Executive Committee ratifies compensation and benefit analysis			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.			07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require	Not Started	Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).	Not Started	Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification	Not Started	Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	Not Started	PPS Executive Committee to ratify training strategy			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS Executive Committee to ratify training strategy									
Task Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented	Not Started	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery	Not Started	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	
Develop training strategy.	

Milestone Review Status

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

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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

The NYP PPS has a strong track record of collaborating with key stakeholders in both adapting the workforce to meet emerging care delivery needs and using non-traditional healthcare workers (e.g., CHWs) from the community to improve outcomes, cultural competency and health literacy.
Major risks to implementation of the Workforce Strategy and associated mitigation strategies include:
Competition for Human Resources. The risk of workforce shortages in the healthcare market is real. The national primary care physician shortage is projected to reach 12,500 to 31,100, according to a new study by the Association of American Medical Colleges and IHS. One role in particular that will be in high demand is that of the culturally competent peer providers, i.e., Community Health Workers (CHWs) and Patient Navigators (PNs). To mitigate our risk in this area, the NYP PPS will build on its solid relationships with such CHW organizations as Dominican Women's Development Center and Northern Manhattan Improvement Corporation, with whom we have been contracting for these kinds of positions for many years. We will also expand the number of organizations we source to a total of between three and six CBOs to hire the more than 35 peer providers needed. In addition, NYP and ASCNYC have applied for CRFP funding to develop a new Community Health Worker Training Center in Upper Manhattan.
Recruiting Specialized Workforce. Above and beyond general shortages in the healthcare market, a few of the NYP PPS projects require a very specialized workforce, which may be even more difficult to find immediately. For example, we will be looking for pediatric psychiatric NPs (Project 2.b.i) and palliative care specialists (Project 3.g.i). We will mitigate this risk by applying a search-firm approach to source and recruit top talent. This approach entails dedicated staff that will rigorously identify qualified candidates through networking, research and constant pursuit of a pipeline matching the position specifications. One example of NYP's innovative sourcing strategy leverages its electronic candidate relationship management (eCRM) tool in which email messages are sent directly to potential prospects with information on the Hospital, department and open position.
Technical Training. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. To address this challenge, the NYP PPS will collaborate with the 1199SEIU League Training and Employment Funds (TEF) as a lead workforce development provider. Using TEF's expertise in this area, the PPS will provide training to incumbent workers who need additional skills to do existing jobs and develop training for new staff. TEF will screen and contract with the most suitable educational vendors to deliver high-quality training conducted by expert clinical staff, experienced educators in adult learning theory and organizational development experts. Training will also be delivered by external resources from the community or by the NYP internal training department (Talent Development). For some projects, we plan to engage with the NYC Department of Mental Health and Hygiene to assist in technical training (see Project 4.b.i). Software vendors such as Allscripts and Healthix will also conduct their own user training.
Workforce Buy-In. Change is difficult. The NYP PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders given changes in roles and responsibilities, which in turn could impact DSRIP project success. To mitigate this risk, the PPS will continue to engage both senior and middle management and, where applicable, union representation (SEIU 1199, NYSNA) to gain worker support at all levels.

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

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Instructions :

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

Workforce strategy and management touches, and is touched by, all aspects of a delivery system reform program like DSRIP. As such, workforce success will depend on a variety of other DSRIP workstreams, including:
Governance. The PPS Committees will likely each have to address workforce impacts and make decisions regarding strategy, financing and priorities. Having effective, trusted, appropriately confidential and "big picture" representation will be central to executing the workforce strategy successfully.
Financing Training and Development. Workforce management and (re)training across the PPS will require a material investment. Therefore, the connection between our PPS workforce transformation team and the NYP PPS Finance Committee is crucial. To that end, the Finance Committee will have a member of the Workforce Sub-committee embedded within it.
Cultural Competency and Health Literacy Training. Interdependence also exists between workforce training and our cultural competency strategy. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. In addition to role-specific training, the NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. The methodology stems from seminal research published by NYP's VP for Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally as the basis for cultural competency training. Finally, providers (including Community Health Workers) and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i (Integration of Palliative Care into PCMHs) will receiving training on how to deal sensitively with patients facing advanced illnesses and their families. Those involved in Projects 3.e.i and 4.c.i (HIV/AIDS) will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues.
IT Implementation & Technical Training. Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. IT is only a tool; without appropriate technical training across the PPS, the tools will be ineffective in moving the DSRIP vision forward. As described above, the PPS has engaged TEF and others to assist with this training.
Clinical Integration. Workforce is closely tied to clinical integration, as much of the retraining of the workforce will focus on creating more integrated multi-disciplinary teams that cross organizational boundaries. Redeployment will also be critical in ensuring that the right staff are placed in the right location to support better clinical integration and the success of projects such as 3.a.i and 2.a.i.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Sub-committee - PPS Lead	Eric Carr	NYP HR executive on point for design and execution of all workforce-related activities
Workforce Sub-committee	Various NYP and Network Members	Provides overall direction, guidance and decisions related to the workforce transformation agenda
Workforce Training Vendor	1199 SEIU League Training and Employment Funds (TEF)	Lead workforce development provider who recommend (re)training for new and emerging positions, provide training to incumbent workers who need additional skills to do existing jobs and develop training for new occupations and recommend vendors with substance abuse and behavioral health expertise.
ASCNYC	Provider of "Peer Training Institute" (if CRFP application granted)	Builds Peer Training Institute to develop workforce, including peer educators, community healthcare workers, patient navigators, care coordiantors and others TBD
Community Health Department	Emilio Carrillo, MD, VP Community Health, NYP	Responsible for developing and executing cultural competency and health literacy training.

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IPQR Module 11.7 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Ron Phillips	Chief Human Resources Officer, NYP	Support data collection of compensation and benefit information; current state workforce information and potential hiring needs.
Andrea Procaccino	Chief Learning Officer (Head of Training and Development), NYP	Provide oversight and input to development of training needs assessment, and subsequent training strategy and plan.
Eliana Leve, LCSW, MA, CASAC	Deputy Executive Director for Programs, AIDS Service Center NYC	Development of Community Health Worker Peer Training Institute in Upper Manhattan.
Gil Kuperman, MD, PhD	Director, Interoperability Informatics, NYP	Coordination of IT technical training.
NYP and Network Member Workforce(s)	Represent impacted workforce(s)	Collaborate with Workforce Sub-committee to provide input into training plan, future state vision, etc.
External Stakeholders		
1199 SEIU; NYSNA	Labor/Union Representation	Expertise and input around job impacts resulting from DSRIP projects
NYC DOHMH, Software Vendors	Training Vendors	IT Technical Training

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IPQR Module 11.8 - IT Expectations

Instructions :

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

Shared IT infrastructure will support the workforce transformation. First, once our training strategy and plans are implemented, we will use IT to track training progress (e.g., who has been trained, the subject matter of the training, when the training took place, certification levels, etc.). Second, as the NYP PPS begins to execute the workforce transition roadmap, we will rely on IT capabilities to track staff movement and changes across the PPS (e.g., redeployed staff, net new hires, etc.). The NYP PPS will need support from IT to collect and report on changes to the PPS workforce to enable reporting on workforce process measures in quarterly progress reports. Finally, we will need IT support to track open positions and staffing needs across the PPS, essentially creating a job board, so that impacted workers (or those whose current jobs are at risk of elimination) have the ability to see job availability across the member organizations.

Technology is ever more critical to support the changing needs of the workforce. For example, the PPS IT infrastructure will enable retrained, redeployed and new hire staff to work efficiently and effectively in a variety of non-traditional settings through the development of tablet technologies that can be used in the field to support community-based staff. Such technologies will assist community-based workers in increasing health literacy, enable workers to share critical observations about risks which may have social and clinical implications, and allow for more hands-on, real-time connection with patients and caregivers. Developing and deploying such technology is a key component of the NYP CRFP IT Infrastructure application.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

There are several measures of the success of the Workforce workstream. One is how the NYP PPS delivers against the current targets of redeployed, retrained and hired staff. Second is how financially sustainable the workforce transformation is based on performance against budget. Finally, we will assess worker satisfaction by measuring employee turnover. The Workforce Sub-committee will present this data to the Clinical/Operations Committee so there is an up-to-date understanding of how the recruitment, redeployment and retraining efforts are affecting the individual projects. In this way, the PPS will be able to react to and manage potential issues before they negatively impact the projects in a significant way.

The PMO will be a key partner to the Workforce Sub-committee in measuring, monitoring and reporting quarterly progress and developing and monitoring other leading indicators of workforce performance. Similarly, we will look to the 1199TEF for leading practices across the State regarding all aspects of workforce progress reporting, including methods, frequency, proxies, data definitions, etc.

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IPQR Module 11.11 - IA Monitoring:

Instructions :

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Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

See workforce, connectivity, PCMH, demand, and diversity risks in other projects' narratives.
Funding: The NYP PPS calculated its budgets based on communications from the State regarding both the PMPM and preliminary attribution. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement and lower-than-expected Domain 2 and 3 performances. The reduction in funding of 21% due to the change in attribution and, possibly, a change in PMPM has resulted in a contraction of a similar magnitude. There has also been no communication regarding relief from any reporting or performance requirements.
Given that the fixed costs have not changed, we remain concerned about the negative impact on our ability to implement the projects, including the impact on collaborators. Mitigation strategies include encouraging the State to address requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.
Integration. The size of the NYP PPS will pose the classic management challenge of integration. In addition, DSRIP will entail several cultural shifts in how providers deliver care, such as a shift from fee-for-service to value-based payments and a shift from unit-based, acute care to collaborating across a continuum of care with a focus on preventive care. To mitigate this risk, the NYP PPS has a developed a multi-faceted engagement approach to Network Member, staff and provider integration. Specifically, the PPS will: 1) Establish a Workforce Sub-committee, which will provide overall direction, guidance and decisions related to the workforce transformation agenda. 2) Develop cross-project functional groups, project-specific groups, and stakeholder groups to gain buy-in from the Network. 3) Engage union representation to gain frontline support. Both 1199 SEIU and NYSNA have had seats on the PAC since its inception. We will also contract with 1199 SEIU Training and Employment Funds to assist with change management at the frontline worker level. 4) Collaborate with external resources, such as other PPSs to create common language related to delivery system change strategies and tactics or case studies of successful initiatives.
Technology. Technologies that support workflow, decision-making and record-keeping are frequently different within and across practitioner types. To mitigate this risk, a multi-pronged approach must be taken. One is a concerted effort to raise the level of all PCPs through the common requirements and language of PCMH and Meaningful Use. Another is to emphasize connection to the RHIO so that practitioners have a better connection to the overall care of the patient populations they serve. Finally, deploying a technology like Allscripts Care Director similarly helps build connections.
VBP. Network Members may lack the knowledge and experience of non-fee-for-service models puts at risk even starting the conversation. The preferred mitigation strategy is the State providing broad education for providers, including increasing levels of sophistication (and possibly including some sort of certification to demonstrate proficiency).
Performance Improvement and Practice Change. Practitioners may be resistant to changing practice in response to performance reporting. To mitigate this, the PPS may seek to: 1) collaborate with other PPS to create a common language related to delivery system change strategies and tactics; 2) draw on case studies of applicable initiatives that show success; 3) enlist change management techniques; and 4) develop evidence-based practices and case-studies to support rationale for change.
Competing Demands. To keep CBOs engaged, the PPS will ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO recommends an inventory of relationships that require contracts (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and categorizes Network members by contract type ("Agreement". Beyond medical and social service providers, the NYP PPS will include a wide variety of behavioral health providers, including community-based Article 31 and 32 providers, community-based organizations that provide transitional housing and counseling, HCBS, Medicaid MCOs, and all related downstream health home providers. Strong connections will be made with these organizations to ensure that the needs of the seriously mentally ill and substance using beneficiaries are addressed.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO with assistance of PPS Lead resources (legal, Quality, Finance) drafts Agreement templates	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS Finance Committee reviews Agreement templates and provides feedback	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Finance Committee comments incorporated by PMO	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for adoption	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Agreement templates reviewed/approved by Executive Committee	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO jointly draft project-specfic Agreement schedules for Network members consistent with PPS role	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO facilitate Agreement discussion w/Network members	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Partnership agreements executed with Network members, including CBOs	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations Committee drafts Health Home and ACO population health management survey to identify which PPS network members are currently participating in an alternative delivery model.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO reviews, provides feedback and distributes survey	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PMO convenes meeting of PPS Network members that currently participate in Health Home and/or ACOs (Accountable Care and Health Home Work Group, ACHHWG)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task ACHHWG drafts inventory of and recommendations for existing care protocols, population health management systems, and MCO relationship mechanisms	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task ACHHWG presents recommendations to Clinical Operations Committee, IT/Data Governance Committee and Finance Committee for comment and ratification	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task ACHHWG presents revised recommendations to PPS Network through Project Advisory Committee for review and feedback.	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS Clinical Operations, IT/Data Goverannce and Finance Committee provides recommendations for ACO/HH alignment to Executive Committee	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Accountable Care and Health Home alignment recommendations implemented as internal pilot in NYP Medicare Shared Savings Program ACO and NYP Health Home	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Accountable Care and Health Home alignment recommendations implemented across neighboring Manhattan Health Homes and ACOs	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has 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.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO to review CNA's inventory of current community, medical, and public health resources	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO to align inventory with project and patient-level need, breaking needs down by low, medium, and high-service users.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations Committee presents continuum of care recommendations to Executive Committee	Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS Executive Committee to ratify continuum of care recommendations	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO to schedule meetings with key PPS network collaborators to review continuum of care recommendations	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS PMO to engage additional providers identified in PPS continuum of care roadmap into PPS Network	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Clinical Operations Committee to recommend measures to monitor identified services are being provided to patients and to ensure required CNA refreshes identify new service gaps	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.	Project		In Progress	04/01/2015	09/30/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PMO distributes IT assessment to Network Members.	Project		In Progress	07/01/2015	09/30/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task IT/Data Governance Committee presents assessment to Exec Committee.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up	Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap									
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task See Project Requirement 7 for continuation of substeps	Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS PMO - IT to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - IT to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - IT to identify workforce development, training and education needs for population health	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - IT to integrate PCMH Team roadmap, workforce needs and IT population health roadmap for presentation to PPS IT/Data Governance Committee for feedback	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS IT/Data Governance Committee to approve population health roadmap	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Project Leads to review new care models and pathways for population health data, measurement and monitoring needs not previously identified in order to monitor progress in managing	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
population health									
Task PPS PMO - IT to integrate emerging project-level pop health data needs into roadmap	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO - IT to perform implement population health management activities, including EHRs and other care management platforms and registries across PPS Network	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task PPS PMO to begin reviewing clinical and utilization dashboards to identify high-utilizing, potential high-utilizers, and clinically at-risk patient populations for targeted interventions	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS PMO to assign identified at-risk populations to PPS projects and/or ad-hoc outreach efforts	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 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	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
workforce development, training and education needs									
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials	Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards	Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop managed care payment models aligned with VBP Plan	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Pilot model(s) within a selected group of MMCOs	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Provide tools and techniques for Network Members to develop their own entity-specific MMCO contract models aligned with VBP									
Task Expand pilot to all MMCOs in alignment with VBP Plan	Project		In Progress	10/01/2017	09/30/2018	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task	Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Providers receive incentive-based compensation consistent with DSRIP goals and objectives.									
Task Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)	Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop provider compensation models aligned with VBP Plan	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Pilot model(s) within a selected group of PPS providers	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Provide tools and techniques for Network Members to develop their own entity-specific provider compensation models aligned with VBP	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Expand pilot to full PPS membership in alignment with VBP Plan	Project		In Progress	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2
Task Review quality metric outcomes with DOH, OMH, OASAS, and Medicaid MCOs to establish relevant clinical quality metrics, including behavioral health	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to provide culturally and linguistically appropriate services to attributed Medicaid patients	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Leads and PMO facilitate Agreement discussion w/Network Members	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Partnership agreements executed with Network Members, including CBOs	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Contracted CBOs send CHWs and other staff to standardized trainings through NYP PPS Collaborator-supported CHW Training Institute. Trainings to include cultural competency, outreach 101, home assessment, etc. Trainings will be informed through collaboration with Community Health Worker Network of NYC.	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Contracted CBOs' CHWs and other provide outreach and navigation activities	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task CHW program management model implemented, including regular CHW programmatic and clinical supervision.	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 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 PMO recommends an inventory of relationships that require contracts (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and categorizes Network members by contract type ("Agreement". Beyond medical and social service providers, the NYP PPS will include a wide variety of behavioral health providers, including community-based Article 31 and 32 providers, community-based organizations that provide transitional housing and counseling, HCBS, Medicaid MCOs, and all related downstream health home providers. Strong connections will be made with these organizations to ensure that the needs of the seriously mentally ill and substance using beneficiaries are addressed.										
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback										
Task PMO with assistance of PPS Lead resources (legal, Quality, Finance) drafts Agreement templates										
Task PPS Finance Committee reviews Agreement templates and provides feedback										
Task PPS Finance Committee comments incorporated by PMO										
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for adoption										
Task Agreement templates reviewed/approved by Executive Committee										
Task Project Leads and PMO jointly draft project-specfic Agreement schedules for Network members consistent with PPS role										
Task Project Leads and PMO facilitate Agreement discussion w/Network members										
Task Partnership agreements executed with Network members, including CBOs										
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.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task PPS Clinical Operations Committee drafts Health Home and ACO population health management survey to identify which PPS network members are currently participating in an alternative delivery model.										
Task PMO reviews, provides feedback and distributes survey										
Task PMO convenes meeting of PPS Network members that currently participate in Health Home and/or ACOs (Accountable Care and Health Home Work Group, ACHHWG)										
Task ACHHWG drafts inventory of and recommendations for existing care protocols, population health management systems, and MCO relationship mechanisms										
Task ACHHWG presents recommendations to Clinical Operations Committee, IT/Data Governance Committee and Finance Committee for comment and ratification										
Task ACHHWG presents revised recommendations to PPS Network through Project Advisory Committee for review and feedback.										
Task PPS Clinical Operations, IT/Data Goverannce and Finance Committee provides recommendations for ACO/HH alignment to Executive Committee										
Task Accountable Care and Health Home alignment recommendations implemented as internal pilot in NYP Medicare Shared Savings Program ACO and NYP Health Home										
Task Accountable Care and Health Home alignment recommendations implemented across neighboring Manhattan Health Homes and ACOs										
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.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS has 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 PPS PMO to review CNA's inventory of current community, medical, and public health resources										
Task PPS PMO to align inventory with project and patient-level need, breaking needs down by low, medium, and high-service users.										
Task PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network										
Task PPS Clinical Operations Committee presents continuum of care recommendations to Executive Committee										
Task PPS Executive Committee to ratify continuum of care recommendations										
Task PPS PMO to schedule meetings with key PPS network collaborators to review continuum of care recommendations										
Task PPS PMO to engage additional providers identified in PPS continuum of care roadmap into PPS Network										
Task PPS Clinical Operations Committee to recommend measures to monitor identified services are being provided to patients and to ensure required CNA refreshes identify new service gaps										
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision										
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #4 Ensure that 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 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 Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task See Project Requirement 7 for continuation of substeps										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
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 PPS PMO - IT to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool										
Task PPS PMO - IT to align available data sets and tools with project-level needs (e.g., registries) and identify gaps										
Task PPS PMO - IT to identify workforce development, training and education needs for population health										
Task PPS PMO - IT to integrate PCMH Team roadmap, workforce needs and IT population health roadmap for presentation to PPS IT/Data Governance Committee for feedback										
Task PPS IT/Data Governance Committee to approve population health roadmap										
Task PPS PMO to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task Project Leads to review new care models and pathways for population health data, measurement and monitoring needs not previously identified in order to monitor progress in managing population health										
Task PPS PMO - IT to integrate emerging project-level pop health data needs into roadmap										
Task PPS PMO - IT to perform implement population health management activities, including EHRs and other care management platforms and registries across PPS Network										
Task PPS PMO to begin reviewing clinical and utilization dashboards to identify high-utilizing, potential high-utilizers, and clinically at-risk patient populations for targeted interventions										
Task PPS PMO to assign identified at-risk populations to PPS projects and/or ad-hoc outreach efforts										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
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 Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)										
Task Develop managed care payment models aligned with VBP Plan										
Task Pilot model(s) within a selected group of MMCOs										
Task Provide tools and techniques for Network Members to develop their own entity-specific MMCO contract models aligned with VBP										
Task Expand pilot to all MMCOs in alignment with VBP Plan										
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 PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
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 Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)										
Task Develop provider compensation models aligned with VBP Plan										
Task Pilot model(s) within a selected group of PPS providers										
Task Provide tools and techniques for Network Members to develop their own entity-specific provider compensation models aligned with VBP										
Task Expand pilot to full PPS membership in alignment with VBP Plan										
Task Review quality metric outcomes with DOH, OMH, OASAS, and Medicaid MCOs to establish relevant clinical quality metrics, including behavioral health										
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 PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
provide culturally and linguistically appropriate services to attributed Medicaid patients										
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role										
Task Project Leads and PMO facilitate Agreement discussion w/Network Members										
Task Partnership agreements executed with Network Members, including CBOs										
Task Contracted CBOs send CHWs and other staff to standardized trainings through NYP PPS Collaborator-supported CHW Training Institute. Trainings to include cultural competency, outreach 101, home assessment, etc. Trainings will be informed through collaboration with Community Health Worker Network of NYC.										
Task Contracted CBOs' CHWs and other provide outreach and navigation activities										
Task CHW program management model implemented, including regular CHW programmatic and clinical supervision.										
Task CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback										
Task PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.										

