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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

TABLE OF CONTENTS

Samaritan Medical Center (PPS ID:45)

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Quarterly Report - Implementation Plan for Samaritan Medical Center

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

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Completed
2.a.iv	Create a medical village using existing hospital infrastructure	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
3.c.ii	Implementation of evidence-based strategies to address chronic disease - primary and secondary prevention projects (adults only)	Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer	Completed

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report (Baseline)

Instructions :

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

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	11,689,449	12,457,110	20,144,711	17,838,065	11,689,449	73,818,783
Cost of Project Implementation & Administration	**3,005,017**	**5,460,217**	**4,382,895**	**2,806,254**	**2,800,312**	**18,454,695**
Cost of Implementation	2,691,569	4,466,000	3,366,000	1,766,000	1,736,000	14,025,569
Cost of Administration	313,448	994,217	1,016,895	1,040,254	1,064,312	4,429,126
Revenue Loss	**0**	**2,214,563**	**4,429,127**	**2,315,548**	**1,107,282**	**10,066,520**
Internal PPS Provider Bonus Payments	**2,338,579**	**3,431,097**	**6,041,329**	**6,242,116**	**4,092,513**	**22,145,634**
Cost of non-covered services	**729,000**	**1,670,667**	**2,591,925**	**2,315,548**	**1,578,541**	**8,885,681**
Other	**756,643**	**1,624,013**	**3,764,758**	**5,546,152**	**2,602,112**	**14,293,678**
Contingency	442,913	1,033,463	2,214,563	3,262,442	1,530,654	8,484,035
Innovation	92,274	369,094	1,107,282	1,631,221	765,327	3,965,198
High Performance	221,456	221,456	442,913	652,489	306,131	1,844,445
Total Expenditures	**6,829,239**	**14,400,557**	**21,210,034**	**19,225,618**	**12,180,760**	**73,846,208**
Undistributed Revenue	**4,860,210**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

The spreadsheet included in the MAPP file above will not function appropriately to reflect unexpended year 1 revenue expenditures across DSRIP years as was submitted in original implementation plan per guidance received. How do you want this to be handled when it is reviewed and revised?

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
11,689,449	73,818,783	10,977,266	73,106,600

Budget Items	DY1 Q3 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**23,801**	**23,801**	**2,981,216**	**99.21%**	**18,430,894**	**99.87%**
Cost of Implementation	23,801					
Cost of Administration	0					
Revenue Loss	**0**	**0**	**0**		**10,066,520**	**100.00%**
Internal PPS Provider Bonus Payments	**688,382**	**688,382**	**1,650,197**	**70.56%**	**21,457,252**	**96.89%**
Cost of non-covered services	**0**	**0**	**729,000**	**100.00%**	**8,885,681**	**100.00%**
Other	**0**	**0**	**756,643**	**100.00%**	**14,293,678**	**100.00%**
Contingency	0					
Innovation	0					
High Performance	0					
Total Expenditures	**712,183**	**712,183**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 1.3 - PPS Flow of Funds (Baseline)

Instructions :

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

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

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	11,689,449	12,457,110	20,144,711	17,838,065	11,689,449	73,818,783
Practitioner - Primary Care Provider (PCP)	368,088	997,578	1,518,154	1,391,609	891,886	5,167,315
Practitioner - Non-Primary Care Provider (PCP)	105,160	285,022	433,758	397,603	254,825	1,476,368
Hospital	473,611	2,868,962	7,292,731	7,391,630	4,689,579	22,716,513
Clinic	262,920	712,556	1,084,396	994,007	637,060	3,690,939
Case Management / Health Home	52,584	142,511	216,879	198,801	127,413	738,188
Mental Health	420,673	1,140,089	1,735,033	1,590,411	1,019,297	5,905,503
Substance Abuse	157,752	427,533	650,637	596,404	382,238	2,214,564
Nursing Home	262,920	712,556	1,084,396	994,007	637,060	3,690,939
Pharmacy	52,584	142,511	216,879	198,801	127,413	738,188
Hospice	52,584	142,511	216,879	198,801	127,413	738,188
Community Based Organizations	105,168	285,022	433,758	397,603	254,825	1,476,376
All Other	210,336	570,044	867,516	795,205	509,648	2,952,749
PPS PMO	2,734,018	5,824,218	5,936,896	4,735,254	3,082,567	22,312,953
Total Funds Distributed	**5,258,398**	**14,251,113**	**21,687,912**	**19,880,136**	**12,741,224**	**73,818,783**
Undistributed Revenue	**6,431,051**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_MDL0106_1_2_20160316110936_PMO_PPS_5_year_budget.xlsx	NCI-Samaritan PPS 3/16/2016 Details for the PPS PMO budget line	03/16/2016 11:10 AM

Narrative Text :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Please note the undistributed tab does not calculate correctly to allow undistributed revenuer to be distributed across the 5 years. The attached spreadsheet indicates the correct undistributed revenue calculation. The funds flow has not been finalized and is part of the planning within this implementation. The table below reflects dollars in the budget but until the individual project implementation plans are undertaken and the funds flow activities above are carried out funds flow cannot be accurately placed in the categories identified. All Other is the largest category as this encompasses 1) all project implementation costs and 2) all costs for services not currently covered that the PPS intends to contract for under the NCI governance through the Safety Net lead for all partners as an integrated delivery system . The categories that are provider type specific are based on estimates of incentives, contingency, revenue loss, innovation and high performance buckets but are likely to change as the funds flow activities above are carried out and more accurate estimates are made.

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
11,689,449	73,818,783	10,977,266	73,106,600

Funds Flow Items	DY1 Q3 Quarterly Amount - Update	Total Amount Disbursed	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS												
			2.a.i	2.a.ii	2.a.iv	2.b.iv	2.d.i	3.a.i	3.b.i	3.c.i	3.c.ii	4.a.iii	4.b.ii		
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0	0	0	0	0	0	0	0	368,088	5,167,315
Practitioner - Non-Primary Care Provider (PCP)	59,801	59,801	80.4	0	0	0	0	0	0	0	6.4	2.9	10.2	45,359	1,416,567
Hospital	225,939	225,939	16	10	10	12	10	9	8	8	7	4	6	247,672	22,490,574
Clinic	332,468	332,468	22	12	0	14	3	13	10	10	8	1	7	-69,548	3,358,471
Case Management / Health Home	18,484	18,484	31	0	0	24	31	0	0	0	14	0	0	34,100	719,704
Mental Health	29,828	29,828	32.6	0	0	21.3	16.5	15.4	0	0	0	11.7	2.4	390,845	5,875,675
Substance Abuse	16,222	16,222	34	0	0	8.1	34	7.3	0	0	0	12.2	4.3	141,530	2,198,342
Nursing Home	6,044	6,044	57	0	0	43	0	0	0	0	0	0	0	256,876	3,684,895
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	52,584	738,188
Hospice	0	0	0	0	0	0	0	0	0	0	0	0	0	52,584	738,188
Community Based Organizations	0	0	0	0	0	0	0	0	0	0	0	0	0	105,168	1,476,376
All Other	23,397	23,397	91	0	0	9	0	0	0	0	0	0	0	186,939	2,929,352
PPS PMO	0	0												2,734,018	22,312,953
Total Funds Distributed	**712,183**	**712,183**													

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Module Review Status

Review Status	IA Formal Comments
Pass (with Exception) & Ongoing	The amounts and percentages reported in the Provider Import/Export Tool does not align with the amounts and percentages reported in MAPP. Please update all amounts and percentages to ensure alignment and accuracy during the DY1, Q4 reporting period.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop project by project analysis of what inputs, by which providers will create the highest performing team to accomplish project deliverables and what metrics will measure and be accomplished to attest to the performance. Determine weighting to each deliverable and each provider category within the deliverable to drive funds flow	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Distribute the project revenue impact assessment (prepared as part of current state financial stability assessment) and the project-by-project analysis to network provider partners with explanation of the purpose of the matrix and how it will 1) be used to finalize revenue loss funds flow 2) expected impact of DSRIP projects and expectations of costs incurred by the PPS and individual provider types and 3) drive incentives	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories	Completed	See task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
(Excludes Bonus, Contingency and High Performance categories)									
Task 4. Review the provider level projections of DSRIP impacts and costs. During provider specific budget processes, develop preliminary budgets including completion of Provider Specific funds flow plan	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Revise plan based on consultation and finalize; obtain approval from Finance Committee	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Roll out education and training sessions for	In Progress	See task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

Samaritan Medical Center (PPS ID:45)

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 regarding the funds flow plan, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds. Individual sessions will be run for larger providers; collaborative group sessions will be run for smaller providers and for providers with close operational ties									

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	Budget Milestone #1 and tasks Original End Date: 12/31/2015 Revised End Date: 3/31/2016 SMC-NCI has completed the funds flow budget and distribution plan for Phase 1 funds flow. This has been approved by the NCI DSRIP Finance Committee as well as the NCI Board and communicated with the PPS partners. However, the PPS has not fully developed the Phase 2 funds flow approach. The Finance Committee continues to develop the approach and is on target for a 3/31/2016 date for approval, official policies and procedures, and communication to the PPS partners.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 1.7 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Outline the PPS governance / organizational structure	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Documented explanation of why selected organizational structure is critical to the success of the PPS	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Identify the size of the 5 primary standing committees: Payer / Finance, HIT Governance, Medical Management(clinical), Compliance, Professional Education and Workforce.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Select, Appoint and Install all members of the 5 standing committees: Payer / Finance, HIT Governance, Medical Management(clinical), Compliance, Professional Education and Workforce.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Confirm the composition and membership of the NCI Board of Managers; make adjustments to standing committees as required.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
6. Develop a written process for collaborative planning, data sharing, workforce planning, financial planning and decision making processes									
Task 7. Specify how the selected governance structure and processes will ensure adequate governance and management of the DSRIP program	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Develop and Publish PPS Organization Chart	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. Written communication plan that informs PPS of organizational structure and governance	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Designate / Appoint PPS compliance official (that is not /does not provide legal counsel to the PPS) Develop a PPS compliance plan that provides proper governance and oversight.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Draft and adopt Charter for Medical Management (Clinical Committee) for NCI	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify membership/leadership for Project-level Clinical Quality Sub-committees for the 11 PPS projects and develop clinical committee organizational structure chart.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Draft and adopt project timeline & milestone template for clinical projects	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Identify and adopt evidence-based protocols for each Domain 3 project and others as appropriate	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 5. Develop regular meeting schedules for Committee and relevant sub-Committees	Completed	See Task	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Select/Develop initial metrics for tracking performance. "Domain 2-3 Performance Metrics and Goals". Project performance will be managed by appointed Project Leads and reviewed by the Project Management Officer utilizing Performance Logic and Population Health Management tools for accurate and timely metric validation.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. PPS PMO will support continuous clinical quality improvement activities for the Medical Management Committee to evaluate the standards, benchmark training performance, identify and determine best practices. Quality committees will perform routine clinical assessments against performance metrics for the 11 DSRIP Projects.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	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 1. North Country Initiative (NCI) Board of Managers will collaboratively develop and draft PPS bylaws.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Collaboratively the NCI Board of Managers will review and approve developed Bylaws for the PPS.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Adopt revised North Country Initiative Board of Managers Bylaws.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Identify key policies regarding participation in	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
North Country Initiative governance structure									
Task 5. Draft and adopt dispute resolution policies and procedures that will address: Issue / Conflict resolution by NCI Board of Managers.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. Develop, adopt, and communicate policies and procedures regarding non- or under-performing providers	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop and adopt Governance compliance policies and procedures	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. NCI Project Management Office and Project Leads will utilize PMI methodologies and Performance Logic Project Management software to actively manage project performance and produce real-time performance dashboards for controlling, monitoring and reporting purposes to the NCI Board of Managers and Key Stakeholders for approval. Dashboards will be adjusted to meet reporting criteria as determined by the NCI Board of Managers.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify key project metrics to assess project workstream progress : financial management, clinical management, workforce management, IT management and Compliance.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. PMO will create reporting and controlling dashboard structure for milestone completion status reports.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. Develop tools that support data collection and reporting data from participating PPS entities.									
Task 5. Utilize established tools (MAPP) and methodologies for submitting metrics, project status, and financial management to NCI Board of Managers and mandated quarterly reports as required.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Communicate compliance policies and procedures to the partners and vendors of the NCI PPS, as appropriate	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Identify community resources and organizations participating in activities impacting population health, including food, clothing, shelter assistance	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Communicate and promote those community resources who are participating in activities to improve population health (food, clothing, shelter assistance, churches etc)	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Recruit participants for NCI Committee leadership and participation	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Utilize FDRHPO Communication Committee to identify and develop communication channels for two-way community engagement and coordination with surrounding PPSs	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Utilize FDRHPO population health	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
management committee to inform community outreach within the community engagement plan that will support population health engagement across all of NCI region and coordinate with surrounding PPSs									
Task 6. Finalize Community Engagement Plan in partnership with Population Health Management Program including plans for two way communication as part of overall NCI Communication Plan	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Define Roles and Responsibilities of our public and non provider organizations, while developing a template for referrals	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Identify key CBOs willing to participate in DSRIP projects by entering into contractual / partnership agreements.	In Progress	See Task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Develop workforce communication and engagement strategy: Vision, Objectives, Guiding Principles, and Stakeholder Engagement.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop workforce communication and engagement plan: Objectives, Principles, Target Audience, Channel, Barriers and Risks and Milestones.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Determine key deliverables and key performance indicators (KPIs) for inclusion in agreements with key CBOs.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	See Task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
5. Negotiate and draft contractual / partnership agreements with key CBOs									
Task 6. Finalize contractual / partnership agreements with key CBOs	In Progress	See Task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Identify appropriate committees for CBO representation, including Finance	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify appropriate public sector agencies at the state and local level in the NCI service area	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop an action plan for coordinating supporting agency activities geographically within the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities	In Progress	See Task	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Include public sector agencies in internal and external committee structures	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Include public sector agency coordination action plan in two-way NCI Communication Plan	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. NCI public sector agency coordination plan discussed, reviewed and adopted	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Utilize FDRHPO communication and	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 committee to review and create the communication and engagement plans									
Task 2. Review committee members to ensure proper representation from the key areas of our PPS. (i.e. employees, unions, fqhc's, providers, cbo's, health homes etc.)	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Communication committee to perform workforce stakeholder assessment in partnership with the workforce committee to identify the key stakeholder groups and evaluate current commitment and level of commitment required for project success	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Define the communication needs and required key messages by workforce audience group, as well as the available communication channels that can be utilized for workforce stakeholder engagement	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop two-way workforce communication and engagement plan as component of NCI overall two-way communication plan including: objectives, target audience, channel, barriers and risks, milestones, and measures to evaluate effectiveness	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Workforce Communication & Engagement section of NCI Communication Plan: signed off by the executive body of the PPS	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #9 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
1. Identify, assess and stratify CBO's into geographical and services available categories									
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Identify and appoint representation from CBO's on governing body and to appropriate committees.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Partner with and contract CBO's in: care management, community health workers, project 11 navigation, diabetes prevention program, tobacco cessation, cultural competency and health literacy.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Utilize existing CBO expertise in the prevention of over-growth or duplication existing services	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Implement key deliverables and key performance indicators (KPIs) outlined in agreements with CBOs.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Implement and utilize communications engagement plan to: inform, improve, sustain two-way communications. Where appropriate and accepted utilize electronic referrals processes.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Conduct an assessment of the region on	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
which CBO's are not participating in DSRIP, if any are identified work to gain commitment to join the NCI PPS.									