Project 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.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PMO recommends an inventory of relationships that require contracts (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and categorizes Network members by contract type ("Agreement". Beyond medical and social service providers, the NYP PPS will include a wide variety of behavioral health providers, including community-based Article 31 and 32 providers, community-based organizations that provide transitional housing and counseling, HCBS, Medicaid MCOs, and all related downstream health home providers. Strong connections will be made with these organizations to ensure that the needs of the seriously mentally ill and substance using beneficiaries are addressed.										
Task PPS Finance Committee reviews Agreement inventory and categorization and provides feedback										
Task PMO with assistance of PPS Lead resources (legal, Quality, Finance) drafts Agreement templates										
Task PPS Finance Committee reviews Agreement templates and provides feedback										
Task PPS Finance Committee comments incorporated by PMO										
Task PPS Finance Committees approves revised templates and recommends to Executive Committee for adoption										
Task Agreement templates reviewed/approved by Executive Committee										
Task Project Leads and PMO jointly draft project-specfic Agreement schedules for Network members consistent with PPS role										
Task Project Leads and PMO facilitate Agreement discussion w/Network members										
Task Partnership agreements executed with Network members, including CBOs										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task PPS Clinical Operations Committee drafts Health Home and ACO population health management survey to identify which PPS network members are currently participating in an alternative delivery model.										
Task PMO reviews, provides feedback and distributes survey										
Task PMO convenes meeting of PPS Network members that currently participate in Health Home and/or ACOs (Accountable Care and Health Home Work Group, ACHHWG)										
Task ACHHWG drafts inventory of and recommendations for existing care protocols, population health management systems, and MCO relationship mechanisms										
Task ACHHWG presents recommendations to Clinical Operations Committee, IT/Data Governance Committee and Finance Committee for comment and ratification										
Task ACHHWG presents revised recommendations to PPS Network through Project Advisory Committee for review and feedback.										
Task PPS Clinical Operations, IT/Data Goverannce and Finance Committee provides recommendations for ACO/HH alignment to Executive Committee										
Task Accountable Care and Health Home alignment recommendations implemented as internal pilot in NYP Medicare Shared Savings Program ACO and NYP Health Home										
Task Accountable Care and Health Home alignment recommendations implemented across neighboring Manhattan Health Homes and ACOs										
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.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 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 PPS PMO to review CNA's inventory of current community, medical, and public health resources										
Task PPS PMO to align inventory with project and patient-level need, breaking needs down by low, medium, and high-service users.										
Task PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network										
Task PPS Clinical Operations Committee presents continuum of care recommendations to Executive Committee										
Task PPS Executive Committee to ratify continuum of care recommendations										
Task PPS PMO to schedule meetings with key PPS network collaborators to review continuum of care recommendations										
Task PPS PMO to engage additional providers identified in PPS continuum of care roadmap into PPS Network										
Task PPS Clinical Operations Committee to recommend measures to monitor identified services are being provided to patients and to ensure required CNA refreshes identify new service gaps										
Task PPS PMO to intgerate measurement recommendations with existing measures, and operationalize measures to monitor service provision										
Task PPS PMO to intgerate measurement recommendations with										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
existing measures, and operationalize measures to monitor service provision										
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	187	187	187	187	187	187	187	187	187
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	154	154	154	154	154	154	154	154	154
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	4	4	4	4	4	4	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	31	31	31	31	31	31	31	31	31
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	14	14	14	14	14	14	14	14	14
Task PPS uses alerts and secure messaging functionality.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
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	187	187	187	187	187	187	187	187	187
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task See Project Requirement 7 for continuation of substeps										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #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 PPS PMO - IT to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool										
Task PPS PMO - IT to align available data sets and tools with project-level needs (e.g., registries) and identify gaps										
Task PPS PMO - IT to identify workforce development, training and education needs for population health										
Task PPS PMO - IT to integrate PCMH Team roadmap, workforce needs and IT population health roadmap for presentation to PPS IT/Data Governance Committee for feedback										
Task PPS IT/Data Governance Committee to approve population health roadmap										
Task PPS PMO to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task Project Leads to review new care models and pathways for population health data, measurement and monitoring needs not previously identified in order to monitor progress in managing population health										
Task PPS PMO - IT to integrate emerging project-level pop health data needs into roadmap										
Task PPS PMO - IT to perform implement population health management activities, including EHRs and other care management platforms and registries across PPS Network										
Task PPS PMO to begin reviewing clinical and utilization dashboards to identify high-utilizing, potential high-utilizers, and clinically at-risk patient populations for targeted interventions										
Task PPS PMO to assign identified at-risk populations to PPS projects										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and/or ad-hoc outreach efforts										
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	347	347	347	347	347	347	347	347	347
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 PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
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 Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)										
Task Develop managed care payment models aligned with VBP Plan										
Task Pilot model(s) within a selected group of MMCOs										
Task Provide tools and techniques for Network Members to develop their own entity-specific MMCO contract models aligned with VBP										
Task Expand pilot to all MMCOs in alignment with VBP Plan										
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 PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
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 Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)										
Task Develop provider compensation models aligned with VBP Plan										
Task Pilot model(s) within a selected group of PPS providers										
Task Provide tools and techniques for Network Members to develop their own entity-specific provider compensation models aligned with VBP										
Task Expand pilot to full PPS membership in alignment with VBP Plan										
Task Review quality metric outcomes with DOH, OMH, OASAS, and Medicaid MCOs to establish relevant clinical quality metrics, including behavioral health										
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.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to provide culturally and linguistically appropriate services to attributed Medicaid patients										
Task Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role										
Task Project Leads and PMO facilitate Agreement discussion w/Network Members										
Task Partnership agreements executed with Network Members, including CBOs										
Task Contracted CBOs send CHWs and other staff to standardized trainings through NYP PPS Collaborator-supported CHW Training Institute. Trainings to include cultural competency, outreach 101, home assessment, etc. Trainings will be informed through collaboration with Community Health Worker Network of NYC.										
Task Contracted CBOs' CHWs and other provide outreach and navigation activities										
Task CHW program management model implemented, including regular CHW programmatic and clinical supervision.										
Task CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback										
Task PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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The New York and Presbyterian Hospital (PPS ID:39)

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

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

Instructions :

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

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values.
Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 2.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians.
IT Investment. A major risk to this project is the current inability to connect and communicate with the patients' care team across the continuum. To mitigate this risk, as part of its five-year IT investment, NYP plans to invest in data interfaces that will allow these EHRs to "speak" to one another. Second, NYP will extend its care coordination application, Allscripts Care Director (ACD), to multiple Network Members and connect nearly 70 Network Members to the local RHIO and SHIN-NY for tracking patients city-wide. NYP will invest early in developing data interfaces between Amalga and the platforms used by Network Members. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Increased Demand. A major risk to this project lies in the fact that primary care capacity is constrained, both in terms of provider availability and space. Not only will it be difficult to accommodate increased demand at the Ambulatory ICUs, referrals to other providers in the PPS will also be thwarted. First, the nine Ambulatory ICUs will hire more practitioners, extend weekday hours and add weekend hours. Second, several Network Members have applied for funding from the CRFP to expand physical primary care capacity. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale. This will slow down the development of capacity and may also negatively impact project outcomes.
Workforce. There is a risk in relying on hiring pediatric psychiatric NPs in the Ambulatory ICU, due to the relative scarcity of such professionals (and psychiatric professionals treating children and adolescents in general). To mitigate this risk, we will begin recruiting for this position early in DY1 but understand that a delay in hiring will delay the pediatric project's overall implementation. One example of NYP's innovative strategy leverages its candidate relationship management (eCRM) tool in which messages are sent directly to prospects with information on the Hospital, department and open position. NYP will also host career events dedicated to the type of human capital needed.
Patient Technology Adoption. A risk to the success of the project lies with the Ambulatory ICU target population, who might have difficulty accessing new tools made available via the internet, smartphones and tablets . To mitigate this risk, the Community Health Workers will be trained to provide basic "technical support" to patients.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	21,170

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	3,388	80.02%	846	16.00%

Warning: Please note that your patients engaged to date does not meet your committed amount (4,234)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_null_1_2_20151029234956_NYP_PPS_2bi_PatientEngagement_DY1Q2.xlsx	Supporting information for 2.b.i patient engagement activity.	10/29/2015 11:50 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established a standard clinical protocol for Ambulatory ICU services.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Review ACN and PPS to understand clinical needs of population.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify high-priority clinical services to be available to target population.	Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Identify PPS-internal providers to meet patient needs.	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop business plans to expand provider access, if appropriate.	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement business plans to expand provider access	Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Inventory local health home resources	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Convene meeting with local health home providers to discuss workflow	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Finalize health home referral workflow for Ambulatory ICU sites	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications to embed health home referral mechanism in Ambulatory ICU work flow	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop technical specifications to embed health home referral mechanism in Ambulatory ICU work flow	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement health home referral mechanism across Ambulatory ICU sites	Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop workflows for Ambulatory ICU staff to track patient activity	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop criteria to identify Ambulatory ICU eligible patients.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Inventory Ambulatory ICU encounter codes to specific programmatic activity	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications to track Ambulatory ICU engaged patients	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop technical specifications to track Ambulatory ICU engaged patients	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement technical solution to track patient activity	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Develop training for Ambulatory ICU staff to track patient activity									
Task Implement new workflows	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has co-located health home care managers and social support services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify staffing needs for each Ambulatory ICU site.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Post job descriptions to appropriate career websites	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Recruit appropriate staffing to support Ambulatory ICU sites	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop workflows to support embeded care managers	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop comprehensive, standard care management training to be employed across sites	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Execute training for all Ambulatory ICU care managers	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement workflow for all co-located care managers	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.									
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.	Project		In Progress	04/01/2015	09/30/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO distributes IT assessment to Network Members.	Project		In Progress	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task IT/Data Governance Committee presents assessment to Exec Committee.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification	Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up	Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials	Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards	Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Secure patient portal supporting patient communication and engagement.									
Task Review/assess available tools in ACN (assessment tools, plan of care, med recon sheet) to identify content and functionality gap	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create plan to improve/enhance chronic care self-management tools and communication functionality on portal	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Release improved/enhanced chronic care self-management tools and portal business specifications	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Collaborate with NYP ACN Nursing and community-based resources to identify self-management education programs that meet needs of ACCN population	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Finalize materials to be posted to Ambulatory ICU patient portal	Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Finalize business specifications for portal-based communication	Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Develop Technical Specifications for Portal upgrades	Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Post materials to patient portal.	Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Implement necessary changes to patient portal	Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Train Ambulatory ICU staff on accessing materials on patient portal.	Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for team based care planning.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop work flows/algorithm based on risk strata, using existing care models and evidence-based, including Care Managers/Health Homes, nurses, provider/patient care team	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Augment work flows/algorithm to include CHW role									
Task Augment work flows/algorithm to include behavioral health resources	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Sign off on work flow / algorithms	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize staff hires and roles based on algorithm/work flows	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Redefine site-level roles of present staff to align with Ambulatory ICU care model, specifically Health Priority Specialist, Medical Assistants	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify key providers within each CBO-type and identify expectations / workflows	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Schedule meetings with key collaborators to agree on expectations / workflows	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop quality agreements with collaborators	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Execute quality agreements with collaborators	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Refine workflows with collaborators	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task EHR System with Real Time Notification System is in use.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop inventory of providers to be notified of important developments in patient care and utilization	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop workflows for notification at Ambulatory ICU	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Refine workflows with Ambulatory ICU collaborators	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify appropriate IT solutions to support notification system	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Review IT solutions with collaborators and providers									
Task Draft scope of work for use of IT solutions	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Review scope of work with collaborators	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Execute scope of work with collaborators	Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Implement IT solutions to support real time notification	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR documentation templates drafted for co-located primary care and specialty services, care managers, and on-site health home providers.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator documentation templates drafted for health home providers, community-based mental health supports, housing providers, and other social services.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Rapid cycle evaluation process developed by Ambulatory ICU project leads and collaborators	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task NYP and collaborator documentation templates aligned with rapid cycle evaluation and NYS reporting needs	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Templates reviewed with IS team	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Technical specifications drafted	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Tracking platform, and relevant templates, implemented.	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.										
Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.										
Task PPS has established a standard clinical protocol for Ambulatory ICU services.										
Task Review ACN and PPS to understand clinical needs of population.										
Task Identify high-priority clinical services to be available to target population.										
Task Identify PPS-internal providers to meet patient needs.										
Task Develop business plans to expand provider access, if appropriate.										
Task Implement business plans to expand provider access										
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.										
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.										
Task Inventory local health home resources										
Task Convene meeting with local health home providers to discuss workflow										
Task Finalize health home referral workflow for Ambulatory ICU sites										
Task Develop business specifications to embed health home referral mechanism in Ambulatory ICU work flow										
Task Develop technical specifications to embed health home referral mechanism in Ambulatory ICU work flow										
Task Implement health home referral mechanism across Ambulatory										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
ICU sites										
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Develop workflows for Ambulatory ICU staff to track patient activity										
Task Develop criteria to identify Ambulatory ICU eligible patients.										
Task Inventory Ambulatory ICU encounter codes to specific programmatic activity										
Task Develop business specifications to track Ambulatory ICU engaged patients										
Task Develop technical specifications to track Ambulatory ICU engaged patients										
Task Implement technical solution to track patient activity										
Task Develop training for Ambulatory ICU staff to track patient activity										
Task Implement new workflows										
Milestone #4 Establish care managers co-located at each Ambulatory ICU site.										
Task PPS has co-located health home care managers and social support services.										
Task Identify staffing needs for each Ambulatory ICU site.										
Task Post job descriptions to appropriate career websites										
Task Recruit appropriate staffing to support Ambulatory ICU sites										
Task Develop workflows to support embeded care managers										
Task Develop comprehensive, standard care management training to be employed across sites										

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Execute training for all Ambulatory ICU care managers										
Task Implement workflow for all co-located care managers										
Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	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 Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.										
Task Secure patient portal supporting patient communication and engagement.										
Task Review/assess available tools in ACN (assessment tools, plan of care, med recon sheet) to identify content and functionality gap										
Task Create plan to improve/enhance chronic care self-management tools and communication functionality on portal										
Task Release improved/enhanced chronic care self-management tools and portal business specifications										
Task Collaborate with NYP ACN Nursing and community-based resources to identify self-management education programs that meet needs of ACCN population										
Task Finalize materials to be posted to Ambulatory ICU patient portal										
Task Finalize business specifications for portal-based communication										
Task Develop Technical Specifications for Portal upgrades										
Task Post materials to patient portal.										
Task Implement necessary changes to patient portal										
Task Train Ambulatory ICU staff on accessing materials on patient portal.										
Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.										
Task Policies and procedures are in place for team based care planning.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Develop work flows/algorithm based on risk strata, using existing care models and evidence-based, including Care Managers/Health Homes, nurses, provider/patient care team										
Task Augment work flows/algorithm to include CHW role										
Task Augment work flows/algorithm to include behavioral health resources										
Task Sign off on work flow / algorithms										
Task Finalize staff hires and roles based on algorithm/work flows										
Task Redefine site-level roles of present staff to align with Ambulatory ICU care model, specifically Health Priority Specialist, Medical Assistants										
Task Identify key providers within each CBO-type and identify expectations / workflows										
Task Schedule meetings with key collaborators to agree on expectations / workflows										
Task Develop quality agreements with collaborators										
Task Execute quality agreements with collaborators										
Task Refine workflows with collaborators										
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.										
Task EHR System with Real Time Notification System is in use.										
Task Develop inventory of providers to be notified of important developments in patient care and utilization										
Task Develop workflows for notification at Ambulatory ICU										
Task Refine workflows with Ambulatory ICU collaborators										
Task Identify appropriate IT solutions to support notification system										
Task Review IT solutions with collaborators and providers										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Draft scope of work for use of IT solutions										
Task Review scope of work with collaborators										
Task Execute scope of work with collaborators										
Task Implement IT solutions to support real time notification										
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR documentation templates drafted for co-located primary care and specialty services, care managers, and on-site health home providers.										
Task New PPS collaborator documentation templates drafted for health home providers, community-based mental health supports, housing providers, and other social services.										
Task Rapid cycle evaluation process developed by Ambulatory ICU project leads and collaborators										
Task NYP and collaborator documentation templates aligned with rapid cycle evaluation and NYS reporting needs										
Task Templates reviewed with IS team										
Task Technical specifications drafted										
Task Technical specifications finalized										
Task Tracking platform, and relevant templates, 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 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.										
Task PPS has established a standard clinical protocol for Ambulatory ICU services.										
Task Review ACN and PPS to understand clinical needs of population.										
Task Identify high-priority clinical services to be available to target population.										
Task Identify PPS-internal providers to meet patient needs.										
Task Develop business plans to expand provider access, if appropriate.										
Task Implement business plans to expand provider access										
Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.										
Task Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.										
Task Inventory local health home resources										
Task Convene meeting with local health home providers to discuss workflow										
Task Finalize health home referral workflow for Ambulatory ICU sites										
Task Develop business specifications to embed health home referral mechanism in Ambulatory ICU work flow										
Task Develop technical specifications to embed health home referral mechanism in Ambulatory ICU work flow										
Task Implement health home referral mechanism across Ambulatory ICU sites										
Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Develop workflows for Ambulatory ICU staff to track patient activity										
Task Develop criteria to identify Ambulatory ICU eligible patients.										
Task Inventory Ambulatory ICU encounter codes to specific programmatic activity										
Task Develop business specifications to track Ambulatory ICU engaged patients										
Task Develop technical specifications to track Ambulatory ICU engaged patients										
Task Implement technical solution to track patient activity										
Task Develop training for Ambulatory ICU staff to track patient activity										
Task Implement new workflows										
Milestone #4 Establish care managers co-located at each Ambulatory ICU site.										
Task PPS has co-located health home care managers and social support services.										
Task Identify staffing needs for each Ambulatory ICU site.										
Task Post job descriptions to appropriate career websites										
Task Recruit appropriate staffing to support Ambulatory ICU sites										
Task Develop workflows to support embeded care managers										
Task Develop comprehensive, standard care management training to be employed across sites										
Task Execute training for all Ambulatory ICU care managers										
Task Implement workflow for all co-located care managers										
Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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	187	187	187	187	187	187	187	187	187
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	154	154	154	154	154	154	154	154	154
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	1	1	1	1	1	1	1	1	1
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	31	31	31	31	31	31	31	31	31
Task PPS uses alerts and secure messaging functionality.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	187	187	187	187	187	187	187	187	187
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Secure patient portal supporting patient communication and engagement.										
Task Review/assess available tools in ACN (assessment tools, plan of care, med recon sheet) to identify content and functionality gap										
Task Create plan to improve/enhance chronic care self-management tools and communication functionality on portal										
Task Release improved/enhanced chronic care self-management tools and portal business specifications										
Task Collaborate with NYP ACN Nursing and community-based resources to identify self-management education programs that meet needs of ACCN population										
Task Finalize materials to be posted to Ambulatory ICU patient portal										
Task Finalize business specifications for portal-based communication										
Task Develop Technical Specifications for Portal upgrades										
Task Post materials to patient portal.										
Task Implement necessary changes to patient portal										
Task Train Ambulatory ICU staff on accessing materials on patient portal.										
Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.										
Task Policies and procedures are in place for team based care planning.										
Task Develop work flows/algorithm based on risk strata, using existing care models and evidence-based, including Care Managers/Health Homes, nurses, provider/patient care team										
Task Augment work flows/algorithm to include CHW role										
Task Augment work flows/algorithm to include behavioral health resources										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Sign off on work flow / algorithms										
Task Finalize staff hires and roles based on algorithm/work flows										
Task Redefine site-level roles of present staff to align with Ambulatory ICU care model, specifically Health Priority Specialist, Medical Assistants										
Task Identify key providers within each CBO-type and identify expectations / workflows										
Task Schedule meetings with key collaborators to agree on expectations / workflows										
Task Develop quality agreements with collaborators										
Task Execute quality agreements with collaborators										
Task Refine workflows with collaborators										
Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.										
Task EHR System with Real Time Notification System is in use.										
Task Develop inventory of providers to be notified of important developments in patient care and utilization										
Task Develop workflows for notification at Ambulatory ICU										
Task Refine workflows with Ambulatory ICU collaborators										
Task Identify appropriate IT solutions to support notification system										
Task Review IT solutions with collaborators and providers										
Task Draft scope of work for use of IT solutions										
Task Review scope of work with collaborators										
Task Execute scope of work with collaborators										
Task Implement IT solutions to support real time notification										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR documentation templates drafted for co-located primary care and specialty services, care managers, and on-site health home providers.										
Task New PPS collaborator documentation templates drafted for health home providers, community-based mental health supports, housing providers, and other social services.										
Task Rapid cycle evaluation process developed by Ambulatory ICU project leads and collaborators										
Task NYP and collaborator documentation templates aligned with rapid cycle evaluation and NYS reporting needs										
Task Templates reviewed with IS team										
Task Technical specifications drafted										
Task Technical specifications finalized										
Task Tracking platform, and relevant templates, implemented.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	
Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	
Establish care managers co-located at each Ambulatory ICU site.	
Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	
Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	
Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	
Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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.

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout the DSRIP period, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning.
Increased Demand. One of the Navigators' primary roles will be to connect non-emergent patients presenting to the EDs with PCPs if they don't have one and with timely follow-up appointments. We anticipate the risk of an increase in demand for these stressed services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.
Diversity. A risk to the success of the ED program, which is being implemented in five EDs across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The ED Care Triage project will hire culturally competent PNs whose cultural and linguistic backgrounds are tailored to the patients they will be serving. Ultimately, we intend to integrate PNs in the PCMH, including participation in interdisciplinary rounds. Finally, we intend to co-invest with the State through the CRFP and with ASCNYC as the lead in a Peer Training Institute which will be a PPS center for CHW, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members.
Meeting PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our speed of implementation forecasts. This team will be led by NYP's VP for Community Health, Dr. Emilio Carillo, who has significant experience transforming the 13 NYP Ambulatory Care Network practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted. While we are hopeful that the State will fast-track these applications, we are counting the date of submission of the certification to NCQA as our commitment date, rather than the receipt of the certification.
Open Access Scheduling. The project will face the risk of ensuring open access scheduling across PPS clinics so that Patient Navigators can seamlessly provide appointments for patients. To mitigate this risk, the PPS has a plan in place with NYP's IT department, as part of its operational and capital plan, to implement infrastructure to ensure open access scheduling capability by the end of DY3. This plan will primarily entail working with Network Members to ensure they have the proper interfaces in place to receive external appointments. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	21,497

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	4,300	80.00%	1,075	20.00%

Warning: Please note that your patients engaged to date does not meet your committed amount (5,375)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_null_1_2_20151030001612_NYP_PPS_2biii_PatientEngagement_DY1Q2.xlsx	Supporting documentation for 2.b.iii patient engagement activity.	10/30/2015 12:16 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	Actively Engaged is greater than the 75% target which reflects ongoing efforts to generate regional discount factors currently under development

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish ED care triage program for at-risk populations	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Stand up program based on project requirements	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Receive signoff on workflow from ED leadership, Navigator Leadership, Nursing and Care Management Departments	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Train residents, faculty, ED nursing, and care management staff on workflow	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize patient navigation eligibility criteria	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task develop business specifications for eligibility criteria and navigator documentation	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Recruit Patient Navigators and Management Staff	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Train Patient Navigators	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement IS solutuons to support navigator program	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 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	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
as applicable									
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Workflows to be support Patient Navigators to connect with community-based providers	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Inventory of community providers provided to Patient Navigators									
Task Patient Navigators trained on connecting with community-based providers	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Patient Navigators begin to connect with community-based providers	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials	Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards	Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 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		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft workflow for Patient Navigator	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Receive signoff on workflow from ED Leadership, PN Leadership, Nursing, and Care Management Department	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Existing Patient Navigators (NYP/CU) need to be in-serviced on	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
new PN role and workflow									
Task Residents, faculty, ED nursing, and care managemnt staff need to be in-serviced on PN role and workflow	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Draft the eligibility criteria for referral to Patient Navigators	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize eligibility criteria	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop business specifications for eligibility criteria	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review business specifications with IT team	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Inventory existing training resources	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Update training and resources and shadowing process	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Schedule training and shadowing	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Patient Navigators complete training	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR documentation templates drafted for patient navigators and referring mid-level ED clinicians who identify non-emergent patients who do not have a primary care provider to have post-discharge appointments scheduled.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task New post-discharge referral documents drafted for patients to be informed of post-discharge appointments and referrals to community support resources.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task ED Care Triage Patient Navigator and Mid-Level clinician templates reviewed with IS team	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Technical specifications to implement updated patient navigator and mid-level referrals, documentation, and post-discharge notes drafted in concert with NYP PPS IS team	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP IS finalizes technical specifications for patient navigator and mid-level referrals, documentation, and post-discharge patient materials	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients receiving ED Care Triage intervention	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Establish ED care triage program for at-risk populations										
Task Stand up program based on project requirements										
Task Receive signoff on workflow from ED leadership, Navigator Leadership, Nursing and Care Management Departments										
Task Train residents, faculty, ED nursing, and care management staff on workflow										
Task Finalize patient navigation eligibility criteria										
Task develop business specifications for eligibility criteria and navigator documentation										
Task Recruit Patient Navigators and Management Staff										
Task Train Patient Navigators										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Implement IS solutuons to support navigator program										
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	187	187	187
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	187	187	187
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	0	0	0	0	0	0	0	1	1	1
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task Workflows to be support Patient Navigators to connect with community-based providers										
Task Inventory of community providers provided to Patient Navigators										
Task Patient Navigators trained on connecting with community-based providers										
Task Patient Navigators begin to connect with community-based providers										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
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 Draft workflow for Patient Navigator										
Task Receive signoff on workflow from ED Leadership, PN Leadership, Nursing, and Care Management Department										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Existing Patient Navigators (NYP/CU) need to be in-serviced on new PN role and workflow										
Task Residents, faculty, ED nursing, and care managemnt staff need to be in-serviced on PN role and workflow										
Task Draft the eligibility criteria for referral to Patient Navigators										
Task Finalize eligibility criteria										
Task Develop business specifications for eligibility criteria										
Task Review business specifications with IT team										
Task Inventory existing training resources										
Task Update training and resources and shadowing process										
Task Schedule training and shadowing										
Task Patient Navigators complete training										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR documentation templates drafted for patient navigators and referring mid-level ED clinicians who identify non-emergent patients who do not have a primary care provider to have post-discharge appointments scheduled.										
Task New post-discharge referral documents drafted for patients to be informed of post-discharge appointments and referrals to community support resources.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task ED Care Triage Patient Navigator and Mid-Level clinician templates reviewed with IS team										
Task Technical specifications to implement updated patient navigator and mid-level referrals, documentation, and post-discharge notes drafted in concert with NYP PPS IS team										
Task NYP IS finalizes technical specifications for patient navigator and mid-level referrals, documentation, and post-discharge patient materials										
Task Technical platforms implemented to track all patients receiving ED Care Triage intervention										