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160128103811_NCI_DY1Q3_Committee_Meetings.pdf	NCI DY1 Q3 Committee Meetings	01/28/2016 10:38 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121154900_DY1Q3_Governance_M2_T7.docx	NCI Established Clinical Quality Improvement	01/21/2016 03:49 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121154605_DY1Q3_Governance_M2_T6.xlsx	NCI Domain 2-3 Performance Metrics & Goals	01/21/2016 03:46 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121154403_DY1Q3_Governance_M2_T4_Evidence_based_Protocols.docx	NCI Approved Clinical Evidence Based Guidelines	01/21/2016 03:44 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121153930_DY1Q3_Governance_M2_T1.docx	NCI Clinical Governance charter & reporting structure	01/21/2016 03:39 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121153819_DY1Q3_Governance_M2_Meeting_Schedule_Template.docx	NCI Governance Meeting	01/21/2016 03:38 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121153509_DY1Q3_Governance_M2_Clinical_Committee_Template.xlsx	NCI Clinical Governance Committee	01/21/2016 03:35 PM
Finalize bylaws and policies or Committee Guidelines where applicable	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160128103357_DY1Q3_Governance_M2_T1.docx	NCI Medical Management Committee Charter updated	01/28/2016 10:33 AM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160128102741_151215_Regional_Care_Transition_Committee_Charter_TL.pdf	Regional Care Transition Committee Charter updated	01/28/2016 10:27 AM
Establish governance structure reporting and	hsanchez	Documentation/Certific	45_MDL0203_1_3_20160121160223_DY1Q3_Gov	NCI Communication of Compliance Policy &	01/21/2016 04:02 PM

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
monitoring processes		ation	ernance_M4_T6.docx	Procedures	
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121160110_DY1Q3_Governance_M4_T1-5.docx	NCI PMI Methodologies	01/21/2016 04:01 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121155820_DY1Q3_Governance_M4.xlsx	NCI Governance and Committee Structure Reporting and Monitoring	01/21/2016 03:58 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160203125116_160203_DY1Q3_GovernanceM5_Community_Engagement_Template_Final.xlsx	NCI Community Engagement Template	02/03/2016 12:51 PM
	bm124578	Documentation/Certification	45_MDL0203_1_3_20160128083052_DY1Q3_Governance_M5_T1-T7.docx	NCI CNA Strategy	01/28/2016 08:30 AM
	bm124578	Documentation/Certification	45_MDL0203_1_3_20160128082936_DY1Q3_Governance_M5_Community_Engagement_Plan.pdf	NCI Community Engagement Plan	01/28/2016 08:29 AM
Finalize partnership agreements or contracts with CBOs	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121162320_DY1Q3_Governance_M6_T7.docx	NCI Committee Formation	01/21/2016 04:23 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121162152_DY1Q3_Governance_M6_T6.docx	NCI Community Based Organization Contract Update	01/21/2016 04:21 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121161958_DY1Q3_Governance_M6_T1..jpg	NCI Community Based Organization Regional Map	01/21/2016 04:19 PM
	hsanchez	Documentation/Certification	45_MDL0203_1_3_20160121161747_DY1_Q3_Governance_M6_T2_Final.docx	NCI Workforce Communication & Engagement Strategy	01/21/2016 04:17 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	Attached is the Committee list for the committees held in DY1 Q3
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	Attached is the updated charter for the Care Connections Committee and Medical Management Committee
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)	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize partnership agreements or contracts with CBOs	Milestone 6 and Tasks 1, 5, & 6 are in progress and will be completed for the DY1 Q4 submission
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.)	Reference TASK 2: Action plans for Agencies and municipals authorities have been communicated to appropriate stakeholders and are awaiting adoption of contracts. The delay is due to the public boards have not met. Anticipating February 9, 2016.
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Risk 1: Due the region's severe health provider shortages, retaining appropriate physician commitment on boards can be difficult.
Mitigation:
NCI has a broad range of specialty CBO involved in committees to represent a broad spectrum of the region's needs & resources, so not all responsibilities fall on our primary care physicians. In addition a single clinical governance committee may have the role to serve as the clinical committee for multiple projects within their expertise.

Risk 2: With the large geographic area NCI covers physical attendance to meetings may be difficult.
Mitigation:
The use of video conferencing, teleconferencing, and webcasts has been defined and implemented by PPS.

Risk 3: Collecting participant level data from PPS partners.
Mitigation:
a.) NCI utilize a centralized platform (performance logic) to manage project planning implementation & reporting with real time data.
b.) NCI will implement population health management tools for monitoring of clinical based data & evidenced based medicine.

Risk 4: Gaining agreement on evidence based clinical guidelines by the Medical Management (Clinical) Committee & the ability to monitor participant's adherence.
Mitigation:
Medical Management Committee will select National accepted evidence based clinical practice guidelines and utilize IT capabilities.

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.)

1. Practitioner, Community and Workforce Engagement: Across the entire PPS, a community engagement plan, including plans for two-way communication with stakeholders will be developed. This plan will include communication with all levels of the governance, regarding required trainings, recruitment and retention strategies (i.e. alignment with and awareness of federal and state initiatives), and new hires. The PPS governance structure will be responsible for agency coordination plans aimed at engaging appropriate and targeted workers who will most greatly

impacted by project implementation. Practitioner engagement and involvement in the DSRIP program will also be a major interdependency with our workforce transformation plans. As such, we will develop training and education plans targeting practitioners and other professional groups, designed to educate them about the DSRIP Program and our PPS-specific quality improvement agenda.

2. Financial Sustainability: Key people within organizations will need to be identified and held responsible for the financial sustainability of their entities, incorporating PPS strategies to address important, identified issues related to our network's financial health. The financial sustainability of PPS partners greatly impact governance.

3. Cultural Competency and Health Literacy: The implementation of cultural competence and health literacy strategies will require the identification and implementation of assessments and tools to assist patients with self-management of conditions, as well as the utilization of community-based interventions to reduce health disparities and improve outcomes. The PPS Governance will need to adopt a culturally competent training strategy for clinicians focused on evidence-based research addressing the drivers of health disparities for particular groups identified. We will also create training plans for other segments of the workforce (and others, as appropriate) regarding specific population needs and effective patient engagement approaches.

4. IT Systems and Processes: All projects and workstreams are dependent on the IT systems and processes, therefore, strategic implementation of these systems and processes is primarily dependent on workforce related to both clinical and technical training. The PPS will develop an IT change management strategy that is focused on a communication plan involving all stakeholders, including users. An education and training plan will be created and workflows for authorizing and implementing IT changes will be defined and standardized across the PPS. This training plan will support the successful implementation of new platforms and processes involving technical standards and implementation guidance for sharing and using a common clinical data set.

5. Performance Monitoring: Each entity will be required to report clinical and financial outcomes for specific patient pathways and project milestones. Key personnel will need to be trained to use clinical quality and performance dashboards as well as a centralized, continuously monitored reporting tool. Reporting, tracking, monitoring and course adjustments will need to be made by the organization and their workers, in partnership with the PPS Project Management Officer. The Governance structure will need to be proactive and rapidly reactive with improvement plans for areas of poor performance.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Lead Applicant/Entity	North Country Initiative, LLC with Samaritan as signatory	Bylaw and Policy Development, funding and staff resources
North Country Initiative, LLC Board of Managers	Governance	Oversight and success of all DSRIP Activities Policy and Plan Adoption and Executive Sponsorship Physician and Provider Champions and Leadership Overall DSRIP Performance Monitoring
DSRIP Project Advisory Committee	Multi-organizational	Review and make recommendations to the NCI Board on DSRIP strategies and Plans
NCI Medical Management (Clinical)Committee	Clinical Governance	Clinical Oversight for DSRIP Projects Clinical Guideline & Protocol Development and Support Clinical Champions Quality of Care and Patient Outcomes PHM Disease Registry Quality Measures - Performance Monitoring
NCI HIT Governance Committee	HIT Assessment, Plan, Adoption	Responsible for reviewing HIT Gap Analysis and Plans Championing adoption by clinicians Patient-Centered Medical Home implementation plan EMR and MU PHM Disease Registry roll-out
NCI Finance Committee	Financial Plan Monitoring Funds Flow Oversight	Review of Financial Sustainability Plans Monitoring Fragile Provider Metrics Review of Funds Flow Plan Inform and Review Value Based Payment Strategy Other financial and value-based planning functions
NCI Compliance Committee	Compliance	Responsible to ensure Compliance Plans, Policies and Training are in place including Lead Entity Compliance Plan consistent with New York State Social Services Law 363-d
NCI Health Literacy & Cultural Competency Committee	Health Literacy & Cultural Competency Plans	Development of Health Literacy and Cultural Competency Strategy Development and oversight of Health Literacy and Cultural Competency Training Plan in partnership with Workforce Committee
NCI Provider Recruitment, GME & Workforce Governance Committee	Workforce	Physician/Provider Recruitment Plan GME Expansion Analysis

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Workforce Roadmap Adoption Workforce Training Strategy Adoption
NCI Care Coordination Committee	Care Coordination across continuum of care	Care Management and Transitions to include: Hospital Transitions Health Home Care Management Home Care and Hospice Primary Care-Care Managers Community Health Workers
Behavioral Health Committee (FDRHPO)	Behavioral Health Integration 2.a.i Strengthen BH Infrastructure 4.a.iii	Planning and support for Behavioral Health strategies across PPS including integration of Primary Care and Behavioral Health, Strengthening Behavioral Health Infrastructure, Behavioral Health Care Transitions
North Country Health Compass Committee	Population Health Improvement Program bridge	Identifying Neighborhood and community needs Hot Spotting Population Health Health Disparities PAM navigation priority
Workforce Strategies Committee (FDRHPO)	Workforce Planning	Develop Workforce Gap Analysis Develop Workforce Roadmap Develop Workforce Strategy
Safety Net hospital partners	Samaritan Medical Center River Hospital Claxton-Hepburn Hospital Clifton-Fine Hospital Massena Memorial Hospital Carthage Area Hospital	Board and Committee members, staff support
Physician Organizations, Practices and Community Based Organizations	Watertown Internist Lowville Medical Associates Pulmonology Associates Howard T. Meny, MD PC Children's Home of Jefferson County North Country Family Health Center Each County Community Services Board Northern Regional Center for Independent Living Mental Health Association, and many other CBOs on Advisory Board and sub-committees	Board and Committee members, EBM protocols
Health Homes	Case & Care management protocol & procedures Central New York Health Home Network & subcontracted partners	Board and Committee members, EBM protocols
Major CBOs and/or social service agencies	As identified throughout the DSRIP projects	Board and Committee members, program information, liaisons

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Key advisors, counselors, attorneys, consultants	Iseman, Cunningham, Riester and Hynde, LLP	Drafts governance documents, provider agreements, policies and procedures, etc.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
Lead Applicant/Entity	North Country Initiative, LLC with Samaritan as signatory	Bylaw and Policy Development, funding and staff resources
Major hospital partners	Samaritan Medical Center, River Hospital, Claxton-Hepburn Hospital, Clifton-Fine Hospital, Massena Memorial Hospital, Carthage Area Hospital	Board and Committee members, staff support
All PPS Partners	All PPS Partners	Active role in governance, communication, and project activities and deliverables
External Stakeholders		
Fort Drum Regional Health Planning Organization	Workforce Vendor Assistance IT infrastructure Contracted PMO staffing and Support Coordination of Activities	Training and Education IT Partnership Facilitation of Activities Continuity & Credibility
North Country Behavioral Healthcare Network	Project 4.a.iii and 3.a.i. support and assistance	PAC Participation, Project leadership
Non-Partner Community Based Organizations	Engagement	Understanding and buy-in
Medicaid and Uninsured Patients, All Population for Population Health Projects	Participation in neighborhood and community engagement activities, potential community health worker roles of the future	Information to ensure projects and activities are effective and appropriately targeted

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.

North Country Initiatives, ability to obtain information quickly on a patient's health, health care, and potential treatments is critically important. Additionally, the ability to share this information in a timely manner with other providers caring for the patient is essential to the delivery of safe, patient-centered, coordinated, and efficient health care. To meet this need, collaboration across the entire PPS is underway to develop and leverage: electronic health record (EHR) systems with decision support for clinicians, a secure platform for the exchange of patient information across health care settings, and data standards that will make shared information understandable to all users. Efforts are also underway to complete the implementation of a population health management tool that will allow our PPS to analyze, and aggregate real time data on our participants and those beneficiaries who opt in. NCI through the use of this tool will also be able to leverage information systems for mental health and substance abuse providers. Ensuring that the developing systems for mental health and substance abuse conditions are aligned with general, medical care needs is essential for improving the quality and continuity of care across the system. NCI's PPS will not be successful within DSRIP or any other Healthcare reform initiative if our information technology cannot produce reports on our ability to deliver safe, effective, patient-centered, timely health care. Those reports will be allow our PPS to take data and turn that information into healthcare decisions which will allow for improved patient outcomes and a reduction in healthcare cost.