Project 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 Receive signoff on workflow from ED leadership, Navigator Leadership, Nursing and Care Management Departments										
Task Train residents, faculty, ED nursing, and care management staff on workflow										
Task Finalize patient navigation eligibility criteria										
Task develop business specifications for eligibility criteria and navigator documentation										
Task Recruit Patient Navigators and Management Staff										
Task Train Patient Navigators										
Task Implement IS solutuons to support navigator program										
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.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.	187	187	187	187	187	187	187	187	187	187
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	187	187	187	187	187	187	187	187	187	187
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs	1	1	1	1	1	1	1	1	1	1
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task Workflows to be support Patient Navigators to connect with community-based providers										
Task Inventory of community providers provided to Patient Navigators										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Patient Navigators trained on connecting with community-based providers										
Task Patient Navigators begin to connect with community-based providers										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
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 Draft workflow for Patient Navigator										
Task Receive signoff on workflow from ED Leadership, PN Leadership, Nursing, and Care Management Department										
Task Existing Patient Navigators (NYP/CU) need to be in-serviced on new PN role and workflow										
Task Residents, faculty, ED nursing, and care managemnt staff need to be in-serviced on PN role and workflow										
Task Draft the eligibility criteria for referral to Patient Navigators										

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Finalize eligibility criteria										
Task Develop business specifications for eligibility criteria										
Task Review business specifications with IT team										
Task Inventory existing training resources										
Task Update training and resources and shadowing process										
Task Schedule training and shadowing										
Task Patient Navigators complete training										
Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)										
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).	0	0	0	0	0	0	0	0	0	0
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR documentation templates drafted for patient navigators and referring mid-level ED clinicians who identify non-emergent patients who do not have a primary care provider to have post-discharge appointments scheduled.										
Task New post-discharge referral documents drafted for patients to be informed of post-discharge appointments and referrals to community support resources.										
Task ED Care Triage Patient Navigator and Mid-Level clinician templates reviewed with IS team										
Task Technical specifications to implement updated patient navigator and mid-level referrals, documentation, and post-discharge notes drafted in concert with NYP PPS IS team										

New York State Department Of Health
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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 NYP IS finalizes technical specifications for patient navigator and mid-level referrals, documentation, and post-discharge patient materials										
Task Technical platforms implemented to track all patients receiving ED Care Triage intervention										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. 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).	

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The New York and Presbyterian Hospital (PPS ID:39)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

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

Instructions :

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

Provider Commitment . We are awaiting clarification regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.

Increased Demand. As a result of our transitions of care protocol, we anticipate the risk of an increase in demand for stressed outpatient services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The capacity expansion is dependent on funding applied for under the CRFP. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.
Second, we will build IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP and will enable NYP as PPS lead to deliver necessary infrastructure and support Network Members.
Connectivity. There are a number of overlapping, nearby PPSs working on Project 2.b.iv. A risk to implementation includes coordinating and sharing patient visit information in a timely way across this large network. To mitigate this risk, the NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Diversity. A risk to the success of the Care Transitions program, which is being implemented in five hospitals across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The gaps in access and navigation identified by the NYP PPS Community Needs Assessment are often the result of healthcare access barriers grounded in cultural and social determinants of health. These barriers affect patients' use of the system and ultimately their health outcomes.
To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The PPS will train the new RN Care Transition Managers as well as existing staff and physicians involved in this project to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. Finally, culturally competent Community Health Workers (CHWs) will serve as an important link between the hospital and outpatient care in the critical "transition phase." Through the CRFP, we intend to co-invest with with ASCNYC as the lead in a Peer Training Institute which will be a center for CHW, Navigator, Health Educator training.
MCO Discussions. We have professional and collegial relationships with our MMCOs and will be meeting with them to discuss coverage for services proposed by other projects. During those meetings, we will also work with MMCOs to modify transitions of care protocols to meet our new standards.

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	2,538

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	25	100.00%	0	0.99%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_null_1_2_20151030000225_NYP_PPS_2biv_PatientEngagement_DY1Q2.xlsx	Supporting documentation for 2.b.iv patient engagement activity.	10/30/2015 12:02 AM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Complete inventory of workflows for development, including identification of high-risk Medicaid admissions, deliberate referrals from inpatient clinicians, referrals to post-discharge HCBS, health homes, and post-acute providers, transmission of discharge summary, behavioral health resources, and coordination with MMCOs	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Draft inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS. Protocols will also include outpatient care managers visiting patients while admitted.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Harmonize workflows across DSRIP projects, MCOs, and other initiatives (ACOs, Health Home, etc.) to support sustainability and scalability	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS									
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee drafts presents recommendations to	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improve warm handoffs between service providers and Medicaid MCOs									
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review and revise workflows in collaboration with community physicians/PCMH as appropriate in collaboration with IS	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify and prioritize all partners (CBO, community docs, post-acute, etc.)	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Prioritize IT/connectivity requirements for PPS providers/CBOs	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop service agreements in collaboration with PPS providers/CBOs	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize/execute service agreements with PPS providers/CBOs	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

New York State Department Of Health
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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Hospital	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop training curriculum for care coordination	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Investigate vendor options for training	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft communication and training curriculum for TOC (and DSRIP in general) for NYP to include care managers, physicians, nursing, pharmacy, other as appropriate	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft training curriculum for TOC for CHWs	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft training curriculum for TOC for post-acute providers	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Conduct training for care coordination and TOC	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review and revise care coordination competencies	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with post-discharge providers, including primary and specialty care, behavioral health providers, HCBS, post-acute providers, to design care transitions record, including business and technical IS specifications	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Review care transitions record with selected providers, including post-discharge providers, primary and specialty care, behavioral health providers, HCBS, health homes, post-acute providers, who will be in receipt of post-discharge care transitions record and get feedback	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Revise care transitions record to reflect provider input as appropriate. Align with national best practices (e.g. CMMI, AHRQ, etc.)	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize care transitions record to be created by care managers, including business and technical IS specifications	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop process and tools to identify next provider of care AND ongoing provider of care, including business and technical IS specifications	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Operationalize process and tools to identify next provider of care AND ongoing provider of care	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Initiate staff training on process and tools to identify next provider of care AND ongoing provider of care	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Finalize inpatient (including assignment of patients to CMs and care transitions record), ACN, FPO and collaborator workflows taking other programs (e.g., ACO) into consideration in collaboration with IS	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft policies and procedures related to 30-day transitions period	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Review policies and procedures with key network collaborators	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize policies and procedures	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #7	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR and care management documentation templates drafted for inpatient Transitions of Care care managers and their collaborating social workers and care coordinators. These templates will include information to be included in the transitions of care summary document.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review NYP EHR and care management documentation and transitions of care record with key collaborators (post-acute, primary and specialty care, HCBS, behavioral health, health homes, and MCOs).	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Transitions of Care project team reviews new inpatient and transitions of care record specifications with NYP PPS IS team	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients receiving transitions of care intervention	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task Complete inventory of workflows for development, including identification of high-risk Medicaid admissions, deliberate										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
referrals from inpatient clinicians, referrals to post-discharge HCBS, health homes, and post-acute providers, transmission of discharge summary, behavioral health resources, and coordination with MMCOs										
Task Draft inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS. Protocols will also include outpatient care managers visiting patients while admitted.										
Task Harmonize workflows across DSRIP projects, MCOs, and other initiatives (ACOs, Health Home, etc.) to support sustainability and scalability										
Task Finalize inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Review and revise workflows in collaboration with community physicians/PCMH as appropriate in collaboration with IS										
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS										
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS										
Task Identify and prioritize all partners (CBO, community docs, post-acute, etc.)										
Task Prioritize IT/connectivity requirements for PPS providers/CBOs										
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs										
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	347	347	347
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	1,744	1,744	1,744
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	2	2	2
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS										
Task Develop training curriculum for care coordination										
Task Investigate vendor options for training										
Task Draft communication and training curriculum for TOC (and DSRIP in general) for NYP to include care managers, physicians, nursing, pharmacy, other as appropriate										
Task Draft training curriculum for TOC for CHWs										
Task Draft training curriculum for TOC for post-acute providers										
Task Conduct training for care coordination and TOC										
Task Review and revise care coordination competencies										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task Collaborate with post-discharge providers, including primary and specialty care, behavioral health providers, HCBS, post-acute										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
providers, to design care transitions record, including business and technical IS specifications										
Task Review care transitions record with selected providers, including post-discharge providers, primary and specialty care, behavioral health providers, HCBS, health homes, post-acute providers, who will be in receipt of post-discharge care transitions record and get feedback										
Task Revise care transitions record to reflect provider input as appropriate. Align with national best practices (e.g. CMMI, AHRQ, etc.)										
Task Finalize care transitions record to be created by care managers, including business and technical IS specifications										
Task Develop process and tools to identify next provider of care AND ongoing provider of care, including business and technical IS specifications										
Task Operationalize process and tools to identify next provider of care AND ongoing provider of care										
Task Initiate staff training on process and tools to identify next provider of care AND ongoing provider of care										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task Finalize inpatient (including assignment of patients to CMs and care transitions record), ACN, FPO and collaborator workflows taking other programs (e.g., ACO) into consideration in collaboration with IS										
Task Draft policies and procedures related to 30-day transitions period										
Task Review policies and procedures with key network collaborators										
Task Finalize policies and procedures										
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation templates drafted for inpatient Transitions of Care care managers and their collaborating social workers and care coordinators. These templates will include information to be included in the transitions of care summary document.										
Task Review NYP EHR and care management documentation and transitions of care record with key collaborators (post-acute, primary and specialty care, HCBS, behavioral health, health homes, and MCOs).										
Task Transitions of Care project team reviews new inpatient and transitions of care record specifications with NYP PPS IS team										
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task Technical specifications finalized										
Task Technical platforms implemented to track all patients receiving transitions of care intervention										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task Complete inventory of workflows for development, including identification of high-risk Medicaid admissions, deliberate referrals from inpatient clinicians, referrals to post-discharge HCBS, health homes, and post-acute providers, transmission of discharge summary, behavioral health resources, and coordination with MMCOs										
Task Draft inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS. Protocols will also include outpatient care managers visiting patients while admitted.										
Task Harmonize workflows across DSRIP projects, MCOs, and other initiatives (ACOs, Health Home, etc.) to support sustainability and scalability										
Task Finalize inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Review and revise workflows in collaboration with community physicians/PCMH as appropriate in collaboration with IS										
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS										
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS										
Task Identify and prioritize all partners (CBO, community docs, post-acute, etc.)										
Task Prioritize IT/connectivity requirements for PPS providers/CBOs										
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs										
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	347	347	347	347	347	347	347	347	347	347
Task Policies and procedures are in place for early notification of planned discharges.	1,744	1,744	1,744	1,744	1,744	1,744	1,744	1,744	1,744	1,744

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Policies and procedures are in place for early notification of planned discharges.	2	2	2	2	2	2	2	2	2	2
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS										
Task Develop training curriculum for care coordination										
Task Investigate vendor options for training										
Task Draft communication and training curriculum for TOC (and DSRIP in general) for NYP to include care managers, physicians, nursing, pharmacy, other as appropriate										
Task Draft training curriculum for TOC for CHWs										
Task Draft training curriculum for TOC for post-acute providers										
Task Conduct training for care coordination and TOC										
Task Review and revise care coordination competencies										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task Collaborate with post-discharge providers, including primary and specialty care, behavioral health providers, HCBS, post-acute providers, to design care transitions record, including business and technical IS specifications										
Task Review care transitions record with selected providers, including post-discharge providers, primary and specialty care, behavioral health providers, HCBS, health homes, post-acute providers, who will be in receipt of post-discharge care transitions record and get feedback										

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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Revise care transitions record to reflect provider input as appropriate. Align with national best practices (e.g. CMMI, AHRQ, etc.)										
Task Finalize care transitions record to be created by care managers, including business and technical IS specifications										
Task Develop process and tools to identify next provider of care AND ongoing provider of care, including business and technical IS specifications										
Task Operationalize process and tools to identify next provider of care AND ongoing provider of care										
Task Initiate staff training on process and tools to identify next provider of care AND ongoing provider of care										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task Finalize inpatient (including assignment of patients to CMs and care transitions record), ACN, FPO and collaborator workflows taking other programs (e.g., ACO) into consideration in collaboration with IS										
Task Draft policies and procedures related to 30-day transitions period										
Task Review policies and procedures with key network collaborators										
Task Finalize policies and procedures										
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation templates drafted for inpatient Transitions of Care care managers and their collaborating social workers and care coordinators. These templates will include information to be included in the transitions of care summary document.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Review NYP EHR and care management documentation and transitions of care record with key collaborators (post-acute, primary and specialty care, HCBS, behavioral health, health homes, and MCOs).										
Task Transitions of Care project team reviews new inpatient and transitions of care record specifications with NYP PPS IS team										
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task Technical specifications finalized										
Task Technical platforms implemented to track all patients receiving transitions of care intervention										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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The New York and Presbyterian Hospital (PPS ID:39)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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The New York and Presbyterian Hospital (PPS ID:39)

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.

Provider Commitment Risks. First, we are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.
Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.i, this waiver will support, for example, the provision of primary care services by PPS Article 28 and 31 providers at New York State Psychiatric Institute behavioral site of service, a member of our PPS.
Connectivity. Similar to other projects, there is a risk that we won't be able to appropriately communicate across the care continuum to provide care to these fragile patients. Specific challenges include: 1) enabling meaningful use/review of inter-specialty notes, 2) developing registries across Collaborators, and 3) developing protocols for new disciplines. To mitigate this risk, the PPS will work with the existing behavioral health team and newly hired/trained primary care staff to design and develop EHR workflows; develop a common care plan within EHRs and across ACD; leverage the RHIO and SHIN-NY to develop registries that can pool patients from the integrated sites; and build upon existing primary care flowsheets for the clinics. Over five years, the NYP PPS plans to invest in developing connectivity across the PPS.The PPS will provide additional technical assistance through its staff and vendors to organizations that need more assistance with technology implementation. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Definition of Co-location. On March 10, 2015, the DST provided the following guidance on the definition of co-location: "The DOH has explicitly not set a distance requirement to determine which facilities are collocated and which are not. The driver behind this project is the notion of warm handoffs and the ability to transfer patients seamlessly and offer integrated and shared care plans between behavioral health and primary care providers. There may be various models to achieve this, but the closer the physical proximity (and the closest possible is within the same department/physical space) the higher the opportunities for sharing information adequately, quickly and efficiently." As such, we believe that the PCP and Non-PCPs that practice on our NYP/CU, New York State Psychiatric Institute (NYSPI) and Columbia Doctors facilities—all sharing one campus and a connected EHR system, with easy transitions between providers of all types—will satisfy the co-location requirement. If the IA determines that co-location means something more significant, we will seek DOH's guidance as to how to adjust our network's composition.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	2,258

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	0		0	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #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	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	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Screenings are documented in Electronic Health Record.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify key participants for BH Integration project oversight										
Task Schedule on-going meetings for BH integration project committee		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH integration workflows, including protocols for integrated primary care practice related to core physical health comorbidities like diabetes, hypertension, heart disease, COPD and other smoking related diseases.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows with relevant BH practices, primary care stakeholders		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows with key network collaborators. Confirm that workflows include protocols to respond to positive preventive care screenings (referrals or embedded primary care treatment)		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around workflows		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications for IS to support workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement workflows and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop BH integration workflows, including preventive care screenings		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows and preventive care screenings with relevant BH practices, primary care stakeholders		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows with key network collaborators		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around workflows		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications for IS to support workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement workflows and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR and care coordination documentation templates drafted for participating behavioral health sites. Templates to support collaboratively-developed medication management, care engagement, and other evidence-based protocols.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator documentation templates drafted for		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
community-based collaborators (substance use, housing, HCBS, etc.). Templates will support warn handoff tracking to/from behavioral health integration sites.										
Task PPS Project Leads and key collaborators review documentation proposal - align with PPS quality review process, including BH and other medical quality metrics.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS Project Leads draft EHR and care management template technical specifications with NYP PPS IS team		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team finalizes documentation templates, including plan for integration of medical and behavioral health information.		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team implements templates to ensure coordination of care planning and tracking of patients in intervention.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
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 PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #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 Identify key participants for BH Integration project oversight										
Task Schedule on-going meetings for BH integration project committee										
Task Develop BH integration workflows, including protocols for integrated primary care practice related to core physical health comorbidities like diabetes, hypertension, heart disease, COPD and other smoking related diseases.										
Task Review workflows with relevant BH practices, primary care stakeholders										
Task Review workflows with key network collaborators. Confirm that workflows include protocols to respond to positive preventive care screenings (referrals or embedded primary care treatment)										
Task Develop training around workflows										
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions										
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.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 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 Develop BH integration workflows, including preventive care screenings										
Task Review workflows and preventive care screenings with relevant BH practices, primary care stakeholders										
Task Review workflows with key network collaborators										
Task Develop training around workflows										
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions										
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 New NYP EHR and care coordination documentation templates drafted for participating behavioral health sites. Templates to support collaboratively-developed medication management, care engagement, and other evidence-based protocols.										
Task New PPS collaborator documentation templates drafted for community-based collaborators (substance use, housing, HCBS, etc.). Templates will support warn handoff tracking to/from behavioral health integration sites.										
Task PPS Project Leads and key collaborators review documentation										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
proposal - align with PPS quality review process, including BH and other medical quality metrics.										
Task PPS Project Leads draft EHR and care management template technical specifications with NYP PPS IS team										
Task NYP PPS IS team finalizes documentation templates, including plan for integration of medical and behavioral health information.										
Task NYP PPS IS team implements templates to ensure coordination of care planning and tracking of patients in intervention.										
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
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.										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										

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

Project 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	173	173	173	173	173	173	173	173	173
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	0	0
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
including medication management and care engagement processes.										
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
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.										
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	173	173	173	173	173	173	173	173	173
Task Primary care services are co-located within behavioral Health practices and are available.	0	173	173	173	173	173	173	173	173	173
Task Primary care services are co-located within behavioral Health practices and are available.	0	4	4	4	4	4	4	4	4	4
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
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 Identify key participants for BH Integration project oversight										
Task Schedule on-going meetings for BH integration project committee										
Task Develop BH integration workflows, including protocols for integrated primary care practice related to core physical health comorbidities like diabetes, hypertension, heart disease, COPD										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and other smoking related diseases.										
Task Review workflows with relevant BH practices, primary care stakeholders										
Task Review workflows with key network collaborators. Confirm that workflows include protocols to respond to positive preventive care screenings (referrals or embedded primary care treatment)										
Task Develop training around workflows										
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions										
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	173	173	173	173	173	173	173	173	173
Task Develop BH integration workflows, including preventive care screenings										
Task Review workflows and preventive care screenings with relevant BH practices, primary care stakeholders										
Task Review workflows with key network collaborators										
Task Develop training around workflows										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions										
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 New NYP EHR and care coordination documentation templates drafted for participating behavioral health sites. Templates to support collaboratively-developed medication management, care engagement, and other evidence-based protocols.										
Task New PPS collaborator documentation templates drafted for community-based collaborators (substance use, housing, HCBS, etc.). Templates will support warn handoff tracking to/from behavioral health integration sites.										
Task PPS Project Leads and key collaborators review documentation proposal - align with PPS quality review process, including BH and other medical quality metrics.										
Task PPS Project Leads draft EHR and care management template technical specifications with NYP PPS IS team										
Task NYP PPS IS team finalizes documentation templates, including plan for integration of medical and behavioral health information.										
Task NYP PPS IS team implements templates to ensure coordination of care planning and tracking of patients in intervention.										
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
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.										
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.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
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).										
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.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

Milestone Review Status

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

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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.

Provider Commitment Risks. See comments in other project sections.
Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.ii, this waiver will support, for example, the provision of crisis stabilization services by Article 28, Article 31 and 32 PPS providers to street homeless. We are in dialogue with DOH and DOHMH the necessity of a waiver to provide Critical Time Intervention (CTI) services. The discussion includes licensure requirements, the interface with Mobile Crisis, the use of CBO-based staff, and the value of a pilot in consultation with DOH.
Connectivity. There is a risk that we won't be able to communicate across care continuum to provide care to these patients. To mitigate this risk, the PPS will establish alerts to notify providers when a patient is determined eligible. Once patients consent, the PPS will use Healthix technology to facilitate real-time notification of patient utilization. The NYP PPS plans to invest $13.3 million of its DSRIP funds and $6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Capacity. We expect the triage aspect of this project to generate increased demand for primary and behavioral health services. This is a risk because these services are already stressed. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The PPS is developing a brand new psych triage unit, and Network Member ACMH has applied for funding to develop an 8-bed crisis respite unit. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.
Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP.
Diversity. A risk to successful implementation lies with the socio-economic and ethnic make-up of Upper Manhattan residents, where this project is focused..
To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in this project to provide care that respects patients' "Culture of One."
MCO Agreements. Currently, many Medicaid MCO contracts do not allow us to provide coverage for the services proposed by this project, including billing for off-site, home visits. NYP is in active negotiations with Medicaid MCOs to modify contracts (pending waivers as appropriate) so that we will be able to provide coverage.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	1,300

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	12	100.00%	0	0.92%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_null_1_2_20151029232921_NYP_PPS_3aii_PatientEngagement_DY1Q2.xlsx	Supporting information for 3.a.ii patient engagement activity.	10/29/2015 11:30 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH crisis workflows, including outreach, CPEP, Mobile Crisis, linkages with Health Homes, emergency room linkages, access to off-campus crisis respite services, and central triage	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows with relevant mobile crisis teams, respite providers, etc.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review workflows with key network collaborators, including Medicaid MCOs and Health Homes. Protocols/workflows will also be reviewed with OMH, OASAS and DOHMH.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around workflows	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications for IS to support workflows	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support workflows	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement workflows and IS solutions with NYP and CBO-based collaborators (HCBS)	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish clear linkages with Health Homes, ER and hospital	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services to develop and implement protocols for diversion of patients from emergency room and inpatient services.									
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review diversion workflows with key network collaborators, including CPEP rapid triage, coordination with ED patient navigation staff, collaboration with off-site respite beds, and other HCBS (e.g. housing providers). These workflows will also include notification of Health Home providers.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around diversion workflows	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications for IS to support diversion workflows	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support diversion workflows	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement diversion workflows and IS solutions	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings									
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop BH crisis protocols, including central triage, communication with community-based CHWs and ED-based Patient Navigators , referral to community-based mental health and substance use providers, referral to respite services, referral to Critical Time Intervention-like ('CTI-Like') team.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review protocols with relevant mobile crisis teams, respite providers, etc.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review protocols with key network collaborators	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around protocols	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop business specifications for IS to support protocols	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support protocols	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement protocols and IS solutions	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review collaborator list to identify psychiatric service providers	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify collaborators which provide specialty psychiatric and crisis-oriented services	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current access challenges to specialty and crisis-oriented services	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review challenges with key collaborators	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop plan to expand access to specialty and crisis-oriented services	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 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	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to observation unit or off campus crisis	Provider	Safety Net Clinic	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.									
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Mental Health	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review collaborator list to identify psychiatric service providers	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify collaborators which provide observation unit or crisis residence services	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess current access challenges to observation unit and/or crisis residence services	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review challenges with key collaborators	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop access improvement plan to expand access to observation unit and/or crisis residence services	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Schedule on-going meetings to review access challenges and successes	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review BH crisis workflows with Mobile Crisis team(s)	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Augment BH crisis workflows to include Mobile Crisis	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Finalize BH crisis workflows with Mobile Crisis team	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Update protocols and policies to include decision tree for when to initiate Mobile Crisis vs. BH Crisis interventions	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications for IS solutions	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop technical specifications for IS solutions	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement IS solutions	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.	Project		In Progress	04/01/2015	09/30/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO distributes IT assessment to Network Members.	Project		In Progress	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task IT/Data Governance Committee presents assessment to Exec Committee.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification	Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis project oversight	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Schedule on-going meetings for BH crisis project committee	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop central triage protocol, including care management, observation monitoring, and access to psychiatric stabilization, and engagement in longitudinal 'CTI-like' intervention	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review central triage protocols with relevant mobile crisis teams,	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
respite providers, etc.									
Task Review central triage protocols with key network collaborators	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Draft agreements with key network collaborators	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training around central triage protocols	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Execute agreements with key network collaborators	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop business specifications for IS to support central triage protocols	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop technical specifications to support protocols	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement protocols and IS solutions	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify key participants for BH Crisis quality committee	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Schedule on-going meetings for BH crisis project committee	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop template for quality improvement plans; self audiits	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop template for implementation reports	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop template for performance measurement updates	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Begin reviewin quality reports on on-going basis	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP documentation templates drafted	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator templates drafted	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Templates reviewed with IS team	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Technical specifications drafted	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Documentation implemented	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 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										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
outreach, mobile crisis, and intensive crisis services.										
Task Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop BH crisis workflows, including outreach, CPEP, Mobile Crisis, linkages with Health Homes, emergency room linkages, access to off-campus crisis respite services, and central triage										
Task Review workflows with relevant mobile crisis teams, respite providers, etc.										
Task Review workflows with key network collaborators, including Medicaid MCOs and Health Homes. Protocols/workflows will also be reviewed with OMH, OASAS and DOHMH.										
Task Develop training around workflows										
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions with NYP and CBO-based collaborators (HCBS)										
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 Review diversion workflows with key network collaborators, including CPEP rapid triage, coordination with ED patient navigation staff, collaboration with off-site respite beds, and other HCBS (e.g. housing providers). These workflows will also include notification of Health Home providers.										
Task Develop training around diversion workflows										
Task Develop business specifications for IS to support diversion workflows										
Task Develop technical specifications to support diversion workflows										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Implement diversion workflows and IS solutions										
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 PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
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 Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop BH crisis protocols, including central triage, communication with community-based CHWs and ED-based										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patient Navigators , referral to community-based mental health and substance use providers, referral to respite services, referral to Critical Time Intervention-like ('CTI-Like') team.										
Task Review protocols with relevant mobile crisis teams, respite providers, etc.										
Task Review protocols with key network collaborators										
Task Develop training around protocols										
Task Develop business specifications for IS to support protocols										
Task Develop technical specifications to support protocols										
Task Implement protocols and IS solutions										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	0	0	0	1	1	1
Task Review collaborator list to identify psychiatric service providers										
Task Identify collaborators which provide specialty psychiatric and crisis-oriented services										
Task Assess current access challenges to specialty and crisis-oriented services										
Task Review challenges with key collaborators										
Task Develop plan to expand access to specialty and crisis-oriented services										
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).										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS 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	1	1	1
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	23	23	23
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	31	31	31
Task Review collaborator list to identify psychiatric service providers										
Task Identify collaborators which provide observation unit or crisis residence services										
Task Assess current access challenges to observation unit and/or crisis residence services										
Task Review challenges with key collaborators										
Task Develop access improvement plan to expand access to observation unit and/or crisis residence services										
Task Schedule on-going meetings to review access challenges and successes										
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 Review BH crisis workflows with Mobile Crisis team(s)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Augment BH crisis workflows to include Mobile Crisis										
Task Finalize BH crisis workflows with Mobile Crisis team										
Task Update protocols and policies to include decision tree for when to initiate Mobile Crisis vs. BH Crisis interventions										
Task Develop business specifications for IS solutions										
Task Develop technical specifications for IS solutions										
Task Implement IS solutions										
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	94	94	94
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	39	39	39
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	1	1	1
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	34	34	34
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
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 Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop central triage protocol, including care management, observation monitoring, and access to psychiatric stabilization, and engagement in longitudinal 'CTI-like' intervention										
Task Review central triage protocols with relevant mobile crisis teams, respite providers, etc.										
Task Review central triage protocols with key network collaborators										
Task Draft agreements with key network collaborators										
Task Develop training around central triage protocols										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Execute agreements with key network collaborators										
Task Develop business specifications for IS to support central triage protocols										
Task Develop technical specifications to support protocols										
Task Implement protocols and IS solutions										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Identify key participants for BH Crisis quality committee										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop template for quality improvement plans; self audiits										
Task Develop template for implementation reports										
Task Develop template for performance measurement updates										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Begin reviewin quality reports on on-going basis										
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 New NYP documentation templates drafted										
Task New PPS collaborator templates drafted										
Task Templates reviewed with IS team										
Task Technical specifications drafted										
Task Technical specifications finalized										
Task Documentation 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 Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop BH crisis workflows, including outreach, CPEP, Mobile Crisis, linkages with Health Homes, emergency room linkages, access to off-campus crisis respite services, and central triage										
Task Review workflows with relevant mobile crisis teams, respite providers, etc.										
Task Review workflows with key network collaborators, including Medicaid MCOs and Health Homes. Protocols/workflows will also be reviewed with OMH, OASAS and DOHMH.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop training around workflows										
Task Develop business specifications for IS to support workflows										
Task Develop technical specifications to support workflows										
Task Implement workflows and IS solutions with NYP and CBO-based collaborators (HCBS)										
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 Review diversion workflows with key network collaborators, including CPEP rapid triage, coordination with ED patient navigation staff, collaboration with off-site respite beds, and other HCBS (e.g. housing providers). These workflows will also include notification of Health Home providers.										
Task Develop training around diversion workflows										
Task Develop business specifications for IS to support diversion workflows										
Task Develop technical specifications to support diversion workflows										
Task Implement diversion workflows and IS solutions										
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 PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
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 Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop BH crisis protocols, including central triage, communication with community-based CHWs and ED-based Patient Navigators , referral to community-based mental health and substance use providers, referral to respite services, referral to Critical Time Intervention-like ('CTI-Like') team.										
Task Review protocols with relevant mobile crisis teams, respite providers, etc.										
Task Review protocols with key network collaborators										
Task Develop training around protocols										
Task Develop business specifications for IS to support protocols										
Task Develop technical specifications to support protocols										
Task Implement protocols and IS solutions										

New York State Department Of Health
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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	1	1	1	1	1	1	1	1	1	1
Task Review collaborator list to identify psychiatric service providers										
Task Identify collaborators which provide specialty psychiatric and crisis-oriented services										
Task Assess current access challenges to specialty and crisis-oriented services										
Task Review challenges with key collaborators										
Task Develop plan to expand access to specialty and crisis-oriented services										
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.	1	1	1	1	1	1	1	1	1	1
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.	23	23	23	23	23	23	23	23	23	23
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment,	31	31	31	31	31	31	31	31	31	31

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Review collaborator list to identify psychiatric service providers										
Task Identify collaborators which provide observation unit or crisis residence services										
Task Assess current access challenges to observation unit and/or crisis residence services										
Task Review challenges with key collaborators										
Task Develop access improvement plan to expand access to observation unit and/or crisis residence services										
Task Schedule on-going meetings to review access challenges and successes										
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 Review BH crisis workflows with Mobile Crisis team(s)										
Task Augment BH crisis workflows to include Mobile Crisis										
Task Finalize BH crisis workflows with Mobile Crisis team										
Task Update protocols and policies to include decision tree for when to initiate Mobile Crisis vs. BH Crisis interventions										
Task Develop business specifications for IS solutions										
Task Develop technical specifications for IS solutions										
Task Implement IS solutions										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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.	94	94	94	94	94	94	94	94	94	94
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	39	39	39	39	39	39	39	39	39	39
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	1	1	1	1	1	1	1	1	1	1
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	34	34	34	34	34	34	34	34	34	34
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
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 Identify key participants for BH Crisis project oversight										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop central triage protocol, including care management, observation monitoring, and access to psychiatric stabilization, and engagement in longitudinal 'CTI-like' intervention										
Task Review central triage protocols with relevant mobile crisis teams, respite providers, etc.										
Task Review central triage protocols with key network collaborators										
Task Draft agreements with key network collaborators										
Task Develop training around central triage protocols										
Task Execute agreements with key network collaborators										
Task Develop business specifications for IS to support central triage protocols										
Task Develop technical specifications to support protocols										
Task Implement protocols and IS solutions										
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										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Identify key participants for BH Crisis quality committee										
Task Schedule on-going meetings for BH crisis project committee										
Task Develop template for quality improvement plans; self audiits										
Task Develop template for implementation reports										
Task Develop template for performance measurement updates										
Task Begin reviewin quality reports on on-going basis										
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 New NYP documentation templates drafted										
Task New PPS collaborator templates drafted										
Task Templates reviewed with IS team										
Task Technical specifications drafted										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Technical specifications finalized										
Task Documentation implemented										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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The New York and Presbyterian Hospital (PPS ID:39)

Project 3.e.i – Comprehensive strategy to decrease HIV/AIDS transmission to reduce avoidable hospitalizations - development of a Center of Excellence for Management of HIV/AIDS

IPQR Module 3.e.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.