All staff and participating providers will need to be trained on protecting health information through appropriate privacy and security practices. They will need to be trained on effective strategies to achieve ongoing, industrywide Health IT standards to include information tools, specialized network functions, and security protections for the interoperable exchange of health information. They will need to learn how to identify health IT standards for use by identifying and prioritizing specific uses for which health IT is valuable, beneficial and feasible. Overall, strong commitment from PPS to train, understand, and embrace the development of a shared, secure IT infrastructure will ultimately impact the successful use of IT functionality to improve outcomes.

It is vital to recognize the importance that our IT infrastructure has on our regions ability to reverse the cost curve and to improve the outcome of all the patients this region serves. Improvement in Information technology has been a commitment this region has made and will maintain throughout the regions transformation.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

The success of North Country Initiative governance will be measured against the timely achievement of the creation of the structures (Board of Directors, Committees Organizational chart), the recruitment of Board of Directors and committee members, the development and adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow NCI to begin operating as a PPS. Additionally, success will be measured by the establishment of the population health management tool and performance management systems (including data collection, analyses and reporting) to support effective and efficient decision-making. Our PPS will rely heavily on the IT infrastructure and tools that will help assist in project management and clinical reviews. Our project management officer and those PPS identified members will utilize a software program to help manage the 11 DSRIP projects, and financial obligations. Our clinical committees including but not limited to medical management, HIT, Care transitions committee will rely on the population health management software to capture data regarding the clinical measures, compliance with EBM (evidence-based medicine) protocol, and ultimately with the impact on the project goals and the overall NYS goal of reduction in avoidable hospital admissions.

North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will utilize, Performance Logic, a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

IPQR Module 2.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. With assistance from PPS CFO establish the financial structure with oversight for DSRIP within the Governance organization and the role and responsibilities of the DSRIP Finance Committee and Compliance Committee and related functions	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define the Roles and Responsibilities of the PPS Lead and Finance function	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop charter for the PPS finance function and establish schedule for DSRIP Finance Committee meetings.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop PPS Org chart that depicts the complete DSRIP finance function with reporting structure to Executive Body and oversight committees	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, LOS or other based upon project goals and participation	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Review DRAFT of Project Impact matrix with Finance Committee	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop schedules and timelines to monitor the financial status of the PPS partners, with specific attention to the financially fragile watch list	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Ensure collaboration and partnership in conjunction with the VAPAP process and	Completed	Milestone: Assessment of DSRIP Project Impacts	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
milestones									
Task 7. Define essential safety net provider partners with volume and responsibilities that significantly impact DSRIP Program Outcomes	Completed	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Conduct Current Financial Assessment of defined essential providers and incorporate Project Impact Assessment. Update for required metrics and provider specific metrics.	Completed	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Distribute Current State Financial Assessment and Project Impact Assessment documents to impacted providers	In Progress	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Review results of Current State Financial Assessment and Project Impact Assessment returned from providers	In Progress	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Prepare report of PPS Current State Financial Status for Executive Body	In Progress	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body.	In Progress	Milestone: Conduct Current State Financial Assessment and Project Impact Assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 13. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee.	In Progress	Milestone: Develop Financially Fragile Watch List	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	Milestone: Develop Financially Fragile Watch List	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
14. In partnership with KPMG and VAPAP Teams develop PPS Financial fragile watch list, and essential entity list to ensure partners in the PPS are financially sustainable and able to meet the needs of DSRIP.									
Task 15. In partnership with KPMG and VAPAP Teams develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements.	Completed	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 16. Define role of PPS and VAPAP process for evaluating metrics and implementing a FSP for the initial Fragile Watch List as well as going forward.	Completed	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 17. Define template for Distressed Provider Plan(s)	Completed	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 18. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers in partnership with KPMG/DOH VAPAP plans	Completed	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 19. Define role of Project Management Office in partnership with DOH VAPAP team for Financial Stability Plan and Distressed Provider Plans and Project Management Office process to monitor plans for the PPS	Completed	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 20. Obtain approval of Finance Committee	In Progress	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 21. Obtain approval of Executive Body	In Progress	Milestone: Develop Financial Stability Plans and Distressed Provider Plans and obtain approval from PPS Finance Committee & Executive Body	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
York State Social Services Law 363-d									
Task 1. 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	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop written policies and procedures to be reviewed and created with the guidance of the PPS CFO AND CCO. Those policies and procedures will 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.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop requirements to be included in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop VBP Work Group representative of	Completed	Milestone: Establish Value Based Payment Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 system with representation from PPS providers, PCMH, FQHCs and plans. (NOTE: Finance Committee may fulfill this function)									
Task 2. Develop VBP Work Group Charter. The NCI VBP Work Group will hold resposibility for facilitating the acheivement of the Value-Based Milestones	Completed	Milestone: Establish Value Based Payment Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. VBP workgroup to create additional details and engagement plan on how PPS will involve key stakeholders and physicians	Completed	Milestone: Establish Value Based Payment Work Group	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Create VBP workplan to include steps towards negotiation and contract execution, and physician readiness	In Progress	Milestone: Establish Value Based Payment Work Group	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Develop education and communication plan for providers integrated with the Workforce Ropadmap and the NCI Communication Plan to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	Completed	Milestone: Develop education and communication strategy for PPS network.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop educational materials to be used during provider outreach and educational campaign.	Completed	Milestone: Develop education and communication strategy for PPS network.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Conduct education and outreach campaign for PPS system providers to broaden knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated approach (campaign to include in-person and web-based educational sessions for providers).	In Progress	Milestone: Conduct Stakeholder Engagement with PPS Providers	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop a stakeholder engagement survey to	Completed	Milestone: Conduct Stakeholder Engagement with PPS Providers	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
assess the PPS provider population and establish a baseline assessment of (at least) the following: Degree of experience operating in VBP models and preferred compensation modalities; Degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; Estimated volume of Medicaid Managed Care spending received by the network. Estimate of total cost of care for specific services (modeled along bundles Status of requisite IT linkages for network funds flow monitoring. Provider ability (financial stability) and willingness to take downside risk in a risk sharing arrangement. Preferred method of negotiating plan options with Medicaid Managed Care organization (e.g. as a single provider, as a group of providers, through the PPS) Level of assistance needed to negotiate plan options with Medicaid Managed Care (High, Moderate, Low).									
Task 9. Roll out stakeholder engagement survey to the provider population to determine PPS baseline demographics.	Completed	Milestone: Conduct Stakeholder Engagement with PPS Providers	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Conduct provider outreach sessions to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	In Progress	Milestone: Conduct Stakeholder Engagement with PPS Providers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.	In Progress	Milestone: Conduct Stakeholder Engagement with PPS Providers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary	In Progress	Milestone: Conduct stakeholder engagement with MCOs	04/01/2015	12/31/2015	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 13. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results, providing an overview of the NCI PPS provider population (by provider type and specialty areas, a view of preferred compensation modalities, and a detailed overview of contracting options.	In Progress	Milestone: Finalize PPS VBP Baseline Assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 14. Circulate the NCI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	In Progress	Milestone: Finalize PPS VBP Baseline Assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 15. Update, revise and finalize NCI PPS VBP Baseline Assessment.	In Progress	Milestone: Finalize PPS VBP Baseline Assessment	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task 1. Analyze health care bundle populations and total cost of care data provided by the NYS Department of Health (DOH), to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP.	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Identify VBP accelerators and challenges within NCI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements a, and necessary IT infrastructure that can be utilized to monitor VBP activity (accelerators); and contracting complexity, limited infrastructure with experience in VBP or	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
abundance of low performing providers (challenges).									
Task 3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Identify providers and PCMHs within the PPS with the greatest ability to negotiate VBP arrangements and operate in a VBPO model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	In Progress	Milestone: Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account findings of the baseline assessment, alignment with VBP accelerators, and ability to engage in VBP arrangements for the care	In Progress	Milestone: Develop timeline for VBP adoption.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
bundles deemed more attainable and which are supported by DOH data.									
Task 8. Allow for the recording of lessons learned from "Advanced" providers' engagement with VBP arrangements.	In Progress	Milestone: Develop timeline for VBP adoption.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	In Progress	Milestone: Develop timeline for VBP adoption.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	In Progress	10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 11. Collectively review the VBP Adoption Plan with the PPS.	In Progress	Milestone: Finalize VBP Adoption Plan	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 12. Update, modify and finalize VBP Adoption plan.	In Progress	Milestone: Finalize VBP Adoption Plan	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	In Progress		10/01/2019	03/31/2020	10/01/2019	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	In Progress		10/01/2019	03/31/2020	10/01/2019	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8	In Progress		10/01/2019	03/31/2020	10/01/2019	03/31/2020	03/31/2020	DY5 Q4	YES

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126134436_DY1Q3_Financial_Sustainability_M1_T4.docx	NCI Finance and Value Based Payment Organizational Charts	01/26/2016 01:44 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126134342_DY1Q3_Financial_Sustainability_M1_T3.pdf	NCI Finance Committee Charter including meeting schedule	01/26/2016 01:43 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126134218_DY1Q3_Financial_Sustainability_M1_T3.docx	NCI Finance Committee Meeting Schedule Template	01/26/2016 01:42 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126133903_DY1Q3_Financial_Sustainability_M1_T2.docx	NCI Finance Committee Structure	01/26/2016 01:39 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126133144_DY1Q3_M1_T5_NCI_Letter_of_Attestation_for_Governance_Committees.pdf	NCI Letter of Attestation for Governance Committee	01/26/2016 01:31 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126160639_M3_Financial_Sustaniability_SMC_DSRIP_Compliance_Program_Addendum.docx	NCI/Samaritan Compliance Plan	01/26/2016 04:06 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126160456_M3_Financial_Sustaniability_2015_SMC-SSL.pdf	NCI/Samaritan Provider Compliance Certification	01/26/2016 04:04 PM
	hsanchez	Documentation/Certification	45_MDL0303_1_3_20160126160101_M3_Financial_Sustainability_2015_SMC-DRA.pdf	NCI/Samaritan DRA Certification	01/26/2016 04:01 PM

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.	Tasks 9 and 10 will be completed for DY1 Q4 milestone submission.
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Tasks 7 and 12 have been moved out and are in active progress to be completed for the end of DY1 Q4.
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

There are challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact the PPSs efforts to assess and monitor the financial health of the PPS. These challenges include:

•Implementation of a financial reporting infrastructure

•Obtaining buy-in of the NCI PPSs DSRIP project and funds plans

•Inability to access data to perform or validate analytics related to project performance

•Failure of PPS providers to meet the DSRIP reporting requirements

•Fee for service transition to VBP

•Implementation of ICD 10

The IT current state assessment identified varying levels of financial reporting capability. A shared reporting infrastructure is essential to having timely access to the financial metrics needed to monitor the financial health of the PPS. This is therefore a key risk for the PPS's Finance Function and they will be involved in the IT Function's implementation and management of a shared IT infrastructure throughout the network. In addition, links to sources of performance data will enable the PPS finance function to have timely access to both financial and performance data to identify trends that might negatively impact the PPS and to implement plans of corrective action.

The ability to receive financial metrics for PPS providers related to financial health, the timely reporting of data and metrics related to project status and performance is essential to meeting the PPS's DSRIP reporting requirements. The NCI will need to develop a Data and Technology work plan specifically related to the requirements that the finance function for DSRIP project metrics. In addition, NCI will distribute a Finance Calendar to all PPS providers regularly to ensure, partners understand the schedule for reporting information to the PPS as needed for submission to DOH.

The NCI PPS recognizes the importance of having buy-in of the PPS partners to the functioning of the integrated delivery network and to the goals and objectives of. To obtain, and sustain, this important buy-in the PPS Board will develop strong lines of informative and meaningful communication to the providers. The NCI will establish a funds distribution plan that is transparent to the providers and ensure that all plan requirements and related processes and payment schedules are clearly understood and communicated regularly.

Transitioning away from a fee-for-service reimbursement methodology toward a VBP model mitigation: create opportunities to obtain outside expertise for education and outreach and through beginning with small wins. As NCI identified previously, NCI will engage partners to develop a flexible, multi-phased approach that enables the most effective method of VBP contracting. To address the complexities of VBP, the NCI will embrace the strong relationships that exist between individual providers and MCOs and we will enable our providers to contract directly with MCOs in our region. To successfully operate in a VBP arrangement, our partners must maintain a firm understanding of the varying degrees of risk sharing, capitation and fee for service. NCI will examine opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining our and our partner's ability to establish VBP arrangements.

Implementation of ICD-10 coding in October 2015 may temporarily shift provider priorities, as payments to providers hinges on accurate coding. Time and resources will need to be spent to train and prepare practices for this conversion, otherwise, practices could experience a potentially devastating loss of productivity and revenue. ICD 10 Risk Mitigation: a) Establish a group to assess and monitor ICD-10 provider readiness and its potential impact on the implementation of chosen projects b) Develop contingency plan in the event that provider focus shifts to ICD-10

implementation

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.)