Provider Commitment Risk. First, we are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the provider roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning. Second, our provider commitments reflect provider types as will be experienced by the actively engaged population.
Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.e.i, this waiver will support, for example, the provision of chemical dependency services to PLWHA by a PPS Article 32 provider in a different PPS Article 28 clinic setting.
State-wide Program Funding Shift. The NYP PPS was the only PPS state-wide to select Project 3.e.i. We view this as reflective of the change in HIV/AIDS programs across the State, including the focus on the End of the Epidemic campaign. The risk of such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for PLWH who were once cared for by other programs. As a result, PLWH may fall out of care at a higher rate than before. To mitigate this risk, the three clinics participating in this project are increasing staff, expanding hours to accommodate walk-in patients and modifying hospital protocols to make it easier to transfer PLWH from the EDs to the outpatient setting without admitting them ("Rapid HIV Consult Service"). In addition, the NYP PPS is establishing a city-wide HIV Project Advisory Committee to increase engagement/retention for PLWH. The Project will re-engage patients who have been lost to follow-up, test individuals who do not know their serostatus and provide prevention services for uninfected, high-risk populations. PLWH—whether or not they are in care or know their serostatus—access services such as needle exchanges, food pantries and substance abuse treatment centers. Through the Advisory Committee, leaders from such organizations will convene physically and electronically (via Allscripts Care Director and the RHIO) to track patients and alert one another of patients' whereabouts, with the goal of engaging or re-engaging them in care. However, a major risk mitigation strategy is outside of the PPS control and will be for new sources of funds to be made available to providers to offset the losses in some other programs and to support the goals of both DSRIP and the End of the Epidemic campaign.
Connectivity. A major implementation risk will be IT connectivity across the PPS Network Members involved in the care of PLWH. Many Network Members have different software platforms or limited IT capabilities. To mitigate this risk, the NYP PPS plans to invest heavily to develop connectivity across the PPS. \Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	5,040

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	1,379	80.03%	344	27.36%

Warning: Please note that your patients engaged to date does not meet your committed amount (1,723)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_null_1_2_20151029233342_NYP_PPS_3ei_PatientEngagement_DY1Q2.xlsx	Supporting materials for 3.e.i patient engagement activity.	10/29/2015 11:34 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has conducted CNA and identified community resource gaps and target patient population.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS demonstrates that it is providing a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS demonstrates that it is making available medical and behavioral health consultation expertise.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has identified primary care providers with significant case loads of patients infected with HIV using EHR/medical records.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #3 Implement training for primary care providers which will include consultation resources from the center of excellence.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has implemented training aimed at increasing disease-specific expertise, with consultation from COE. PPS shows evidence that it considered adopting the Project Echo methodology.										
Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.		Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has developed a system that ensures that patients are reminded for care follow-up, that monitors and promotes adherence to medication management, and offers other components of evidence-based practice for management of this infection.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #6 Institute a system to monitor quality of care with	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
educational services where gaps are identified.										
Task PPS has created a quality committee that is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		On Hold	04/01/2015	03/31/2020	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 HIV/AIDS.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has conducted a CNA to assist in identifying community resource gaps, a targeted patient population, along with a site location for a Center of Excellence Management for HIV/AIDs (including HCV).		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review final CNA to understand community needs related to HIV/AIDS and HCV		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify site location(s) for Center of Excellence		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Convene PPS HIV/AIDS project steering committee to		Project		In Progress	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
review site proposals										
Task Finalize site location selection for Center of Excellence		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	Model 2	Project	N/A	In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Within the Center of Excellence Management for HIV/AIDs (including HCV), the PPS has developed plans to co-locate services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment. This site also offers prevention services such as PrEP (Pre-Exposure Prophylaxis) for high risk, uninfected persons.		Project		In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Inventory existing resources a Center of Excellence location(s)		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify gaps in services between existing resources and project requirements		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop plan to augment services to meet project requirements		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop business needs for rosters to include HIV/AIDS and HIV treatment and PrEP activities		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Develop technical specifications for rosters with IS		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Review specifications with HIV project steering committee		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Implement roster solution		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #10 Co-locate care management services including Health Home care managers for those eligible for Health Homes.	Model 2	Project	N/A	In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
The PPS has developed plans to co-locate care management services including Health Home care managers for those eligible for Health Homes at this site.										
Task Develop staffing plan for care managers, including on-site and downstream-provider employed		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop job descriptions for on-site care managers		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Post job descriptions and recruit for on-site care managers		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop workflows for CoE referral to health home care managers		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Review workflow with downstream health home providers		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Revise health home referral work flow		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop agreements with downstream health home providers		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute agreements with downstream health home providers		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Schedule on-site interdisciplinary care rounds that include both on-site and health home care managers		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	Model 2	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task A referral process and connectivity for referrals has been developed for those persons who qualify for but are not yet in a Health Home.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for CoE referral to health home care managers. The different workflows allow HIV CoE and community-based resources to reach patients where they		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
usually seek care (CBOs, needle exchange, primary care, emergency department, etc.). These will include referral downstream and upstream referrals to Health Homes.										
Task Review workflow with downstream health home providers		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Revise health home referral work flow		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop agreements with downstream health home providers		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute agreements with downstream health home providers		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	Model 2	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task For all COE staff, PPS has developed training on evidence-based guidelines derived from NYS AIDS Institute, NIH/HRSA/CDC materials.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Inventory existing HIV CoE training materials		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Inventory existing NYS AIDS Institute, NIH, HRSA, and CDC trainings		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Align training materials; identify any remaining gaps		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop training for identified gaps		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Review existing staff's training experience		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Schedule training for new staff and/or existing staff that need refresher		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has ensured coordination of care between all available services either through a single electronic health/medical/care management record, or some other self-identified process. The record or process addresses linkage to care, ensures follow-up and retention in care, and promotes adherence to medication management, monitoring and other components of evidence-based practice for management of this infection.										
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Complete inventory of workflows for development		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Draft HIV CoE and collaborators workflows		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Harmonize workflows across DSRIP projects to support sustainability and scalability		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Prioritize IT/connectivity (RHIO, Allscripts Care Director, etc.) requirements for PPS providers/CBOs		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop service agreements in collaboration with PPS providers/CBOs		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize/execute service agreements with PPS providers/CBOs		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement interoperability solutions (Healthix, Allscripts Care Director, etc.) with key collaborators		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #14 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.	Model 2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.		Project		In Progress	04/01/2015	09/30/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PMO distributes IT assessment to Network Members.		Project		In Progress	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		In Progress	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task IT/Data Governance Committee presents assessment to Exec Committee.		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #15 Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
Milestone #16 Use EHRs or other IT platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR and care management documentation template developed to support shared documentation across co-located primary, specialty, social services, and on-site health home providers.		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator documentation templates drafted for collaborating social services, substance use and mental		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health providers, off-site health home providers, and other services used by the targeted population.										
Task NYP PPS Project Leads and key collaborators ('Quality Committee') review templates and care coordination protocols to ensure templates adhere to evidence-based protocols for HIV and HCV. Templates review		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical specifications finalized		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms, and relevant templates, implemented to track all patients participating in HIV CoE.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Seek designation as center of excellence from New York State Department of Health.	Model 2	Project	N/A	In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task PPS has sought COE designation either by achieving certification (such as Joint Commission Disease-Specific Care Certification) or self-designating based on rigorous standards.		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Review NYS, Joint Commission, and other certification standards		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify appropriate standards relevant to HIV CoEs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Submit application for designation as CoE		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2

Project 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 consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS has conducted CNA and identified community resource gaps and target patient population.										
Task PPS demonstrates that it is providing a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model.										
Task PPS demonstrates that it is making available medical and behavioral health consultation expertise.										
Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.										
Task PPS has identified primary care providers with significant case loads of patients infected with HIV using EHR/medical records.	0	0	0	0	0	0	0	0	0	0
Milestone #3 Implement training for primary care providers which will include consultation resources from the center of excellence.										
Task PPS has implemented training aimed at increasing disease-specific expertise, with consultation from COE. PPS shows evidence that it considered adopting the Project Echo methodology.										
Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.										
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	0	0	0	0	0	0
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	0	0	0	0	0	0
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.	0	0	0	0	0	0	0	0	0	0
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.	0	0	0	0	0	0	0	0	0	0

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Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.										
Task PPS has developed a system that ensures that patients are reminded for care follow-up, that monitors and promotes adherence to medication management, and offers other components of evidence-based practice for management of this infection.										
Milestone #6 Institute a system to monitor quality of care with educational services where gaps are identified.										
Task PPS has created a quality committee that is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 HIV/AIDS.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).										
Task PPS has conducted a CNA to assist in identifying community resource gaps, a targeted patient population, along with a site location for a Center of Excellence Management for HIV/AIDs (including HCV).										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Review final CNA to understand community needs related to HIV/AIDS and HCV										
Task Identify site location(s) for Center of Excellence										
Task Convene PPS HIV/AIDS project steering committee to review site proposals										
Task Finalize site location selection for Center of Excellence										
Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.										
Task Within the Center of Excellence Management for HIV/AIDs (including HCV), the PPS has developed plans to co-locate services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment. This site also offers prevention services such as PrEP (Pre-Exposure Prophylaxis) for high risk, uninfected persons.										
Task Inventory existing resources a Center of Excellence location(s)										
Task Identify gaps in services between existing resources and project requirements										
Task Develop plan to augment services to meet project requirements										
Task Develop business needs for rosters to include HIV/AIDS and HIV treatment and PrEP activities										
Task Develop technical specifications for rosters with IS										
Task Review specifications with HIV project steering committee										
Task Implement roster solution										
Milestone #10 Co-locate care management services including Health Home care managers for those eligible for Health Homes.										
Task The PPS has developed plans to co-locate care management services including Health Home care managers for those eligible										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
for Health Homes at this site.										
Task Develop staffing plan for care managers, including on-site and downstream-provider employed										
Task Develop job descriptions for on-site care managers										
Task Post job descriptions and recruit for on-site care managers										
Task Develop workflows for CoE referral to health home care managers										
Task Review workflow with downstream health home providers										
Task Revise health home referral work flow										
Task Develop agreements with downstream health home providers										
Task Develop agreements with downstream health home providers										
Task Execute agreements with downstream health home providers										
Task Schedule on-site interdisciplinary care rounds that include both on-site and health home care managers										
Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.										
Task A referral process and connectivity for referrals has been developed for those persons who qualify for but are not yet in a Health Home.										
Task Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for CoE referral to health home care managers. The different workflows allow HIV CoE and community-based resources to reach patients where they usually seek care (CBOs, needle exchange, primary care, emergency department, etc.). These will include referral downstream and upstream referrals to Health Homes.										
Task Review workflow with downstream health home providers										
Task Revise health home referral work flow										
Task Develop agreements with downstream health home providers										

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Execute agreements with downstream health home providers										
Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)										
Task For all COE staff, PPS has developed training on evidence-based guidelines derived from NYS AIDS Institute, NIH/HRSA/CDC materials.										
Task Inventory existing HIV CoE training materials										
Task Inventory existing NYS AIDS Institute, NIH, HRSA, and CDC trainings										
Task Align training materials; identify any remaining gaps										
Task Develop training for identified gaps										
Task Review existing staff's training experience										
Task Schedule training for new staff and/or existing staff that need refresher										
Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.										
Task PPS has ensured coordination of care between all available services either through a single electronic health/medical/care management record, or some other self-identified process. The record or process addresses linkage to care, ensures follow-up and retention in care, and promotes adherence to medication management, monitoring and other components of evidence-based practice for management of this infection.										
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	23
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	154
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	31
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task Complete inventory of workflows for development										
Task Draft HIV CoE and collaborators workflows										
Task Harmonize workflows across DSRIP projects to support sustainability and scalability										
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS										
Task Prioritize IT/connectivity (RHIO, Allscripts Care Director, etc.) requirements for PPS providers/CBOs										
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs										
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Task Implement interoperability solutions (Healthix, Allscripts Care Director, etc.) with key collaborators										
Milestone #14 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.										
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	23
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	154
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	31
Task PPS uses alerts and secure messaging functionality.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
Milestone #15 Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	23
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
Task PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
Milestone #16 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation template developed to support shared documentation across co-located primary, specialty, social services, and on-site health home providers.										
Task New PPS collaborator documentation templates drafted for collaborating social services, substance use and mental health providers, off-site health home providers, and other services used by the targeted population.										
Task NYP PPS Project Leads and key collaborators ('Quality Committee') review templates and care coordination protocols to ensure templates adhere to evidence-based protocols for HIV and HCV. Templates review										

New York State Department Of Health
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DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 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 NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task Technical specifications finalized										
Task Technical platforms, and relevant templates, implemented to track all patients participating in HIV CoE.										
Milestone #17 Seek designation as center of excellence from New York State Department of Health.										
Task PPS has sought COE designation either by achieving certification (such as Joint Commission Disease-Specific Care Certification) or self-designating based on rigorous standards.										
Task Review NYS, Joint Commission, and other certification standards										
Task Identify appropriate standards relevant to HIV CoEs										
Task Submit application for designation as CoE										

Project 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 consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.										
Task PPS has conducted CNA and identified community resource gaps and target patient population.										
Task PPS demonstrates that it is providing a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model.										
Task PPS demonstrates that it is making available medical and behavioral health consultation expertise.										
Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 identified primary care providers with significant case loads of patients infected with HIV using EHR/medical records.	0	0	0	0	0	0	0	0	0	0
Milestone #3 Implement training for primary care providers which will include consultation resources from the center of excellence.										
Task PPS has implemented training aimed at increasing disease-specific expertise, with consultation from COE. PPS shows evidence that it considered adopting the Project Echo methodology.										
Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.										
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	0	0	0	0	0	0
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	0	0	0	0	0	0	0	0	0	0
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.	0	0	0	0	0	0	0	0	0	0
Task PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.	0	0	0	0	0	0	0	0	0	0
Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.										
Task PPS has developed a system that ensures that patients are reminded for care follow-up, that monitors and promotes adherence to medication management, and offers other components of evidence-based practice for management of this infection.										
Milestone #6 Institute a system to monitor quality of care with educational services where gaps are identified.										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 created a quality committee that is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 HIV/AIDS.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).										
Task PPS has conducted a CNA to assist in identifying community resource gaps, a targeted patient population, along with a site location for a Center of Excellence Management for HIV/AIDs (including HCV).										
Task Review final CNA to understand community needs related to HIV/AIDS and HCV										
Task Identify site location(s) for Center of Excellence										
Task Convene PPS HIV/AIDS project steering committee to review site proposals										
Task Finalize site location selection for Center of Excellence										
Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.										