During NCI's preliminary assessment of the finance function for the NCI PPSs DSRIP application a number of interdependencies were identified with other work streams in the following key areas:

1. Governance – A fully supportive governance process is essential to establishing the role of the NCI Finance Function. Fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow.
2. DSRIP Network Capabilities and Clinical Integration - The successful implementation of the NCI's value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy.
3. Performance Monitoring – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as the quarterly reporting is a dependency for receiving DSRIP Process Payments. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the PPSs IT function to access.
4. DSRIP Projects – The NCI PPS finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for the PPS. In addition, the PPS and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
5. IT Systems & Processes – This work stream will be essential to providing technology to access data and to implement shared financial reporting infrastructure that is needed by NCI as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects.
6. Workforce – The impact of the DSRIP projects is still being reviewed as is the costs related to those impacts and the strategies of the PPS and each provider to mitigate that impact. NCI will work closely with the workforce work stream to ensure that the appropriate data related to the workforce strategy and impact is being gather and reported to meet the DSRIP requirements. NCI is responsible for communicating these requirements for tracking and reporting to all PPS providers to ensure that the PPS meets its requirement to report this information to DOH.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCI Payer/Finance Committee	Multi-Organization	Development of Financial Strategies, including funds flow and VBP.
Lead Entity Chief Financial Officer	Sean Mills	Responsible for the day-to-day oversight of operations of the accounts payable and banking functions, including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check write related to the DSRIP funds distribution. This function includes the maintenance of financial records for reports.
NCI Financial Officer	Unknown at this time. Responsibilities will be fulfilled by Lead Entity CFO and NCI Director until determined.	Responsible for development and management of the Financial objectives. Provides support for Finance/Payer Committee. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
NCI DSRIP Compliance Officer	TBD will be filled by the Lead Entity Compliance Officer in the interim	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 compliance role will report to the Executive Body.
NCI Compliance Committee	Multi-Organization	Responsible to ensure Compliance programs are in place
Lead Entity Compliance Officer	Barbara Morrow	Will fill Compliance Officer role is completed until NCI Compliance Officer is in place. Will provide oversight to NCI Compliance Officer
NCI Director	Brian Marcolini	Overall NCI Leadership. Coordinate overall development of VBP baseline assessment and plan for achieving value based payments. Coordinate approach and engagement of process to develop PPS VBP Baseline Assessment and Adoption Plan. Ultimately responsible for the development of the PPS VBP Baseline Assessment and Adoption Plan.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
NCI Project Management Officer	Ray Moore	Will ensure the tracking of partner performance for DSRIP performance payments
NCI Financial Consultant	TBD	Will assist with Financial analysis and financial sustainability plans and the development of financial metrics
NCI Data Analyst	Jeff Bazinet	Will ensure data plan to support DSRIP payments, value-based payment and financial metrics is in place
Auditor	TBD	External auditors reporting to the Finance Committee. The firm will perform the audit of the PPS and PPS Lead related to DSRIP services according to the audit plan approved by the Finance Committee and Executive Body

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
Lead Applicant/Entity	North Country Initiative, LLC with Samaritan as Lead	Policy and Funds Flow Development, Oversight and Responsibility for All DSRIP
Major Safety Net hospital partners	Samaritan Medical Center, River Hospital, Claxton-Hepburn Hospital, Clifton-Fine Hospital, Massena Memorial Hospital, Carthage Area Hospital	Financial Sustainability Plans, Participation in committee sand financial and value-based planning functions as applicable
All PPS Partners	Actively carry out deliverables to ensure funds flow plan implemented	Financial Sustainability Plans, Participation in committees and financial and value-based planning functions as applicable
External Stakeholders		
Fort Drum Regional Health Planning Organization	Financial Plan Assistance IT infrastructure Contracted PMO Staffing and Support Coordination of Activities	IT/Data Partnership Facilitation of Activities Continuity & Credibility
Managed Care Organizations	MCOs identified by PPS for pursuit of PPS Value based reform strategies	The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy
Non-Partner Community Based Organizations	Engagement and Recipients of communication plans.	Understanding and buy-in
Medicaid and Uninsured Patients, Community Members	Engagement to ensure positive impact on beneficiaries. Recipients of communication plans.	Information to ensure projects and activities are effective and appropriately targeted

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 NCI PPS will support the NCI Finance Officer and the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. The NCI has begun the process of establishing a shared reporting platform across the network, which will be utilized to provide access and visibility to updates on key financial sustainability metrics at the provider and PPS level. The NCI also intends to link to the performance reporting mechanisms that will be utilized across the PPS to provide the NCI DSRIP Finance Committee with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the NCI PPS Finance function includes:

• Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.

• Care Coordination technology and systems that supports broad network integration of services and health management capabilities.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The NCI will align our PPS financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the NCI PPS Project Management Office. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH.

The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

The NCI will integrate into this process the financial reporting required to monitor and manage the financial health of the network over the course of the DSRIP program. The NCI PPS Finance Officer will be responsible for consolidating all of the specific financial elements of this project reporting

into specific financial dashboards for the NCI PPS Board and for the tracking of the specific financial indicators the PPS is required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the NCI PPS Finance Officer will work with the NCI Finance Committee to engage the provider to understand the financial impact and develop plans for corrective action.

The NCI Finance Officer will provide regular reporting to the Lead Entity, the Finance Committee, Executive Body and network partners as applicable regarding the financial health of the NCI PPS and updates regarding the Financially Fragile Watch List and the Distressed Provider Plans currently in place.

IPQR Module 3.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1 - Identify priority groups experiencing health disparities (based on PPS CNA and other analyses)	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 - Identify key factors to improve access to quality primary, behavioral health, and preventive health care	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3 - Define plans for two-way communication with the population and community groups through	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
specific community forums									
Task 4 - In collaboration with care management teams, identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors)	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5- In collaboration with Population Health Improvement Committee/workgroups identify community-based interventions to reduce health disparities and improve outcomes	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6- In collaboration with community members and following a review of evidence-based strategies, evaluate the adequacy of the CC & HL strategy and make any required adjustments	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7 - Incorporate evaluation plan into CC & HL strategy. Evaluation plan to include CAHPS Health Literacy Measure as identified in DSRIP Measure specification guide and to include target population improvement in outcomes responsive to self-management	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8 -Incorporate Health Literacy and Cultural Competency plan into NCI Communication Plan in partnership with FDRHPO community based Communication Committee	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9 - Cultural competency / health literacy strategy signed off by PPS Board.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	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	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches							
Task 1 - Engage community-based partners with expertise for sub-committee and incorporate into governance structure	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2 - In collaboration with workforce workgroup develop training plan for clinicians, focused on available evidence-based research addressing health disparities for particular groups	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3- In collaboration with workforce workgroup develop training plans for other segments of the NCI workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4 - Cultural Competency and Health Literacy training strategy adopted by board	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	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
Finalize cultural competency / health literacy strategy.	hsanchez	Documentation/Certification	45_MDL0403_1_3_20160122162552_DY1Q3_CCHL_Training_Materials.docx	NCI Cultural Competency/Health Literacy Focus Groups	01/22/2016 04:25 PM
	hsanchez	Documentation/Certification	45_MDL0403_1_3_20160121143924_DY1Q3_CCHL_M1_T1.9.doc	NCI Board of Managers Meeting Minutes	01/21/2016 02:39 PM

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	hsanchez	Meeting Materials	45_MDL0403_1_3_20160121143206_DY1Q3_CCHL_Meeting_Schedule.docx	NCI Cultural Competency/Health Literacy Meetings	01/21/2016 02:32 PM
	hsanchez	Documentation/Certification	45_MDL0403_1_3_20160121142634_DY1Q3_CCHL_M1.docx	NCI Cultural Competency/Health Literacy Strategy	01/21/2016 02:26 PM

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).	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Risk 1: Perception of importance by providers and stakeholders
Mitigation: Identify Peer Champions, utilize a stratified level of intensity with training appropriate and targeted to population served so value is reinforced by improved patient compliance
Risk 2: Understanding of health literacy and the provider role
Mitigation: Incorporation into overall communication plan/messaging so message is consistently reinforced, use of empirical studies that illustrate effect of health literacy on patient compliance
Risk 3: Clinician availability/time to take training
Mitigation: Align with other training and schedule of training, make training available in multiple formats, stratify level of intensity of training based on level of risk of patient population served
Risk 4: Provider Training overload with multiple DSRIP, ACO and other Clinical Integration requirements
Mitigation: Align trainings to consolidate and reinforce efforts
Risk 5: Technology limitations for online trainings
Mitigation: identification of limitations and resources available to conduct training
Risk 6: Willingness of agencies to adopt policy drafts adopted by board
Mitigation: Communication Plan regarding all DSRIP activities includes Health Literacy and Cultural Competency. Inclusion of Health Literacy and Cultural competency in contractual participation requirements

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

1.Governance: NCI Governance will need to adopt health literacy and cultural competency strategy and training plan and will need to incorporate health literacy and cultural competency policies.
2. Workforce: Health Literacy will need to be included as a core component in workforce training strategy so it is critical for the Health Literacy and Cultural Competency Committee work interface closely with the Workforce Committee
3. Practitioner Engagement, Clinical Projects, Clinical Integration and Care Coordination: If Clinical outcomes are to be met and care coordination is to meet its goals than the patient must be engaged and able to clearly understand the information provided to them. Also health literacy and cultural competency are a component of PCMH. Therefore health literacy and cultural competency must be recognized for its importance in the clinical work stream.
4. IT Systems & Processes: Technology provides an efficient means to train multiple people at disparate geographic locations and must be utilized

if the PPS is to be successful given the rural geography. Further technology will need to be able to track the training completion and support performance monitoring of improvements in patient outcomes. 5. Population Health Management: PHM tools can only be effective if their use drives health behavior change for patients through engagement. If patients do not understand and engage in their care than PHM fails 6. Patient Engagement: Patients cannot be engaged in their own care if they do not understand the care instructions being given to them or if they do not have the skills and or tools to carry out the instructions

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCI Health Literacy and Cultural Competency Committee	Aileen Martin, NRCIL Korin Scheible, MHA Natalie Burnham, CAH Larry Calkins, SVP Jennie Flanagan, CH Ian Grant, FDRHPO April Halladay, FDRHPO Rachel Holmes, SMC Stefanie Jones, SBS Tracy Leonard, FDRHPO Faith Lustik, JCPHS Cindy Nelson, River Andrea Pfeiffer, River Jeff Reifensnyder, MIL Denise Young, FDRHPO	1.Identify vulnerable groups facing health disparities 2.Identify strategy to improve access to primary, BH, and preventive care 3.Define plans for two-way communication between community and CBOs via open forums 4.Identify community-based interventions to reduce health disparities and improve outcomes 5.In collaboration with care management teams, identify tools to assist patients with disease self-management 6.Approve and submit Cultural Competency/Health Literacy strategy to PPS Board 7.In collaboration with workforce committee, develop training plan for clinicians, integrating evidence-based tools to address health disparities for specific groups 8.In collaboration with workforce committee, develop training plan for allied health professionals regarding unique population needs and effective patient engagement tools 9.Approve and submit Cultural Competency/Health Literacy training strategy to NCI board 10.Provide oversight, monitor implementation, evaluate strategy and training
HL&CC Committee Facilitator	Aileen Martin	Facilitate HH & CC Committee Activities
NCI Program Manager	Celia Cook	Serve as Liaison between Communication Planning Committee and HH & CC Committee
Workforce & Care Management Liaison	Tracy Leonard	Serve as Liaison between Workforce & Care Management Committees and HH & CC Committee
CBOs with HH Expertise	NRCIL,MHA, MIL, SBS, JCPH , SVP & others as identified	Serve as facilitators and engagers with disparate populations and targeted providers

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
NCI Board of Managers	Board Members	Review and adopt policies
NCI Communication Committee	Include HH & CC in Communication Plan	Communication Plan that addresses HH & CC
NCI Director	Responsible for overall oversight of all NCI Activities	Ensure that all workstreams endorse and adopt HH&CC Policies as applicable
NCI Care Management Committee	Include HH & CC in Care Management Plan	Care Management Plan that addresses HH & CC
Safety Net hospital partners	Adopt HH&CC Policies Implement HH & CC Training as applicable	Trained staff, implemented policies to impact improved patient outcomes for disparate populations
All PPS Partners	Adopt HH&CC Policies Implement HH & CC Training as applicable	Trained staff, implemented policies to impact improved patient outcomes for disparate populations
External Stakeholders		
Fort Drum Regional Health Planning Organization	Contracted PMO staffing and Support, Coordination of Activate Community Based Engagement	Facilitation of Activities Data Analytics to identify disparate Hot Spots Continuity & Credibility for Community Engagement with Population Health Improvement Program and other Community Based programs that engage disparate populations
Non-Partner Community Based Organizations	Engagement Potential to provide service	Understanding and buy-in
Medicaid and Uninsured Patients, All Population for Population Health Projects	Participation in neighborhood and community engagement activities, potential community health worker roles of the future	Information to ensure projects and activities are effective and appropriately targeted

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

North Country Initiatives, ability to obtain information quickly on a patient's health, health care, and potential treatments is critically important. Additionally, the ability to share this information in a timely manner with other providers caring for the patient and the patient themselves is essential to the delivery of safe, patient-centered, coordinated, and efficient health care. To meet this need, collaboration across the entire PPS is underway to develop and leverage: electronic health record (EHR) systems with decision support for clinicians, a secure platform for the exchange of patient information across health care settings, Patient portals for patient engagement in their own care and data standards that will make shared information understandable to all users. Efforts are also underway to complete the implementation of a population health management tool that will allow our PPS to analyze, and aggregate real time data on our participants and those beneficiaries who do not opt out. NCI's PPS will not be successful within DSRIP or any other Healthcare reform initiative if our information technology cannot produce reports on our ability to deliver safe, effective, patient-centered, timely health care. Those reports will be allow our PPS to take data and turn that information into healthcare decisions such as where to focus our Health Literacy and Cultural Competency efforts which will allow for improved patient outcomes and a reduction in healthcare cost for the region. In addition, technology will be utilized to monitor and track training activities across the PPS.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

The success of North Country Initiative Health Literacy and Cultural Competency Strategy will be ultimately measured by the PPSs ability to engage the patient population in managing their own care and in striving for health and thus achieving 1) reductions in unnecessary exacerbation of existing conditions resulting in ED and inpatient utilization and 2) the avoidance of disease onset/development. The process measures leading to this outcome will be the boards adoption of the Health Literacy and Cultural Competency Strategy and the Health Literacy and Cultural Competency Training Strategy, the numbers of providers and front-line workers trained, the number/percentage of partners to adopt policies, and the development and ongoing review of health education tools to meet the targeted populations needs. All of these measures and Metrics will be monitored by the PMO.

North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple

team members and essential stakeholders.

IPQR Module 4.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 1 Assemble a team to do the assessments and establish a governance committee to oversee the progress and evaluate results.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 1a. Finalize the assessment team membership to include the NCQA Certified Content Experts (CCE) for the PCMH portion, the PPS Privacy and Security Officer for the security portion, the HIT specialists for the MU portion and an HealtheConnections implementation Specialist for the HIE portion. This team will report to the PPS/Regional CIO - Corey M. Zeigler	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop an assessment tool to gather, evaluate and report findings	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2a. Finalize the assessment tool to include PCMH, Privacy and Security, EHR utilization, including Meaningful Use (MU) and interoperability capabilities to connect to the HIE.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 3. Conduct IT Readiness assessment and analyze results (survey to include readiness for data sharing at the provider level and a mapping of the various systems in use throughout the network and their potential interoperability)	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3a. Assess Specialty Practices for IT Readiness	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3b. Assess Primary Care Clinics/Practices for IT and PCMH Readiness	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Produce a regional report for the governance committee and individual organizational report for the participant	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Update and approve IT Strategic Plan	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Map future state needs articulated in IT Strategic Plan against readiness assessment in order to identify key gaps in IT infrastructure, data sharing and provider capabilities	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Develop Communication and Change Management Stakeholder List	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define IT Change Approval Process (by	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Designated Authorities)									
Task 3. Establish roles, responsibilities, and performance metrics for change process	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop a risk assessment tool	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Conduct a risk assessment and mitigation plan	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop a change management process and tracker	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Develop Communication and Change Management Plan	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop Education and Training Plan	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Identify, communicate, and escalate pathways for Change Advisory Board, representing multiple entities	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Approve and publish IT Change Strategy (including risk management), signed off by the NCI Board	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task 1. Establish Interoperability Governance responsibility	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define data exchange needs based on the planning for the 11 DSRIP Projects and engagement with the network providers (as part of the current state assessment)	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Define system interoperability requirements, using HIE/RHIO Protocols (Performance, Privacy, Security, etc.)	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Map current state assessment against data exchange and system interoperability requirements	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop a plan to execute and track data sharing agreements	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Incorporate Data Sharing Consent Agreements and Consent Change Protocols into partner agreements, including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Develop a governance framework and plan to share clinical data including agreed upon technical standards and clinical data set(s)	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Evaluation of business continuity, and data privacy controls by IT Governance Committee	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Develop transition plan for providers currently using paper-based data exchange and work-arounds where full interoperability is not feasible.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 10. Develop training plan for front-line and support staff, targeting capability gaps identified in current state assessment	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Finalize clinical data sharing and interoperability roadmap and report to the PPS/Regional CIO - Corey M. Zeigler	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 11a. Roadmap should include steps necessary to achieve interoperable systems throughout the network, steps toward developing acceptable workarounds where full interoperability is not feasible within PPS project timelines, monitoring of progress in data sharing capability, and the steps necessary toward the development, negotiation, and execution of appropriate data agreements.	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Establish patient engagement/consent governance responsibility	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Identify system needs, interfaces, and Action Plans for Existing/New Attributed Members	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. In partnership with the Communication Committee perform a Gap analysis of existing communication channels used to engage with patients (Call, Text, Mail Etc.), comparing this to demographic information about member population (using CNA)	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Establish new patient engagement channels, potentially including new infrastructure (Portal,	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Call Center, Interfaces)									
Task 5. Incorporate patient engagement metrics (including numbers signing up to QEs) into performance monitoring for NCI and establish reporting relationship (focused on this metric) with NCI PPS PMO	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5a. Develop plan for engaging patients in the appropriate care setting and ensuring they are presented with a RHIO Consent form	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Establish patient engagement progress reporting to NCI PPS PMO	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop a written reporting plan to keep the board updated on the progress of engaging the patients in the QE (RHIO).	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Establish Data Security Governance responsibility	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define data needs for PPS to access and establish protocols for Protected Data	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Establish Data Collection, Data Use, and Data Exchange Policies	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3a. The Data Security and Confidentiality Policies and plans will be overseen by the PPS's HIPAA privacy and security officer who will be directly involved and responsible for the	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
development and implementation of the plan.									
Task 4. Data Security Audit or Monitoring Plan Established	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4a. The Data Security Audit or Monitoring Plan will include periodic and spot-check audits, executed Business Associate Agreements (BAA) and annual privacy and security assessments to ensure compliance within the network with all HIPAA privacy and IT security requirements. The participating entities will be required to implement appropriate training programs, risk assessments, and controls to mitigate risks to the integrity and security of PHI.	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Identify Vulnerability Data Security Gap Assessment and implement Mitigation Strategies	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5a. Based on the assessments, develop plans for ongoing security mitigation, including testing and monitoring.	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Create on-going Data Security Progress Reporting to IT Governance Committee	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	hsanchez	Documentation/Certification	45_MDL0503_1_3_20160128122200_NCI_PPS_template_in_Lieu_of_SSPs_151231.pdf	NCI SSP for DY1 Q3	01/28/2016 12:22 PM

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 major risks to the IT Systems and Processes are; the disparity in systems and competing priorities. Given these risks, the NCI went through a series of meetings and identified appropriate risk mitigation strategies. The following risks were ranked most significant:

Risk 1: There are still some network partners utilizing paper-based records – these providers will be immediately selecting and purchasing an EHR utilizing CRFP capital funds. If the CRFP funds are unavailable, individual entities may have to cover the investment, which they do not have the capital to do and mya have to be heavily incentivized to do.

Risk 2: With so many partners in the PPS, there are extensive variations with EHR platforms, care management, and population health management systems. Our PPS is seeking financial and technological means to not only create a more standard infrastructure, but also one that will be set-up to meet the PCMH 2014 Level 3 standards by DY3. There is a critical need for a regional registry/PHM, which is currently under development – the PPS will hire 2 reporting analysts to accelerate the implementation and meet the reporting demands that are not supplied by the MAPP tool. The risks related to lack of standardization can also be mitigated by forming workgroups around common issues and initiatives that report up to an advisory group. The risks to effectively integrating care will also be hampered by the state and federal regulations that control what can be shared with whom and for how long, which will be a challenge to accommodate with current technologies. Some of this has been addressed with waivers, but others, especially the federal regulations will require further investigation and possibly additional investments in technology. In addition the PPS will engage a proven resource with extensive PCMH and Practice transformation experience to assist all providers.

Risk 3: Data Security Measures may not be in place. Although we are confident that our partners who have or will be signing data agreements will continue to ensure data security measures are in place, in order to mitigate data security risks, we will work with our partners to perform security audits and mitigate any issues that may arise from those audits. The risks can also be mitigated though a common technical, administrative and physical security framework developed, approved and adopted by all participants.

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.)

It cannot be over stated that all projects and workstreams are dependent in the IT Systems & Processes. As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning all other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the North Country Initiative (NCI) PPS will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the NCI and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure developed meets the needs of individual practitioners, providers and – particularly

when it comes to population health management – the whole PPS network. During development of the IT future state, NCI will work closely with the NCI Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT/prcatice transformation staffing, which will depend heavily on the NCI Workforce Strategy team. THe PPS will need additional resources for IT support, analysis, and reporting. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Regional CIO	Corey M. Zeigler	Executed/approved plans
Data, Infrastructure, and Security Lead	Chris Grieco, FDRHPO Chief Security Officer	Data security and confidentiality plan, Data Exchange Plan
Project Management Officer	Ray Moore	Project plans
Clinical lead(s)	Site Leads	Main driver at each participant site for clinical deliverables
Technical lead(s)	IT Champions	Main driver at each participant site for operational deliverables
Clinical Champion	Provider Champions	Main driver at each participant site for provider engagement
RHIO/HIE	Rob Hack, HealtheConnections RHIO	Delivering interoperability for the region

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
Brian Marcolini, NCI Director	Leading the regional clinical integration	Clinical strategies to guide the technology(ies)
Jeff Bazinet, NCI Data Analyst & Ray Moore, NCI DSRIP Project Management Officer	Population health management and performance reporting	Regional strategies to guide the technology(ies)
Charlie McArthur, FDRHPO Quality Analyst	Contracted assitance with Performance reporting	Reporting strategies to change behaviors and guide decisions
Tracy Leonard, FDRHPO Deputy Director	Workforce and Care Coordination Manager	HIT Workforce plan
Safety Net hospital & all PPS Partners	Adopt IT Systems and Processes Participate in governance and communication plan	Support staff training, implement policies and workflow changes to support IT systems and process
PPS Partner Providers	Support and adhere to changes in workflow	Participate in and support staff training, implement policies and workflow changes to support IT systems and process
PPS Partners Support Staff	Support and adhere to changes in workflow	Participate in training, implement policies and workflow changes to support IT systems and process
External Stakeholders		
Fort Drum Regional Health Planning Organization	Contracted PMO staffing and Support, Coordination of Activate Community Based Engagement	Facilitation of Activities Data Analytics Continuity & Credibility for Community Engagement with Population Health Improvement Program and other Community Based programs
Non-Partner Community Based Organizations	Engagement	Understanding and buy-in
Medicaid and Uninsured Patients, All Population for Population Health Projects	Participation in utilization of systems as enabled for patient engagement	Utilize health information to improve QoL and Health Outcomes

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 5.7 - Progress Reporting

Instructions :

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

North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders. All IT metrics and measures as outlined below will be provided to the PMO and incorporated in the performance reporting.

Our IT Governance Committee has established expectations with all partners to supply key artifacts and monthly reports on key performance metrics. We will monitor the development and acquisition of key data sharing capabilities across the network and perform ongoing use and performance reports. These will be necessary to ensure continuing progress against our IT change management strategy. Follow-up specific IT questionnaires and surveys will be used periodically to identify any additional gaps, under/non-utilization, or the need for re-training.
The individual partners (as applicable) will be responsible for engaging attributed members in QEs and will report on this to the PPS PMO. The HIT Advisory Committee will also report to the Medical Management Committee on the level of engagement of providers in new / expanded IT systems and processes, including data sharing and the use of shared IT platforms.
In addition, the HIT Advisory Committee will use the following ongoing performance reports to measure continuous performance of all partners:

1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual refresh of IT Strategic Plan
3. Annual Data Security Audit Findings and Mitigation Plan
4. Quarterly workforce training compliance report
5. Monthly Project Portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
6. Monthly HIE usage report
7. Weekly Performance report on vendor agreed SLAs

HIT Advisory Committee will also conduct a quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

IPQR Module 5.8 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 1. Perform a current state assessment of existing reporting processes across the PPS and define target state outcomes.	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Utilize Performance Logic's performance reporting systems and dashboards that provide multi-level detail for reports to the PMO, NCI Board and PPS entities. Monthly dashboard reports will accurately reflect current performance levels of the PPS. The various dashboards will be linked and will have drill-down capabilities within Performance Logic.	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Establish regular two-way reporting structure to govern the monitoring of performance based on both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics (using NCIs PPS-specific Performance Measurement Portal).	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Perform current state analyses to determine and design workflows associated with clinical quality and performance reporting. Identify the current workflow boundaries, understand current workflow functions and limitations; determine methods for streamlining future workflow and determine if current automations supports future state workflow and training mandates.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Create, standardize and implement a training process for performance reporting	In Progress	See Task	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Develop and validate performance reporting training curriculum specific to reporting for the PPSs 11 DSRIP projects: 2.a.i, 2.a.ii, 2.a.iv,2.b.iv, 2.d.i,3.a.i,3.b.i,3.c.i,3.c.ii,4.a.iii,4.b.ii	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Establish a training plan to field performance reporting training at multiple sites across the PPS geographic service area	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. In collaboration with the PPS PMO, the performance monitoring training team will identify performance reporting leaders across the PPS	In Progress	See Task	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

Limits for the maximum degree of risk acceptable per project will be identified, documented and mitigated to reduce the degree of impact to Domain milestones / deliverables / metrics. Inclusion of all medical, behavioral, post-acute, long-term care, community-based and social service providers and payers within the PPS network to support our strategy, as measured by provider network list.(1). The primary risk is the uncertainty of not being able to physically produce final deliverables for each project's established speed-&-scale and detailed criteria. In order to mitigate this risk the North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will be utilizing a project management performance based software platform to monitor, control and mitigate risks associated with project milestones / deliverables. (2). The PPS geographical location, demographics and large coverage area present a high risk in the reform of advance care coordination, management of chronic diseases, population health management and recruiting of qualified professionals. This risk will be mitigated through improved communications, IT systems upgrades, direct Stakeholder involvement and the NCI Board (s) ability to collaborate and work collectively to make informative strategic decisions and issue resolution. (3.) - Prevention and Quality – The region performs poorly compared to NYS on every single Prevention Quality Indicator. In addition, both Medicaid and uninsured indicate quality of care as the main reason for leaving region for care. Existing providers must modify practice of care to address quality prevention through patient centered medical home (PCMH) and must place a strong focus on cardiac, diabetes, COPD, and mental illness and substance abuse prevention due to the prevalence of these diseases and their impact on avoidable admissions and emergency room visits. NCI will mitigate risk by monitoring clinical performance, providing feedback and incentivizing positive quality improvements.

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.)

1. Governance: Performance reporting has significant dependence on the Governance workstream. Effective stakeholder involvement and a well defined organizational structure will enhance the PPSs ability to create a value based performance oriented culture that focuses on quality healthcare and establishes clear lines of responsibilities and accountability.
2. Workforce: Performance reporting will rely heavily on the abilities of the Workforce Strategy workstream to enhance the PPSs efforts to develop a consistent performance reporting culture that captures detailed training data of training conducted across the PPS network. Training on the use of critical systems and processes that promote operational excellence in quality healthcare will be vital. Organizations, Practitioners and key support staff will promote excellence of quality and will be a focal point of the PPSs training strategy for the Workforce workstream.
3. IT Systems and Processes: Accurate Performance reporting will depend on the PPSs ability to validate and verify data provided by Organizations, Practitioners, Clinics and key support staff. There will be a critical dependency for a successful implementation of a performance reporting culture and successful transformation of the PPSs IT Departments to ability customize existing systems, implement the new networks,

and IT systems that will be utilized in performance reporting of patient outcome metrics. The project effectiveness and satisfaction will be evaluated in a continuous basis to ensure actual project benefits are being realized.
4. Governance, Finance, Clinical & Practitioner Engagement: It will be critical to Performance Reporting that all workstreams take a holistic 360 project approach and continuously evaluate the effectiveness the project, stakeholder management, project team involvement and whether the project will achieve established / identified goals. Clinical Integration and Practitioner Engagement are essential to the PPSs intent to create a common performance culture throughout the NCI PPS network, and to institute the new performance reporting practices within business, as a standard of excellence clinical practice.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Project Management Office and Project Management Officer	Ray Moore	Responsible for project management tracking and reporting for the 11 DSRIP projects, including their role in the performance reporting structures and processes in place across the PPS
Program Managers, Project Leads and specified entities (finance)	Overall Leads established, Per Partner Site /Project leadsTBD	Members of Project Teams Ultimately accountable for quality of patient care and financial outcomes per project Accountable for the realization and continuous improvement of the multi-disciplinary care pathways underlying their respective projects
Project Champions	NCI Board	Responsible for promoting a culture of continuous performance and improvement throughout the project. Responsible to ensure practitioners' are involved in the performance monitoring processes and sustainment

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
Lead Applicant/Entity	North Country Initiative, LLC with Samaritan as signatory	Bylaw and Policy Development, funding and staff resources
Safety Net Hospital partners	Actively and accurately report on deliverables	Active participation in governance and committee activities Meet timelines for deliverables and reporting of deliverables Participate in RCE to improve outcomes and deliverables where/when changes are needed
All PPS Partners	Actively and accurately report on deliverables	Active participation in governance and committee activities Meet timelines for deliverables and reporting of deliverables Participate in RCE to improve outcomes and deliverables where/when changes are needed
External Stakeholders		
Fort Drum Regional Health Planning Organization	Workforce Vendor Assistance IT infrastructure Contracted PMO staffing and Support, Coordination of Activities	Training and Education IT Partnership Facilitation of Activities Continuity & Credibility
Non-Partner Community Based Organizations	Engagement	Understanding and buy-in
Medicaid and Uninsured Patients, All Population for Population Health Projects	Participation in neighborhood and community engagement activities	Information to ensure projects and activities are effective and appropriately targeted

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.