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

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 Within the Center of Excellence Management for HIV/AIDs (including HCV), the PPS has developed plans to co-locate services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment. This site also offers prevention services such as PrEP (Pre-Exposure Prophylaxis) for high risk, uninfected persons.										
Task Inventory existing resources a Center of Excellence location(s)										
Task Identify gaps in services between existing resources and project requirements										
Task Develop plan to augment services to meet project requirements										
Task Develop business needs for rosters to include HIV/AIDS and HIV treatment and PrEP activities										
Task Develop technical specifications for rosters with IS										
Task Review specifications with HIV project steering committee										
Task Implement roster solution										
Milestone #10 Co-locate care management services including Health Home care managers for those eligible for Health Homes.										
Task The PPS has developed plans to co-locate care management services including Health Home care managers for those eligible for Health Homes at this site.										
Task Develop staffing plan for care managers, including on-site and downstream-provider employed										
Task Develop job descriptions for on-site care managers										
Task Post job descriptions and recruit for on-site care managers										
Task Develop workflows for CoE referral to health home care managers										
Task Review workflow with downstream health home providers										
Task Revise health home referral work flow										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop agreements with downstream health home providers										
Task Execute agreements with downstream health home providers										
Task Schedule on-site interdisciplinary care rounds that include both on-site and health home care managers										
Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.										
Task A referral process and connectivity for referrals has been developed for those persons who qualify for but are not yet in a Health Home.										
Task Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for CoE referral to health home care managers. The different workflows allow HIV CoE and community-based resources to reach patients where they usually seek care (CBOs, needle exchange, primary care, emergency department, etc.). These will include referral downstream and upstream referrals to Health Homes.										
Task Review workflow with downstream health home providers										
Task Revise health home referral work flow										
Task Develop agreements with downstream health home providers										
Task Execute agreements with downstream health home providers										
Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)										
Task For all COE staff, PPS has developed training on evidence-based guidelines derived from NYS AIDS Institute, NIH/HRSA/CDC materials.										
Task Inventory existing HIV CoE training materials										
Task Inventory existing NYS AIDS Institute, NIH, HRSA, and CDC trainings										
Task Align training materials; identify any remaining gaps										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop training for identified gaps										
Task Review existing staff's training experience										
Task Schedule training for new staff and/or existing staff that need refresher										
Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.										
Task PPS has ensured coordination of care between all available services either through a single electronic health/medical/care management record, or some other self-identified process. The record or process addresses linkage to care, ensures follow-up and retention in care, and promotes adherence to medication management, monitoring and other components of evidence-based practice for management of this infection.										
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	23	23	23	23	23	23	23	23	23	23
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	154	154	154	154	154	154	154	154	154	154
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	31	31	31	31	31	31	31	31	31	31
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task Complete inventory of workflows for development										
Task Draft HIV CoE and collaborators workflows										
Task Harmonize workflows across DSRIP projects to support sustainability and scalability										
Task Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS										
Task Prioritize IT/connectivity (RHIO, Allscripts Care Director, etc.) requirements for PPS providers/CBOs										

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The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs										
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Task Implement interoperability solutions (Healthix, Allscripts Care Director, etc.) with key collaborators										
Milestone #14 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.										
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	23	23	23	23	23	23	23	23	23	23
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	154	154	154	154	154	154	154	154	154	154
Task EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.	31	31	31	31	31	31	31	31	31	31
Task PPS uses alerts and secure messaging functionality.										
Task Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.										
Task PMO distributes IT assessment to Network Members.										
Task IT/Data Governance Committee reviews and summarizes network IT capabilities.										
Task IT/Data Governance Committee presents assessment to Exec Committee.										
Task PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.										
Task IT/Data Governance Committee develops plan to exchange										

The New York and Presbyterian Hospital (PPS ID:39)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members										
Task IT/Data Governance Committee presents plan to PPS Executive Committee for ratification										
Task PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up										
Milestone #15 Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	23	23	23	23	23	23	23	23	23	23
Task PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification										
Task PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
Task PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs										
Task PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback										
Task PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap										
Task PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										

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The New York and Presbyterian Hospital (PPS ID:39)

Project 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 PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials										
Task Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards										
Milestone #16 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation template developed to support shared documentation across co-located primary, specialty, social services, and on-site health home providers.										
Task New PPS collaborator documentation templates drafted for collaborating social services, substance use and mental health providers, off-site health home providers, and other services used by the targeted population.										
Task NYP PPS Project Leads and key collaborators ('Quality Committee') review templates and care coordination protocols to ensure templates adhere to evidence-based protocols for HIV and HCV. Templates review										
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task Technical specifications finalized										
Task Technical platforms, and relevant templates, implemented to track all patients participating in HIV CoE.										
Milestone #17 Seek designation as center of excellence from New York State Department of Health.										
Task PPS has sought COE designation either by achieving certification (such as Joint Commission Disease-Specific Care Certification) or self-designating based on rigorous standards.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Review NYS, Joint Commission, and other certification standards										
Task Identify appropriate standards relevant to HIV CoEs										
Task Submit application for designation as CoE										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	
Identify primary care providers who have significant case loads of patients infected with HIV.	
Implement training for primary care providers which will include consultation resources from the center of excellence.	
Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	
Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	
Institute a system to monitor quality of care with educational services where gaps are identified.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	
Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	
Co-locate care management services including Health Home care managers for those eligible for Health Homes.	
Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	
Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	
Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	
Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.	
Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Seek designation as center of excellence from New York State Department of Health.	

Milestone Review Status

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

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

Instructions :

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project 3.g.i – Integration of palliative care into the PCMH Model

IPQR Module 3.g.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.

Provider Commitment Risks. See comments in other sections.
Connectivity. There is a risk that we won't be able to appropriately communicate across the continuum to provide care to these patients. Specific challenges include: 1) creating registries to identify potentially eligible patients; 2) creating an effective referral mechanism for physicians to refer to the; and 3) exchanging clinical information with community-based partners. To mitigate this risk, the NYP PPS plans to invest in developing connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.
Capacity. Space is an issue at NYP's PCMHs, and there is a risk that the newly integrated palliative care team will not have adequate space to provide care. To mitigate this risk, NYP has applied for CRFP funding to redesign the PCMHs, where we will create rooms to accommodate additional volume. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.
Workforce. There is a risk inherent in hiring palliative care specialists due to the limited pool of qualified candidates and increasing demand for such. We have designed to program to be flexible, occupying swing space in several PCMHs across the ACN. Sharing resources will maximize providers' time. Second, we will begin recruiting for this position early but understand that a delay in hiring will delay implementation. NYP will also host career events, such as professional conferences and interview days, dedicated to the type of human capital needed.
Diversity. A risk to the success of the DSRIP program lies with the cultural diversity inherent in our PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. For example, minority patients often have poor access to adequate pain care in the U.S., and poorly aligned culture, religion and ethnicity may prevent physicians from offering palliative care to patients who need it.
To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the NQF's framework, which we will expand to our Network. The NYP PPS will train frontline staff and physicians involved in this projects to provide care that respects patients' "Culture of One." In recruiting staff , we are putting a significant emphasis on clinicians' expertise/experience with a culturally diverse population.
PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our project speed of implementation forecasts. This team will be led by NYP's VP for Community Health who has significant experience transforming the 13 NYP ACN practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. The NYP Community Health department will work with providers closely to develop an aggressive timeline and roll-out schedule to ensure that they are on target to meet or exceed the DY 3 requirement. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted.
MCO Agreements. Currently, many MCO contracts do not allow us to provide coverage for the services proposed, including home-based palliative care services (usually separate from hospice services) and reimbursement for intensive post-discharge follow-up care, which can prevent future utilization if patients' goals and values can be clarified. NYP is in active negotiations with Medicaid MCOs to modify contracts so that we will be able to provide coverage for these services.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	2,465

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	0		0	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

New York State Department Of Health
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IPQR Module 3.g.i.3 - Prescribed Milestones

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft framework for palliative care intervention(s)	Project		Completed	04/07/2015	09/30/2015	04/07/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review framework with ACN clinical leadership (AIM, Farrel, etc.)	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Revise framework based on ACN clinical leadership feedback	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Finalize framework	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Complete inventory of workflows for development	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify eligible PCPs and other PCMH-based staff to integrate services into practice model.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Assess eligible PCPs and other PCMH-based staff's PCMH status	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Harmonize PCMH achievement plan with other projects' PCMH certification efforts.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH certification materials									
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Project	N/A	In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.	Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Based on drafted clinical guidelines, identify needed service agreements and PPS providers/CBOs	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop service agreements in collaboration with PPS providers/CBOs	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Finalize/execute service agreements with PPS providers/CBOs	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Draft workflows for PCPs, Palliative Care team, Care Coordination, Hospice Providers to identify patients who might have unment palliative care needs, including a case-finding approach and deliberate referrals from PCMH- and non-PCMH-based primary care providers. Workflows will includ referrals to hospice, home-based hospice, and other supportive services.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop clinical guidelines and supporting processes for patients to be screened for palliative care needs/those to be referred for palliative care consults. Clinical guidelines will ensure that end of	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
life planning needs are identified, documented, and addressed prior to seeking aggressive care or hospice.									
Task Finalize workflows in conjunction with finalizing clinical guidelines	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review and revise workflows in collaboration with CHW CBOs as appropriate	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review and revise workflows in collaboration with Care Management	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Finalize clinical guidelines and workflows	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop palliative education/training plan outline to include audiences, topics, learning strategy, follow-up	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Draft palliative education/training materials for use in NYP PCMH, including KNPs as appropriate	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Apply training best practices to draft education/training materials	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Finalize palliative education/training materials for use in NYP PCMH, including KNPs as appropriate	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop training/participant schedule and confirm logistics	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop on-going educational venues to disseminate palliative care competencies	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Execute training	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
services.									
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS Executive Committee presents recommendations to improve warm handoffs between service providers and Medicaid MCOs	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task New NYP EHR and care management documentation templates drafted to support case finding, referrals from PCMH- and non-PCMH-based providers, and referrals to community-based services.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task New PPS collaborator referral templates drafted to ensure warm handoffs to HCBS and palliaitve care services	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators									
Task NYP PPS Project Leads reviews documentation and referral templates with NYP PPS IS team	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task NYP PPS IS team finalized documentation and referral technical specifications	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Technical platforms implemented to track all patients participating in integrated Palliative Care intervention	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.										
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	0	0	0	0	0	0	0	347	347	347
Task Draft framework for palliative care intervention(s)										
Task Review framework with ACN clinical leadership (AIM, Farrel, etc.)										
Task Revise framework based on ACN clinical leadership feedback										
Task Finalize framework										
Task Complete inventory of workflows for development										
Task Identify eligible PCPs and other PCMH-based staff to integrate services into practice model.										
Task Assess eligible PCPs and other PCMH-based staff's PCMH status										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Harmonize PCMH achievement plan with other projects' PCMH certification efforts.										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH certification materials										
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.										
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task Based on drafted clinical guidelines, identify needed service agreements and PPS providers/CBOs										
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.										
Task Draft workflows for PCPs, Palliative Care team, Care Coordination, Hospice Providers to identify patients who might have unment palliative care needs, including a case-finding approach and deliberate referrals from PCMH- and non-PCMH-based primary care providers. Workflows will includ referrals to hospice, home-based hospice, and other supportive services.										
Task Develop clinical guidelines and supporting processes for patients to be screened for palliative care needs/those to be referred for palliative care consults. Clinical guidelines will ensure that end of life planning needs are identified, documented, and addressed prior to seeking aggressive care or hospice.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Finalize workflows in conjunction with finalizing clinical guidelines										
Task Review and revise workflows in collaboration with CHW CBOs as appropriate										
Task Review and revise workflows in collaboration with Care Management										
Task Finalize clinical guidelines and workflows										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										
Task Develop palliative education/training plan outline to include audiences, topics, learning strategy, follow-up										
Task Draft palliative education/training materials for use in NYP PCMH, including KNPs as appropriate										
Task Apply training best practices to draft education/training materials										
Task Finalize palliative education/training materials for use in NYP PCMH, including KNPs as appropriate										
Task Develop training/participant schedule and confirm logistics										
Task Develop on-going educational venues to disseminate palliative care competencies										
Task Execute training										
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.										
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation templates drafted to support case finding, referrals from PCMH- and non-PCMH-based providers, and referrals to community-based services.										
Task New PPS collaborator referral templates drafted to ensure warm handoffs to HCBS and palliaitve care services										
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task NYP PPS Project Leads reviews documentation and referral templates with NYP PPS IS team										
Task NYP PPS IS team finalized documentation and referral technical specifications										
Task Technical platforms implemented to track all patients participating in integrated Palliative Care intervention										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.										
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	347	347	347	347	347	347	347	347	347	347
Task Draft framework for palliative care intervention(s)										
Task Review framework with ACN clinical leadership (AIM, Farrel, etc.)										
Task Revise framework based on ACN clinical leadership feedback										
Task Finalize framework										
Task Complete inventory of workflows for development										
Task Identify eligible PCPs and other PCMH-based staff to integrate services into practice model.										
Task Assess eligible PCPs and other PCMH-based staff's PCMH status										
Task Harmonize PCMH achievement plan with other projects' PCMH certification efforts.										
Task PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH certification materials										
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.										
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task Based on drafted clinical guidelines, identify needed service agreements and PPS providers/CBOs										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop service agreements in collaboration with PPS providers/CBOs										
Task Finalize/execute service agreements with PPS providers/CBOs										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.										
Task Draft workflows for PCPs, Palliative Care team, Care Coordination, Hospice Providers to identify patients who might have unment palliative care needs, including a case-finding approach and deliberate referrals from PCMH- and non-PCMH-based primary care providers. Workflows will includ referrals to hospice, home-based hospice, and other supportive services.										
Task Develop clinical guidelines and supporting processes for patients to be screened for palliative care needs/those to be referred for palliative care consults. Clinical guidelines will ensure that end of life planning needs are identified, documented, and addressed prior to seeking aggressive care or hospice.										
Task Finalize workflows in conjunction with finalizing clinical guidelines										
Task Review and revise workflows in collaboration with CHW CBOs as appropriate										
Task Review and revise workflows in collaboration with Care Management										
Task Finalize clinical guidelines and workflows										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop palliative education/training plan outline to include audiences, topics, learning strategy, follow-up										
Task Draft palliative education/training materials for use in NYP PCMH, including KNPs as appropriate										
Task Apply training best practices to draft education/training materials										
Task Finalize palliative education/training materials for use in NYP PCMH, including KNPs as appropriate										
Task Develop training/participant schedule and confirm logistics										
Task Develop on-going educational venues to disseminate palliative care competencies										
Task Execute training										
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.										
Task PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population										
Task PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans										
Task PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval										
Task PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings										
Task Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence										
Task PPS Executive Committee presents recommendations to improve warm handoffs between service providers and Medicaid MCOs										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task New NYP EHR and care management documentation templates drafted to support case finding, referrals from PCMH- and non-PCMH-based providers, and referrals to community-based services.										
Task New PPS collaborator referral templates drafted to ensure warm handoffs to HCBS and palliaitve care services										
Task NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators										
Task NYP PPS Project Leads reviews documentation and referral templates with NYP PPS IS team										
Task NYP PPS IS team finalized documentation and referral technical specifications										
Task Technical platforms implemented to track all patients participating in integrated Palliative Care intervention										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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Delivery System Reform Incentive Payment Project

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Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 4.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians. Failure to receive a waiver would restrict our ability to place tobacco cessation services in the communities served by the NYPH PPS. Without a waiver it would be necessary to establish referral mechanisms to the NYPH tobacco cessation clinic and to services provided within NYPH ambulatory care network facilities.
IT Investment. A major risk to this project is the current inability to connect and communicate with the patients' care team across the continuum. To mitigate this risk, as part of its five-year IT investment, NYP plans to invest in data interfaces that will allow these EHRs to "speak" to one another. Second, NYP will extend its care coordination application, Allscripts Care Director (ACD), to multiple Network Members and connect nearly 70 Network Members to the local RHIO and SHIN-NY for tracking patients city-wide. NYP will invest early in developing data interfaces between Amalga and the platforms used by Network Members. The tobacco cessation DSRIP project includes the development of a tobacco cessation clinic at the Washington Heights NYPH location. The tobacco cessation clinic will be a resource for community practices. Without robust IT support community providers will have limited communication with the NYPH tobacco cessation providers. Without this support communication would be handled via paper documentation which will not allow for robust interaction between providers.
Capacity. Space is an issue at NYP's PCMHs, and there is a risk that the newly tobacco cessation team will not have adequate space to provide care. To mitigate this risk, NYP has applied for CRFP funding to redesign the PCMHs, where we will create rooms to accommodate additional volume. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale. To mitigate this risk we are creating a roving tobacco cessation clinic that will be able to maximize the limited space available.
Diversity. A risk to successful implementation lies within the socio-economic and ethnic make-up of Upper and lower Manhattan residents, where this project is focused. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in this project to provide care that respects patients' "Culture of One." While we have tobacco resources for Spanish speaking patients, little exists for the Chinese patient population. WE are partnering with organizations with strong footholds in these communities to leverage their resources. The tobacco cessation team will need to include members who can communicate effectively with this population.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Conduct needs assessment discovery process for current tobacco cessation practices	In Progress	Conduct needs assessment discovery process for current tobacco cessation practices	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Create analytics process to examine current tobacco cessation practices.	Completed	Create analytics process to examine current tobacco cessation practices.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop survey for providers to assess perceptions of the environment and tobacco in general.	Completed	Develop survey for providers to assess perceptions of the environment and tobacco in general.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop micro and macro approach, including structured interviews of key stakeholders (e.g. clinic directors), and other analysis of workflows (possibly with staff members).	Completed	Develop micro and macro approach, including structured interviews of key stakeholders (e.g. clinic directors), and other analysis of workflows (possibly with staff members).	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop set of metrics to define best practices and success factors.	In Progress	Develop set of metrics to define best practices and success factors.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implement and complete Needs Assessment	In Progress	Implement and complete Needs Assessment	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone Instruct NYP ACN PCPs on tobacco cessation practices	In Progress	Instruct NYP ACN PCPs on tobacco cessation practices	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Convene ACN leadership including administrators, medical directors, etc. to set up training program to inform leadership in tobacco cessation resources.	In Progress	Convene ACN leadership including administrators, medical directors, etc. to set up training program to inform leadership in tobacco cessation resources.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with IS and Roswell Park to investigate integration of cessation resources into EHRs	In Progress	Work with IS and Roswell Park to investigate integration of cessation resources into EHRs	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Continue meeting with key players on CU and WC, including NYSPI substance abuse to assess approaches to substance abuse counseling and resources in order to set up cessation clinics	In Progress	Continue meeting with key players on CU and WC, including NYSPI substance abuse to assess approaches to substance abuse counseling and resources in order to set up cessation clinics	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	In Progress	Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	In Progress	Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop education program	In Progress	Develop education program	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	In Progress	Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify and engage ACN billing experts and key stakeholders to foster buy-in	In Progress	Identify and engage ACN billing experts and key stakeholders to foster buy-in	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement Educational Program	In Progress	Implement Educational Program	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone Instruct and support CBOs on Tobacco Cessation	In Progress	Instruct and support CBOs on Tobacco Cessation	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Create educational scope document, laying out what will and will not be included in education materials.	In Progress	Create educational scope document, laying out what will and will not be included in education materials.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	In Progress	Assess and assemble existing materials and tools, will document	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Assess and assemble existing materials and tools, will document gaps and needs		gaps and needs						
Task Create new materials and tools based on needs and gap assessments	In Progress	Create new materials and tools based on needs and gap assessments	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement CBO Education Program	In Progress	Implement CBO Education Program	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone Develop patient education content for distribution in an array of channels to support tobacco cessation.	In Progress	Develop patient education content for distribution in an array of channels to support tobacco cessation.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine existing patient materials in tobacco cessation	In Progress	Determine existing patient materials in tobacco cessation	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	In Progress	Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create materials for website (NYP Smoking Cessation Site)	In Progress	Create materials for website (NYP Smoking Cessation Site)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement new materials	In Progress	Implement new materials	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Design and launch Tobacco Cessation Clinic(s)	In Progress	Design and launch Tobacco Cessation Clinic(s)	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Determine scope of clinic services	In Progress	Determine scope of clinic services	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine location(s)	In Progress	Determine location(s)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Determine staff and onboarding plan	In Progress	Determine staff and onboarding plan	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Complete onboarding process and train all staff as certified tobacco treatment specialists	In Progress	Complete onboarding process and train all staff as certified tobacco treatment specialists	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Launch Tobacco Cessation Clinic	In Progress	Launch Tobacco Cessation Clinic	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone	In Progress	Develop documentation for 5As assessment	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop documentation for 5As assessment								
Task Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	In Progress	Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	In Progress	Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Collaborative identify best approach to prompt clinicians to complete 5 A's, ensuring that approach that meets Meaningful Use requirements.	In Progress	Collaborative identify best approach to prompt clinicians to complete 5 A's, ensuring that approach that meets Meaningful Use requirements.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	In Progress	NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	In Progress	NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	In Progress	NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5 As impelemented into EHR and provider workflow	In Progress	5 As impelemented into EHR and provider workflow	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Conduct needs assessment discovery process for current tobacco cessation practices	
Instruct NYP ACN PCPs on tobacco cessation practices	
Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	
Instruct and support CBOs on Tobacco Cessation	
Develop patient education content for distribution in an array of channels to support tobacco cessation.	
Design and launch Tobacco Cessation Clinic(s)	
Develop documentation for 5As assessment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.b.i.3 - IA Monitoring

Instructions :

New York State Department Of Health
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Project 4.c.i – Decrease HIV morbidity

IPQR Module 4.c.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

Regulatory Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations to support the following use cases: (1) As part of the NYS DSRIP project 3.e.i, the NYP PPS plans to embed Article 31 and Article 32 providers (e.g. Argus Community-employed CASAC) within an NYP Article 28 clinic setting to better engage/link people living with HIV and AIDS with comprehensive harm reduction programs (e.g. OASAS). (2) As part of the NYS DSRIP project 4.c.i, the project also plans to embed physicians, nurse practitioners, and physicians assistants (currently operating under NYP's Article 28 license) to provide PrEP, STI, HCV and HIV treatment in addition to medical care for substance use (e.g. buprenorphine) in community-based organizations to people living with, or at risk for, HIV who are currently receiving community-based services (Article 31, 32 or non-licensed community facilities). We understand that issues of reimbursement are being explored as part of the waiver process and that the Department is supporting a State Plan Amendment with the State Medicaid Plan as well as amendments to the associated regulations.
Meeting DSRIP Requirements and Sustainability. The combined efforts of the NYS Health Home Program, DSRIP and End of the Epidemic (EtE) initiatives are all aimed at increasing linkage and engagement into primary care. The risk such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for people at risk for, or living with, HIV or HCV who were previously undiagnosed and/or not engaged in routine care. As part of Project 4.c.i. Reducing HIV Morbidity, the NYP PPS is establishing an HIV Project Steering Committee with associated sub-contracts with a number of key community based organizations to support a team of peers and community health workers to increase engagement/retention for people at risk for, or living with, HIV or HCV. If successful, this will substantially increase demand for clinical services through the Center of Excellence (CoE). To improve access, DSRIP has funded a modest increase in staff (1 FTE NP, 1 FTE Psychiatric NP, 1.2 FTE Physician, 1 FTE Practice Care Facilitator, 1 FTE Care Manger and 0.5 FTE Analyst). However, with a projected scale and speed, this increase in CoE staff, even with improved efficiencies, is far from adequate to accommodate the projected increased demand if NYS Health Home, DSRIP and EtE initiatives are successful. Potential major risk mitigation strategies, outside of the PPS control, will be to 1) enhance existing NYS Health Home programs and revenue and 2) secure additional programmatic support through proposed Value Based Purchasing (VBP) initiatives.
IT Connectivity. A major implementation risk will be IT connectivity across the PPS. Many Network Members have different platforms or limited IT capabilities. To mitigate this risk, the PPS plans to invest heavily to develop connectivity across the PPS. Plans include: a) extending NYP's care coordination application, Allscripts Care Director (ACD), to multiple Members; b) connecting nearly 70 Members to the local RHIO for tracking patients; and c) creating additional data interfaces between organizations that will increase data availability for members of the care team. If we receive less CRFP funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	In Progress	Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review community needs assessment and other HIV/AIDS data sources to identify areas of need	Completed	Review community needs assessment and other HIV/AIDS data sources to identify areas of need	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop strategies to identify patients early in their diagnosis and connect to longitudinal care	Completed	Develop strategies to identify patients early in their diagnosis and connect to longitudinal care	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop inventory of workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, to be developed	Completed	Develop inventory of workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, to be developed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop workflows (Including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis); confirm with key collaborators. Workflows will address referrals to HCBS and community-based mental health and substance use providers from HIV CoE/NYP and referrals from collaborators back to HIV CoE.	Completed	Develop workflows (Including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis); confirm with key collaborators. Workflows will address referrals to HCBS and community-based mental health and substance use providers from HIV CoE/NYP and referrals from collaborators back to HIV CoE.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop business and technical specifications	In Progress	Develop business and technical specifications for IS to support workflows	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for IS to support workflows								
Task Review business/technical specifications with Steering Committee	In Progress	Review business/technical specifications with Steering Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Implement new workflows and IS solutions	In Progress	Implement new workflows and IS solutions	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Increase peer-led interventions around HIV care navigation, testing, and other services	In Progress	Increase peer-led interventions around HIV care navigation, testing, and other services	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	Completed	Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	Completed	Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop staffing plan for peer-led services	In Progress	Develop staffing plan for peer-led services	04/01/2015	09/30/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Draft scopes of work for CBOs to recruit peers	In Progress	Draft scopes of work for CBOs to recruit peers	07/01/2015	09/30/2015	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Execute agreements with CBOs to recruit peers	In Progress	Execute agreements with CBOs to recruit peers	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training for peers	In Progress	Develop training for peers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule training for peers	In Progress	Schedule training for peers	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop business and technical specifications	In Progress	Develop business and technical specifications for IS to support workflows	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

The New York and Presbyterian Hospital (PPS ID:39)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for IS to support workflows								
Task Implement new workflows and IS solutions	In Progress	Implement new workflows and IS solutions	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	In Progress	Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee	In Progress	Convene HIV/AIDS Projects Steering Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Review community needs assessment and other HIV/AIDS data sources to identify areas of need	In Progress	Review community needs assessment and other HIV/AIDS data sources to identify areas of need	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify co-factors to address in peer-led and care management interventions	In Progress	Identify co-factors to address in peer-led and care management interventions	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Modify workflows and training for Peer staff to address identified co-factors	In Progress	Modify workflows and training for Peer staff to address identified co-factors	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Schedule training for peers on identified co-factors	In Progress	Schedule training for peers on identified co-factors	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Assure cultural competency training for providers	In Progress	Assure cultural competency training for providers	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Review NYP PPS Cultural Competency and Health Literacy Strategy	In Progress	Review NYP PPS Cultural Competency and Health Literacy Strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	In Progress	Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop and schedule training for peers and participating HIV/AIDS providers	In Progress	Develop and schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Empower PLWHA to help themselves and	In Progress	Empower PLWHA to help themselves and others around issues related to prevention and care	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
others around issues related to prevention and care								
Task Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	In Progress	Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	In Progress	Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Schedule training for peers and participating HIV/AIDS providers	In Progress	Schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone Educate patients to know their right to be offered HIV testing in hospital and primary care settings	In Progress	Educate patients to know their right to be offered HIV testing in hospital and primary care settings	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Inventory existing HIV testing practices at participating hospitals and primary care practices	In Progress	Inventory existing HIV testing practices at participating hospitals and primary care practices	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify gaps in current practices	In Progress	Identify gaps in current practices	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Identify/develop best practices for informing patients of their right to be offered HIV testing	In Progress	Identify/develop best practices for informing patients of their right to be offered HIV testing	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Develop workflows for HIV testing in hospital and primary care practices	In Progress	Develop workflows for HIV testing in hospital and primary care practices	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Implement workflows in PPS hospitals and NYP primary care practices	In Progress	Implement workflows in PPS hospitals and NYP primary care practices	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	In Progress	Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	In Progress	Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify gaps in existing access to partner services	In Progress	Identify gaps in existing access to partner services	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop strategies to address access to partner services	In Progress	Develop strategies to address access to partner services	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Confirm strategies with HIV/AIDS Projects Steering Committee	In Progress	Confirm strategies with HIV/AIDS Projects Steering Committee	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	
Increase peer-led interventions around HIV care navigation, testing, and other services	
Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	
Assure cultural competency training for providers	
Empower PLWHA to help themselves and others around issues related to prevention and care	
Educate patients to know their right to be offered HIV testing in hospital and primary care settings	
Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.c.i.3 - IA Monitoring

Instructions :

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Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

☐ **I here by attest, as the Lead Representative of the 'The New York and Presbyterian Hospital', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

Primary Lead PPS Provider:	PRESBYTERIAN HSP CITY OF NY
Secondary Lead PPS Provider:	
Lead Representative:	Phyllis Lantos
Submission Date:	12/15/2015 04:09 PM

Comments:

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q2	Adjudicated	Phyllis Lantos	sv590918	12/31/2015 09:31 PM
DY1, Q2	Submitted	Phyllis Lantos	phl9002	12/15/2015 04:09 PM
DY1, Q2	Returned	Phyllis Lantos	emcgill	12/01/2015 12:25 PM
DY1, Q2	Submitted	Phyllis Lantos	phl9002	10/30/2015 05:51 PM
DY1, Q2	In Process		ETL	10/01/2015 12:14 AM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	DY1 Q2 Quarterly Report has been returned for remediation.	emcgill	12/01/2015 12:25 PM

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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget Report (Baseline)	Completed
	IPQR Module 1.2 - PPS Budget Report (Quarterly)	Completed
	IPQR Module 1.3 - PPS Flow of Funds (Baseline)	Completed
	IPQR Module 1.4 - PPS Flow of Funds (Quarterly)	Completed
	IPQR Module 1.5 - Prescribed Milestones	Completed
	IPQR Module 1.6 - PPS Defined Milestones	Completed
	IPQR Module 1.7 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed

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Section	Module Name	Status
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed

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Section	Module Name	Status
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IT Requirements	Completed
	IPQR Module 10.6 - Performance Monitoring	Completed
	IPQR Module 10.7 - Community Engagement	Completed
	IPQR Module 10.8 - IA Monitoring	

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Section	Module Name	Status
Section 11	IPQR Module 11.1 - Workforce Strategy Spending	Completed
	IPQR Module 11.2 - Prescribed Milestones	Completed
	IPQR Module 11.3 - PPS Defined Milestones	Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 11.6 - Roles and Responsibilities	Completed
	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	
	IPQR Module 11.11 - IA Monitoring	

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

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

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget Report (Baseline)	Pass & Complete	
	Module 1.2 - PPS Budget Report (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds (Baseline)	Pass & Complete	
	Module 1.4 - PPS Flow of Funds (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1	Pass & Complete	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Complete	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	
	Milestone #9	Pass & Ongoing	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	

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Section	Module Name / Milestone #	Review Status	
	Milestone #8	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
Section 11	Module 11.2 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	

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Section	Module Name / Milestone #	Review Status	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	
	Milestone #9	Pass & Ongoing	
	Milestone #10	Pass & Ongoing	
	Milestone #11	Pass & Ongoing	
2.b.i	Module 2.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.i.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	
	Milestone #9	Pass & Ongoing	
	Milestone #10	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #9	Pass & Ongoing	
	Milestone #10	Pass & Ongoing	
	Milestone #11	Pass & Ongoing	
	Milestone #12	Pass & Ongoing	
	Milestone #13	Pass & Ongoing	
	Milestone #14	Pass & Ongoing	
	Milestone #15	Pass & Ongoing	
3.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	
	Milestone #9	Pass & Ongoing	
	Milestone #10	Pass & Ongoing	
	Milestone #11	Pass & Ongoing	
3.e.i	Module 3.e.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.e.i.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	

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

DSRIP Implementation Plan Project

The New York and Presbyterian Hospital (PPS ID:39)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
	Milestone #7	Pass & Ongoing	
	Milestone #8	Pass & Ongoing	
	Milestone #9	Pass & Ongoing	
	Milestone #10	Pass & Ongoing	
	Milestone #11	Pass & Ongoing	
	Milestone #12	Pass & Ongoing	
	Milestone #13	Pass & Ongoing	
	Milestone #14	Pass & Ongoing	
	Milestone #15	Pass & Ongoing	
	Milestone #16	Pass & Ongoing	
	Milestone #17	Pass & Ongoing	
3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.g.i.3 - Prescribed Milestones		
	Milestone #1	Pass & Ongoing	
	Milestone #2	Pass & Ongoing	
	Milestone #3	Pass & Ongoing	
	Milestone #4	Pass & Ongoing	
	Milestone #5	Pass & Ongoing	
	Milestone #6	Pass & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.c.i	Module 4.c.i.2 - PPS Defined Milestones	Pass & Ongoing	