North Country Initiatives ability to obtain information quickly on a patient's health, health care, and potential treatments is critically important. Additionally, the ability to share this information in a timely manner with other providers caring for the patient is essential to the delivery of safe, patient-centered, coordinated, and efficient health care. To meet this need, collaboration across the entire PPS is underway to develop and leverage: electronic health record (EHR) systems with decision support for clinicians, a secure platform for the exchange of patient information across health care settings, and data standards that will make shared information understandable to all users. Efforts are also underway to complete the implementation of a population health management tool that will allow our PPS to analyze, and aggregate real time data on our participants and those beneficiaries who opt in. NCI through the use of this tool will also be able to leverage information systems for mental health and substance abuse providers. Ensuring that the developing systems for mental health and substance abuse conditions are aligned with general, medical care needs is essential for improving the quality and continuity of care across the system. NCI's PPS will not be successful within DSRIP or any other Healthcare reform initiative if our information technology cannot produce reports on our ability to deliver safe, effective, patient-centered, timely health care. Those reports will be allow our PPS to take data and turn that information into healthcare decisions which will allow for improved patient outcomes and a reduction in healthcare cost.

All staff and participating providers will need to be trained on protecting health information through appropriate privacy and security practices. They will need to be trained on effective strategies to achieve ongoing, industrywide Health IT standards to include information tools, specialized network functions, and security protections for the interoperable exchange of health information. They will need to learn how to identify health IT standards for use by identifying and prioritizing specific uses for which health IT is valuable, beneficial and feasible. Overall, strong commitment from PPS to train, understand, and embrace the development of a shared, secure IT infrastructure will ultimately impact the successful use of IT functionality to improve outcomes.

It is vital to recognize the importance that our IT infrastructure has on our regions ability to reverse the cost curve and to improve the outcome of all the patients this region serves. Improvement in Information technology has been a commitment this region has made and will maintain throughout the regions transformation.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

Delivering analytics and reports for state submission on milestones by DSRIP year (DY), financial incentives and DSRIP clinical measure domains including: (1) Patient Safety (2) Clinical Process/Effectiveness (3) Efficient Use of Healthcare Resources (4) Population/Public Health (5) Clinical Process/Effectiveness (6) Care Coordination (7) DSRIP Efficiency (8) Speed & Scale Utilization.

Reports and Metrics will be constructed using standard data definitions to facilitate timely, accurate, and clinically informed reporting that provides project oversight and feedback across organizational levels within the PPS. Data will be compiled and formulated to meet the intent of NYS reporting procedures and Achievement Values. Monthly and Quarterly: NCI PMO will evaluate and validate each performance and process measure and milestone on whether the target / milestone was "achieved" or "not achieved". For targets / milestones that are "not achieved" further review will be conducted immediately to determine the root cause for "not achieved" and change management will be instituted if warranted to bring target / milestone to an "achieved" rating.

Domain 1: Project Milestones & Metrics are based largely on investments in technology, provider capacity and training, and human resources that will strengthen the ability of the PPS to serve its target populations and successfully meet DSRIP project goals.PPS project reporting will be conducted in two phases: A detailed Implementation Plan due in April 1, 2015 and ongoing Quarterly Reports throughout the entire DSRIP period. Both the initial Implementation Plan and Quarterly Reports shall demonstrate achievement towards the implementation of the IDS strategy and action plan, governance, completion of project requirements, scale of project implementation, and patient engagement progress in the project.

Quarterly Reports: PPS will submit quarterly reports on progress towards achievement of project requirements as defined in Domain 1 DSRIP Project Requirements Milestones & Metrics. Quarterly reports to the Independent Assessor will include project status and challenges as well as implementation progress. The format and content of the quarterly reports will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.

IPQR Module 6.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Inclusion of Primary Care and Specialty Physicians, Nurse Practitioners, Behavioral Health Providers and FQHCs in PPS Governance including at the Board level.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Inclusion of Physician and Clinical Leadership in the Medical Management (Clinical) Committee, Workforce Governance, IT Governance, Finance and Compliance Committees	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. The plan will include standard performance reports to be developed as part of performance reporting and clinical integration including aggregate PPS performance reports	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Two -way practitioner communication and engagement will be included in the overall NCI	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Communication Plan including governance involvement as identified above. This will include a plan to provide aggregate performance reporting to the NCI Board and Committees and the following professional groups: the Medical Executive Committees and the Medical staffs of each of the Safety Net Hospitals, the North Country Behavioral Health Care Network and others as applicable determined during the Communication Plan development.									
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.	Completed	Practitioner training / education plan.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. PPS wide training and education plan will include education for practitioners/providers about DSRIP and QI goals of DSRIP	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Plan will include that PPS training will be facilitated by PPS Provider Champions with PPS staff support	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Training curriculum will include the quality goals and requirements within the PPS's selected 11 DSRIP Projects	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Training/education plan will include a plan to train at mulriple sites across the PPS geographic service area	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

NYS Confidentiality – High

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	bm124578	Documentation/Certification	45_MDL0703_1_3_20160128081611_DY1_Q3_M1__Practitioner_Engagement_Template.docx	NCI Practitioner Engagement Meetings	01/28/2016 08:16 AM
	bm124578	Documentation/Certification	45_MDL0703_1_3_20160128080619_DY1Q3_practitioner_engagement_m1-T2.docx	NCI Practitioner Engagement Physician and Clinical Leadership	01/28/2016 08:06 AM
	bm124578	Documentation/Certification	45_MDL0703_1_3_20160128080050_DY1Q3_Practitioner_Engagement_M1_T4.xlsx	NCI Practitioner Engagement Communication Plan Detailed	01/28/2016 08:00 AM
	bm124578	Documentation/Certification	45_MDL0703_1_3_20160128075846_DY1Q3_Practioner_Engagement_M1_Practioner_Communication_and_Engagement_Plan.pdf	NCI Practioner Communication and Engagement Plan	01/28/2016 07:58 AM
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.	hsanchez	Documentation/Certification	45_MDL0703_1_3_20160126163322_DY1Q3_Practitioner_Engagement_M2_T1_thru_4_Training_Template_Final.docx	NCI Practitioner Engagement Training Template	01/26/2016 04:33 PM
	hsanchez	Documentation/Certification	45_MDL0703_1_3_20160126163051_DY1Q3_Practitioner_Engagement_M2_T1_thru_4_Final.docx	NCI Practitioner Engagement Training and Education plan	01/26/2016 04:30 PM

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 & Complete	
Milestone #2	Pass & Complete	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

1. Risk: Geographic spread of PPS Region fpr Clinical Champions
Mitigation: NCI Board and Committees includes Providers champions from across the PPS geographic region
2. Risk: Geographic spread for training
Mitigation: Training offered at Medical staff and other group settings. In addition a Webinar will be developed that can be utilized and accessed in a lunch and learn format
3. Risk: Change resistance
Mitigation: Diversified Clinical peer leaders, evidence-based changes, regular performance reports, incentives

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.)

1. Performance Reporting and Clinical Integration : NCI communication plans for practitioner engagement depend on effective, rapid communication process and regular two-way communication channels including for performance reporting and clinical integration. If clinical outcomes are to be met, communication of clinical activities through practioner enagement must be utilized to address poor performing areas
2. Governance: The role of the Practitioner Champions is central to NCI plans for practitioner engagement. NCI Clinical Champions actively participate in the governance structure including the Executive Body on behalf of the practitioners and will be responsible for communicating information to those practitioners groups effectively. NCI practitioner engagement is dependent on an effective governance structure and processes.
3. Financial Sustainability, Budget and Funds Flow: Practioner engagement in the finance committees and the funds flow for performance and value based payment are the keys to changing the healthcare delivery system into a outcome focused system.
4. Workforce: Practitioners are a significant component of the helathcare workforce therefore the training of practioners is directly linked to the workforce workstream.
5. IT Systems and Processes: EMR, PHM (disease regsitry), and HIE Technology provides the efficient means standardize measure and improve PH outcomes and the information to inform performance reporting for practioner engagement.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCI Board	Board Chair, Dr. Collins Kellogg Board Members	Inclusion of Providers in Governance and Committee Structure
NCI Medical Management (Clinical) Committee	Chair, Dr. Steven Lyndaker Members	Review training webinar and materials
NCI Program Manager	Celia Cook	Development of Communication Plan Assistance in webinar and other communication material development
NCI Project Management Officer	Ray Moore	Development of standard performance reports
NCI Data Analyst	Jeff Bazinet	Ensure disease registry capability for quality performance reporting for inclusion in standard reports
NCI Board Provider Champions	Dr. Collins Kellogg Dr. Gary Hart Dr. Steven Lyndaker Dr. David Rechlin Dr. Mario Victoria Dr. Mark Parshall Dr. Michael Seidman Dr. Michael Woznicki Dr. Howard Meny Dr. Jack Rush Dr. Jason White Erin Cooney, LCSW-R Jeff Perrine, FNP Angela Doe, LMHC	Facilitate education of medical staffs and other provider groups on clinical integration
NCI Director Regional CIO Workforce Lead	Brian Marcolini Corey Zeigler Tracy Leonard	Facilitate development of webinar and other education materials

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
NCI Board	Board Members	Review and Accept Practitioner Communication and Training Plan
NCI Communication Committee	Include Practitioner Engagement in \two-way Communication Plan	Communication Plan that addresses Practitioner Engagement
NCI Director	Responsible for overall oversight of all NCI Activities	Ensure that all workstreams endorse and adopt plans as applicable
NCI Care Management Committee	Inform training/education for practitioners regarding Care Management Plan	Care Management Plan included in training
Safety Net hospital partners	Adopt and participate in plans and training as applicable	Trained medical professional staff, implemented plans to impact improved practitioner engagement
All PPS Partners	Adopt and participate in plans and training as applicable	Trained medical professional staff, implemented plans to impact improved practitioner engagement
External Stakeholders		
Fort Drum Regional Health Planning Organization	Contracted PMO staffing and Support, Coordination of Activities Community Based Engagement	Facilitation of Activities Data Analytics for performance report Continuity & Credibility for Community Provider Practitioner Engagement
Non-Partner Community Based Organizations	Engagement Potential to provide service	Understanding and buy-in Ability to facilitate larger community understanding
Medicaid and Uninsured Patients, All Population for Population Health Projects	Trained, engaged providers support better outcomes for patients	Feedback on provider through CAHPS

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

Health Information Technology or HIT platforms to support communication between practitioners will be critical for engaging practitioners in DSRIP and for the sharing of best practices. We are developing a PHM platform to support the NCI PPS to provide progress reporting and feedback on measures and chosen protocols.

The ability for providers to share clinical information easily is important, not just for improvements in clinical processes and outcomes but also for the ongoing buy-in of individual practitioners. It is critical that the IT infrastructure developed be integrated into practitioner workflow and is seen as a tool to improve care, not another non-value-add task they need to complete.

Improved IT infrastructure will also be important for the delivery of our practitioner engagement education and training materials. We are integrating telemedicine tools (video conferencing) and other collaborative tools to assist providers in sharing their knowledge, best practices and enhancing the learning environment across the PPS and beyond.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

NCI will monitor Practioner Engagement through NCI governance inclusion, board and committee meeting attendence, communication plan development and communication plan activites completeion,the trainings/presentations/education developed and conducted for providers groups and the delivery of aggregate p[rovider group reporting.

These activities will be monitored by the PMO utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

IPQR Module 7.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 8. PPS PCMH Certification Team to finalize PPS-wide plan for achieving Level 3 certification for relevant providers	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 8a. Plan will include assessments of all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8b. Plan will include a gap analysis on the results to determine the scope of work/needed assistance for each PCP	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8c. Plan will include project plan/timeline for each PCP	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8d. Plan will include the PCMH processes, procedures, protocols and written policies.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
8e. Plan will include timeline for NCQA Level 3 PCMH submissions									
Task 8f. Plan will include all practices to meet NCQA 2014 Level 3 PCMH and/or APCM standards.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Clinical Quality Committee to finalize population health management roadmap for Board approval	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 1. Conduct inventory of available data sets with individual demographic, health, and community status information, to supplement use of the data available through the MAPP tool	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Working with Population Health Improvement Program, identify key aggregate population health datasets for annual CNA update and determine process for annual update	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Evaluate IT capacity and identify gaps in IT infrastructure at a provider level as applicable to projects that need to be addressed to support access to disease registry capability to impact Domain 3 quality metrics as defined for NCI Projects	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Ensure workforce assessment includes priority practice groups' care management capabilities, including staff skills and resources required to manage the diabetic and cardiovascular disease populations in each geographic area	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Establish NCI PPS PCMH Certification Team responsible for assessing current state with regard to PCMH 2014 Level 3 certification, identifying key gaps and developing overarching plan to achieve Level 3 certification in all relevant	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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									
Task 6. Ensure care guidelines for providers are developed for priority clinical issues as required for PPS projects with clinical metrics to monitor progress in managing population health	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Reference and incorporate health literacy and cultural competency strategy for targeting and addressing health disparities	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. Perform a gap analysis to accurately determine current inpatient bed capacity/bed constraints across the PPS (determine optimal inpatient delivery model)	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Establish Service Utilization Monitoring Team made up of an assigned lead from each impacted hospital to provide oversight in measuring, evaluating, and recommending excess bed reductions to NCI Governing Board. (determine the number beds that can be reduced vs. percent of staffed beds.)	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Each participating hospital facility will develop a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical location of medical village, marketing and consumer education and community involvement.	In Progress	See Task	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task	In Progress	See Task	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
4. The NCI PPS collaboratively compiles a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical locations of medical villages, marketing and consumer education and community involvement.									
Task 5. Each plan will detail community involvement: requirements/roles and responsibilities that will be completed during the project lifecycle	In Progress	See Task	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Approval of Individual Strategic Plans by individual hospital boards.	In Progress	See Task	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Approval of Individual Strategic Plans by NCI Governing Board	In Progress	See Task	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Approval of NCI PPS collaborative Medical Village strategic Plan by NCI Governing Board.	In Progress	See Task	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

1. Population Health Risk: Provider engagement/burnout
Mitigation: Provide external support to assist practices. Develop by practice project plan to include all PCP DSRIP clinical guidelines, workflow changes and training directly into PCMH implementation (measure twice-cut once approach)
2. Population Health Risk: Providers not reporting discreetly in EMRs to allow clinical measures to be mapped to disease registry for reporting and tracking purposes.
Mitigation: Engage data analysts for data quality analysis of every PHM interface by provider to determine if measure correctly mapped, if software can provide data discreetly and then develop per provider plan to improve discreet data element entry to EMR
3. Population Health Risk : PHM vendor inability to meet aggressive DSRIP schedule to deliver by provider reporting to inform incentive plan development. It is so easy to put disease registry capability on pare and a completely different matter to effectively map and launch from multiple disparate EMRs
Mitigation: Service Level Agreements built into PHM contracts. Understanding and agreement of support level needed by both the PPS and vendor prior to implementation.
4. Bed Reduction Risk: Impact is higher or lower than anticipated during planning phase
Mitigation: Regular ongoing monitoring prepared for RCE
5. Bed Reduction Risk: Increased insurance utilization and patient activation through PAM, initially increases instead of decreases bed utilization
Mitigation: Performance monitoring identification of trends to inform planning on regular basis

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.)

1. Governance: NCI Governance will need to oversee development of incentive plan to drive improved population health outcomes.
2. Financial Sustainability: The Bed Reduction plan is tied directly to the impact analysis and other financial activities being undertaking under the financial sustainability work stream. NCI Finance Committee will need to monitor financial impact assessment and ongoing metrics.
3. Budget and Funds Flow: Budget and funds flow are closely tied to both population health activities and bed reduction/revenue losses
4. Workforce: Support at provider level (as part of practitioner engagement training plan) to train providers to use and apply information learned from the registry; how to implement established care guidelines developed as part of project implementations will cross into workforce training sector
5. Practitioner Engagement, Clinical Projects, Clinical Integration and Care Coordination: If Population Health clinical outcomes are to be met all clinical activities must align and be prepared to address poor performing areas

Samaritan Medical Center (PPS ID:45)

6. IT Systems and Processes: EMR, PHM, and HIE Technology provides the only efficient means standardize measure and improve PH outcomes.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCI Data Analyst	Jeff Bazinet	Inventory available data sets and PHM disease registry capacity
FDRHPO PHIP Program Manager	Ian Grant	Engage regional Population Health Improvement Program
Regional Chief Information Officer	Corey Zeigler	Evaluate IT capacity, identify gaps, develop plan
Senior Nurse Informaticist	Liza Darou	Establish NCI PPS PCMH Certification Team
NCI Medical Management (clinical) Committee	Committee Members	Ensure care guidelines are developed
Workforce Lead & Workforce Vendors	Tracy Leonard Greg Dewitt	Ensure workforce assessment includes practice skills/resources
NCI Health Literacy & Cultural Competency Committee	Committee Members	Ensure target population for health disparities are identified
NCI Safety Net Hospital Partners	Samaritan Medical Claxton Hepburn Carthage Area River Hospital Massena Memorial Clifton Fine	Assign staff to service utilization monitoring team
Service Utilization Monitoring Team	TB Assigned	Monitor and report bed utilization and reduction metrics

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
NCI Board of Managers	Board Members	Review and accept plans
NCI Communication Committee	Include PH in Communication Plan	Communication Plan that addresses PH
NCI Director	Responsible for overall oversight of all NCI Activities	Ensure that all work streams endorse and adopt plans as applicable
NCI Care Management Committee	Include PH as Base component for Care Management Plan	Care Management Plan addresses Population Health
Safety Net hospital partners	Adopt and participate in plans and training as applicable	Trained staff, implemented plans to impact improved population health and achievement of bed reductions
All PPS Partners	Adopt and participate in plans and training as applicable	Trained staff, implemented plans to impact improved population health
External Stakeholders		
Fort Drum Regional Health Planning Organization	Contracted PMO staffing and Support, Coordination of Activate Community Based Engagement	Facilitation of Activities Data Analytics to identify Continuity & Credibility for Community Engagement with Population Health Improvement Program and other Community Based programs
Non-Partner Community Based Organizations	Engagement Potential to provide service	Understanding and buy-in
Medicaid and Uninsured Patients, All Population for Population Health Projects	Participation in neighborhood and community engagement activities	Information to ensure projects and activities are effective and appropriately targeted

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

One of the key principles of our approach to population health management is that all care will become 'data-driven'. Our data & analytics team will be responsible for ensuring that practitioners have the data and the tools available to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the use of a regional PHM solution and also plan to utilize the MAPP PPS-specific Performance Measurement Portal, which will help our team monitor performance of both claims-based, non-hospital CAHPS DSRIP metrics AND DSRIP population health metrics. The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas.

Our PPS is fully partnered with HealtheConnections (HeC), our RHIO, and leadership will require all partners to connect with HeC to service our attributed population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The NCI will utilize a disease registry to monitor and manage population health from a clinical perspective. These clinical metrics along with all organizational measures and metrics will be monitored and reported by the NCI PMO as outlined below.

The North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

IPQR Module 8.9 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Map the providers in the network and their requirements for clinical integration (four pillars framework)as it relates to achievement of DSRIP projects - this will be done in partnership and referencing the other assessments/activities (IT, Workforce, VBP, Communication, care management, funds flow) that are being concurrently completed.	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Incorporate clinical integration needs assessment into individual DSRIP project implementation planning and assessments to include the four pillars framework : provider leadership, aligned incentives; clinical and care management programs; technology/ data infrastructure to support integration	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 3. Determine any gaps based on the four pillars framework to address the project target population needs	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Utilizing needs assessment, develop clinical integration strategy incorporated into project plans	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Ensure strategy includes the four pillars: provider leadership, aligned incentives; clinical and care management/ transition strategy; technology/ data infrastructure to support integration	Completed	See Task	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Include training for operational staff on care coordination and communication tools (this is also included in project implementation plans - it is not expected that training will be duplicative but that training meeting deliverables will be reflected in multiple applicable places in quarterly	Completed	See Task	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reports)									
Task 4. Clinical Integration Strategy, signed off by Clinical Quality Committee	In Progress	See Task	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform a clinical integration 'needs assessment'.	hsanchez	Documentation/Certification	45_MDL0903_1_3_20160126161813_DY1Q3_Clinical_Integration_M1_Community_needs_assesment.pdf	NCI Community Needs Assessment	01/26/2016 04:18 PM
	hsanchez	Documentation/Certification	45_MDL0903_1_3_20160126161657_DY1Q3_Clinical_Integration_M1_clinical_needs_assessment.pdf	NCI Clinical Needs Assessment	01/26/2016 04:16 PM
	hsanchez	Documentation/Certification	45_MDL0903_1_3_20160126161558_DY1Q3_Clinical_Integration_M1_Clinical_Integration_Tracker.xlsx	NCI Clinical Integration Tracker	01/26/2016 04:15 PM
	hsanchez	Documentation/Certification	45_MDL0903_1_3_20160126161440_DY1Q3_Clinical_Integration_M1_Clinical_Integration_Template.xlsx	NCI Clinical Integration template	01/26/2016 04:14 PM

Prescribed Milestones Narrative Text

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

1. Risk: Geographic spread of Clinical Champion representation
Mitigation: NCI Board and Committees includes Providers champions from across the PPS geographic region
2. Risk: Geographic spread for training
Mitigation: Training offered at Medical staff and other group settings. In addition a Webinar will be developed that can be utilized and accessed in a lunch and learn format
3. Risk: Change resistance
Mitigation: Peer leaders, evidence-based changes, regular performance reports, office champions, incentives
4. Risk: Data gathering and interfaces with Disease registry
Mitigation: Data quality surveillance team deployed and other integration options being utilized like HIE.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Clinical Integration is what DSRIP is attempting to achieve to improve care and reduce costs for the Medicaid population served. The four pillars of clinical integration are encompassing of all the DSRIP work streams. In particular:
1. Performance Reporting and Communication : NCI communication plans for practitioner engagement and clinical integration depends on effective, rapid communication process and regular two-way communication channels including performance reporting and clinical integration.
2. IT Systems and Processes: Without IT Systems it is impossible to have the effective clinical performance monitoring processes that are the bedrock of CI.
2. Governance: The role of the Practitioner Champions is central to NCI plans for clinical integration. NCI Clinical Champions must be empowered to actively participate in the governance structure including the Executive Body on behalf of the practitioners and communicating information back down to those practitioners effectively. The NCI clinical integration strategy is dependent on an effective governance structure and processes.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCI Board	Board Chair, Dr. Collins Kellogg Board Members	Inclusion of Providers in Governance and Committee Structure
NCI Medical Management (Clinical) Committee	Chair, Dr. Steven Lyndaker Members	Review training webinar and material, ensure proper selection and implementation of evidence based guidelines and protocols
NCI Program Manager	Celia Cook	Development of Communication Plan Assistance in webinar and other communication material development
NCI Project Management Officer	Ray Moore	Development of standard performance reports
NCI Data Analyst	Jeff Bazinet	Ensure disease registry capability for quality performance reporting for inclusion in standard reports
NCI Board Provider Champions	Dr. Collins Kellogg Dr. Gary Hart Dr. Steven Lyndaker Dr. David Rechlin Dr. Mario Victoria Dr. Mark Parshall Dr. Michael Seidman Dr. Michael Woznicki Dr. Howard Meny Dr. Jack Rush Dr. Jason White Erin Cooney, LCSW-R Jeff Perrine, FNP Angela Doe, LMHC	Facilitate education of medical staffs and other provider groups on clinical integration
NCI Director Regional CIO Workforce Lead	Brian Marcolini Corey Zeigler Tracy Leonard	Facilitate development of webinar and other education materials

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
NCI Board	Board Members	Review and Accept Practitioner Communication and Training Plan
NCI Communication Committee	Include Practitioner Engagement in \two-way Communication Plan	Communication Plan that addresses Practitioner Engagement
NCI Director	Responsible for overall oversight of all NCI Activities	Ensure that all work streams endorse and adopt plans as applicable
NCI Care Management Committee	Inform training/education for practitioners regarding Care Management Plan	Care Management Plan included in training
Safety Net hospital partners	Adopt and participate in plans and training as applicable	Trained medical professional staff, implemented plans to impact improved practitioner engagement
All PPS Partners	Adopt and participate in plans and training as applicable	Trained medical professional staff, implemented plans to impact improved practitioner engagement
External Stakeholders		
Fort Drum Regional Health Planning Organization	Contracted PMO staffing and Support, Coordination of Activate Community Based Engagement	Facilitation of Activities Data Analytics for performance report Continuity & Credibility for Community Provider Practitioner Engagement
Non-Partner Community Based Organizations	Engagement Potential to provide service	Understanding and buy-in Ability to facilitate larger community understanding
Medicaid and Uninsured Patients, All Population for Population Health Projects	Trained, engaged providers support better outcomes for patients	Feedback on provider through CAHPS

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 providers across the patient care spectrum. For the providers, this will mean integration into new or expanded clinical data systems, such as population health management disease registry capability, which NCI will roll out across the primary care provider network. A core element of NCI's clinical integration needs assessment will be identifying where new or expanded data-sharing systems are required or where a different approach is required. At this stage, the immediate priorities (quick wins) include: medication reconciliation, patient transfers and transport, and outpatient clinic scheduling.

Achieving the buy-in of NCI's large community of downstream providers to the new work flows that fall under the clinical integration work stream will greatly depend on the providers and the individual practitioners having easily accessible methods of communicating with one another . We have secure messaging, weekly communication updates and other collaboration tools to ensure providers are aware of the project(s) and have a method to drive the success through their engaged guidance.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

NCI will use the four pillars of Clinical Integration to monitor and evaluate our networks success. First, NCI will review, evaluate and confirm performance of our network to the standards and measures of DSRIP, specific disease programs, care protocols and clinical metrics utilizing disease registry capability. These will be tracked to ensure NCIs ability to meet the 4 pillars of clinical integration and to ensure incentives are paid out that are aligned with positive patient outcomes.

Secondly, NCI will monitor progress of PPS providers connected to the Health Information Exchange, Disease Registry and those utilizing Patient Portals and secure messaging for Domain 1 metrics through the PMO and performance logic software. Third, NCI will measure success through surveying providers to gain feedback on the effectiveness of clinical integration and care coordination within our region. Finally NCI understands that proper clinical integration within the DSRIP program will reduce hospitalizations (PQI's) and potentially preventable visits. NCI will have a coordinated plan that will monitor and assess our progress towards those milestones.

The North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager. The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple

team members and essential stakeholders.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 that the NCI PPS is taking towards the implementation of its 11 DSRIP projects is based on delegated governance, clinical leadership, meaningful communication, transparency, interoperable HIT, standardization of protocols, and aligned incentives with change management as the critical factor.
NCI fully understands the difficulty of what is being undertaken through DSRIP. This is a culture shift that flips the healthcare business model. The only way to successfully and sustainably achieve this shift is to approach it from a change management lens. The NCI implementation team has identified the 10 top keys to NCI's success to be applied to all projects:
1.Change management: Every single DSRIP project and workflow requires change management. Managing this type of change requires a shared NCI organizational culture that conveys a sense of identity for NCI partners, facilitates commitment to something larger than self-interest, enhances stability of the system while remaining flexible to change in response to new demands or strategies and serves as a mechanism for decision-making. The NCI will act as an integrated delivery system, adopting system-wide workflows, contracting for system-wide services, and implementing projects systematically across partners.
2.Proceed as if success is inevitable: We will proceed as if success is inevitable. And then make sure it is, by utilizing detailed tracking of milestones and metrics to ensure outcomes are being met and RCE course corrections are made.
3.Trust each other: NCI cannot and will not know all of the answers, this is new territory. We have to trust each other to watch each other's backs and look ahead for hazards. A strong delegated inclusive governance structure will put in place the processes for trust and decision-making.
4.We have the power to engage patients: NCI must identify the patients' needs and align our priorities with those needs. Patient engagement crosses all projects. Two-way patient engagement strategies will contribute to the success of all projects.
5. Confidence: We and only we, know how to do this for the population we serve. We will maintain confidence that together we either know or can find the answers we need to be successful. Sharing and adoption of best practices across projects is critical to success.
6. Accurate data and analysis of that data: Accurate data will be needed to drive all projects and lead to NCI's future success. That means EMR data going in must be clean, it must be mapped to disease registry accurately and it must be presented in manner that allows it to be used to drive decisions. Thus confidence, see 5.
7. Increased primary care access: We cannot succeed unless we expand primary care access in multiple ways. More providers, extended hours, new locations and ensuring physicians practice at the top of their licensure.
8. Value community based partners: Hospitals and physicians cannot do this alone. Community based providers must be active and engaged across all projects and involved in governance. They are catalysts and keys to DSRIP success.
9. Design for behavior change: When the system, beliefs or knowledge that creates a behavior changes, the behavior changes. This is true for providers, patients and communities. We need to identify design means to make the needed change easy for project success.
10. Understand the shared bucket: Transparency of funds flow is critical so that all understand the shared bucket and the expectations for their share. Effort equals reward based on project. In addition, understanding that our MCOs also have a shared bucket and how we can contribute to their success will be critical to VBP in the future.
By approaching the Project Implementations in a cohesive manner the NCI has the most potential to achieve all DSRIP outcomes and to be

prepared to sustain DSRIP created change into the future.

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 NCI's approach to handling the major independencies between projects and workstreams is to handle these interdependencies as an integrated delivery system rather in separate partner silos. This approach will ensure that partners will not be working towards similar goals or project requirements independently, thereby doubling effort and potentially creating multiple approaches to solving the same issue. This integrated delivery system approach includes contracting for services in a centralized manner, centralized project leads, identification of clinical workflows and governance.

1. The NCI will contract for services in a centralized manner for all PPS partners with similar needs. This includes:
   a. EMR, HIE, PCMH and PHM implementation support. In this manner as the EMR is implement, PCMH workflows are included along with the clinical workflows for the projects under the guidelines identified by the Med Management Committee.
      In addition this ensures that rollout across the PPS is coordinated via a single staggered implementation plan allowing for maximum economy of scale and resources with maximum impact on project success.
   b. Services not currently covered like Diabetes Prevention Programs, Tobacco Cessation Programs, Diabetes and Psychiatry support for practices via telemedicine and care transitions/care management.
   c. Training and education such as PAM, Community Health Worker, Care Management Training, Health Literacy and Cultural Competency. In this manner all PPS staff will have the same training and same understanding creating a truly integrated
      knowledge set and operational culture.
2. The NCI will have a centralized Project Lead for each Major workstream who will coordinate all activities with in that workstream between partners. These major cross cutting workstreams are: Care Coordination/Transitions, Workforce, IT Systems and Processes, Communication Planning, Community Engagement, Finance and Contracting and Population Health.
3. The NCI Medical Management Committee is identifying clinical workflow overlap and developing EMR specific toolkits for practices to streamline processes for value add. Clinical Leadership and clinical champions will be key to successful DSRIP implementations and outcomes.
4. The NCI has or will establish governance structures for all major workstreams that cut across multi sectors that require governance decisions. This includes clinical governance, HIT governance, data governance, workforce governance, compliance governance, and financial governance.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Safety Lead Applicant	Samaritan Medical Center	Compliance Officer and Plan Fiduciary Lead - funds distribution based on NCI Finance Committee and Board Governance Recommendations
NCI Board Chairman	Board Chair, Dr. Collins Kellogg	Facilitate Board of Manager Activities, Lead Board spokesperson & Clinical Champion
NCI Medical Director	Dr. Steven Lyndaker	Review training webinars and material Ensure selection and implementation of evidence based guidelines and protocols Develop and assist practice workflow strategies Clinical quality measures
NCI Board Provider Champions	Dr. Collins Kellogg Dr. Gary Hart Dr. Steven Lyndaker Dr. David Rechlin Dr. Mario Victoria Dr. Mark Parshall Dr. Michael Seidman Dr. Michael Woznicki Dr. Howard Meny Dr. Jack Rush Dr. Jason White Erin Cooney, LCSW-R Jeff Perrine, FNP Angela Doe, LMHC	Physician/Provider Champions and leadership Facilitate education of medical staffs and other provider groups on clinical integration
NCI Director	Brian Marcolini	Overall NCI Leadership. Coordinate overall development of VBP baseline assessment and plan for achieving value based payments. Coordinate approach and engagement of process to develop PPS VBP Baseline Assessment and Adoption Plan. Ultimately responsible for the development of the PPS VBP Baseline Assessment and Adoption Plan.
NCI Program Manager	Celia Cook	Documentation and facilitation of Communication and Community

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Engagement Plans Assistance in webinar and other communication material development Overall POC for site project leads
NCI Project Management Officer	Ray Moore	Development of standard performance reports Maintenance of performance reporting function for PPS
NCI Data Analyst	Jeff Bazinet	Ensure disease registry capability for quality performance reporting for inclusion in standard reports
NCI Director Regional CIO Workforce Lead	Brian Marcolini Corey Zeigler Tracy Leonard	Facilitate development of webinar and other education materials
NCI Finance/Contracting Director	Unknown at this time. Responsibilities will be fulfilled by Lead Entity CFO and NCI Director until determined.	Responsible for development and management of the Financial objectives. Provides support for Finance/Payer Committee. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
NCI DSRIP Compliance Officer	TBD will be filled by the Lead Entity Compliance Officer in the interim	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 compliance role will report to the Executive Body.
Lead Entity Compliance Officer	Barbara Morrow	Will fill Compliance Officer role is completed until NCI Compliance Officer is in place. Will provide oversight to NCI Compliance Officer
Regional Chief Information Officer (CIO)	Corey M. Zeigler	EMR, HIE, PCMH, PHM Gap Analysis Executed/approved plans for EMR, HIE, PHM and PCMH
Data, Infrastructure, and Security Lead	Chris Grieco, FDRHPO Chief Security Officer	Data security and confidentiality plan, Data Exchange Plan
Regional PCMH Project Lead	Liza Darou, RN, PCMH-CCE	Lead PCMH Implementation Plan Lead Workflow Process Change Initiatives for Primary Care Nurse Informatics
RHIO/HIE	Rob Hack, HealtheConnections RHIO	Providing HIE interoperability for the PPS region
Technical lead(s)	IT Champions	Main driver at each participant site for operational deliverables
Clinical Champion	Provider Champions	Main driver at each participant site for provider engagement
Workforce Project Lead	Tracy Leonard	Lead the development of the PPS Workforce Assessment and Strategy

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
DSRIP Planning and Facilitation	Denise Young	Lead the overall DSRIP Planning Effort
North Country Health Home	Health Home	Health Home Care Management
Iroquois Healthcare Association	Workforce Vendor	Data collection and reporting Training and Education partnership
Northern Area Health Education Center	Workforce Vendor	Training and Education partnership

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
North Country Initiative, LLC Board of Managers	Governance	Oversight and success of all DSRIP Activities Policy and Plan Adoption and Executive Sponsorship Physician and Provider Champions and Leadership Overall DSRIP Performance Monitoring
DSRIP Project Advisory Committee	Multi-organizational	Review and make recommendations to the NCI Board on DSRIP strategies and Plans
NCI Medical Management (Clinical) Committee	Clinical Governance	Clinical Oversight for DSRIP Projects Clinical Guideline & Protocol Development and Support Clinical Champions Quality of Care and Patient Outcomes PHM Disease Registry Quality Measures - Performance Monitoring
NCI HIT Governance Committee	HIT Assessment, Plan, Adoption	Responsible for reviewing HIT Gap Analysis and Plans Championing adoption by clinicians Patient-Centered Medical Home implementation plan EMR and MU PHM Disease Registry roll-out
NCI Finance Committee	Financial Plan Monitoring Funds Flow Oversight	Review of Financial Sustainability Plans Monitoring Fragile Provider Metrics Review of Funds Flow Plan Inform and Review Value Based Payment Strategy Other financial and value-based planning functions
NCI Compliance Committee	Compliance	Responsible to ensure Compliance Plans, Policies and Training are in place including Lead Entity Compliance Plan consistent with New York State Social Services Law 363-d
NCI Health Literacy & Cultural Competency Committee	Health Literacy & Cultural Competency Plans	Development of Health Literacy and Cultural Competency Strategy Development and oversight of Health Literacy and Cultural Competency Training Plan in partnership with Workforce Committee
NCI Provider Recruitment, GME & Workforce Governance Committee	Workforce	Physician/Provider Recruitment Plan GME Expansion Analysis

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		Workforce Roadmap Adoption Workforce Training Strategy Adoption
NCI Care Coordination Committee	Care Coordination across continuum of care	Care Management and Transitions to include: Hospital Transitions Health Home Care Management Home Care and Hospice Primary Care Care Managers Community Health Workers
Behavioral Health Committee(FDRHPO)	Behavioral Health Integration 2.a.i Strengthen BH Infrastructure 4.a.iii	Planning and support for Behavioral Health strategies across PPS including integration of Primary Care and Behavioral Health, Strengthening Behavioral Health Infrastructure, Behavioral Health Care Transitions
North Country Health Compass Committee	Population Health Improvement Program bridge	Identifying Neighborhood and community needs Hot Spotting Population Health Health Disparities PAM navigation priority
Workforce Strategies Committee (FDRHPO)	Workforce Planning	Develop Workforce Gap Analysis Develop Workforce Roadmap Develop Workforce Strategy
Safety Net hospital partners	Active Participation	Participate on Committees Champion activities Adopt and participate in plans and training as applicable Actively carry out deliverables
All PPS Partners	Active Participation	Participate on Committees Champion activities Adopt and participate in plans and training as applicable Actively carry out deliverables
All PPS Partners	Actively carry out deliverables	Participate on Committees Champion activities Adopt and participate in plans and training as applicable Actively carry out deliverables
External Stakeholders		
Fort Drum Regional Health Planning Organization	Financial Plan Assistance IT infrastructure Contracted PMO Staffing and Support, Coordination of Activities	IT/Data Partnership Facilitation of Activities Continuity & Credibility
Managed Care Organizations	MCOs identified by PPS for pursuit of PPS Value based reform strategies	The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy
Non-Partner Community Based Organizations	Engagement and Recipients of communication plans.	Understanding and buy-in

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid and Uninsured Patients, Community Members	Engagement to ensure positive impact on beneficiaries. Recipients of communication plans.	Information to ensure projects and activities are effective and appropriately targeted

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

It cannot be over stated that all projects and workstreams are dependent in the IT Systems & Processes. As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning all other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the North Country Initiative (NCI) PPS will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the NCI and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure developed meets the needs of individual practitioners, providers and – particularly when it comes to population health management – the whole PPS network. During development of the IT future state, NCI will work closely with the NCI Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT/prcatice transformation staffing, which will depend heavily on the NCI Workforce Strategy team. THe PPS will need additional resources for IT support, analysis, and reporting. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial.

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

North Country Initiative (NCI) has established a Project Management Office (PMO) staffed with a certified Project Management Officer and Program Manager.

The PMO will be utilizing (Performance Logic) a project management performance based software platform for monitoring, controlling and reporting (weekly, monthly, quarterly) status / metrics associated with project milestones / deliverables. Performance Logic is specifically designed to the needs of the PPS with project management, implementation, planning, performance monitoring and results oriented project tracking / reporting. Performance Logic incorporates all aspects of DSRIP tracking enhancing NCI's ability to communicate with multiple team members and essential stakeholders.

Delivering analytics and reports for state submission on milestones by DSRIP year (DY), financial incentives and DSRIP clinical measure domains including: (1) Patient Safety (2) Clinical Process/Effectiveness (3) Efficient Use of Healthcare Resources (4) Population/Public Health (5) Clinical Process/Effectiveness (6) Care Coordination (7) DSRIP Efficiency (8) Speed & Scale Utilization as identified for the specific projects. Clinical monitoring and performance reporting will be supplemented by the utilization of PHM disease registry capability.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Reports and Metrics will be constructed using standard data definitions to facilitate timely, accurate, and clinically informed reporting that provides project oversight and feedback across organizational levels within the PPS. Data will be compiled and formulated to meet the intent of NYS reporting procedures and Achievement Values. Monthly and Quarterly: NCI PMO will evaluate and validate each performance and process measure and milestone on whether the target / milestone was "achieved" or "not achieved". For targets / milestones that are "not achieved" further review will be conducted immediately to determine the root cause for "not achieved" and change management will be instituted if warranted to bring target / milestone to an "achieved" rating.

Domain 1: Project Milestones & Metrics are based largely on investments in technology, provider capacity and training, and human resources that will strengthen the ability of the PPS to serve its target populations and successfully meet DSRIP project goals.PPS project reporting will be conducted in two phases: A detailed Implementation Plan due in April 1, 2015 and ongoing Quarterly Reports throughout the entire DSRIP period. Both the initial Implementation Plan and Quarterly Reports shall demonstrate achievement towards the implementation of the IDS strategy and action plan, governance, completion of project requirements, scale of project implementation, and patient engagement progress in the project.

Quarterly Reports: PPS will submit quarterly reports on progress towards achievement of project requirements as defined in Domain 1 DSRIP Project Requirements Milestones & Metrics. Quarterly reports to the Independent Assessor will include project status and challenges as well as implementation progress. The format and content of the quarterly reports will be developed by the Independent Assessor and the Department of Health for the purpose of driving project payment upon completion of project milestones as indicated in the project application.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 North Country Initiative PPS has taken a comprehensive approach to Community Engagement which includes four key strategies:
1. Utilization of broad established existing community partnerships for planning and engagement including the Fort Drum Regional Health Planning Organization's comprehensive committee structure, the North Country Health Compass, the North Country Behavioral Health Care Network, the St. Lawrence County Health Initiative, the Prevention Councils including Seaway Valley, PIVOT, and Mountain View, and the North Country Prenatal Perinatal Network. This engagement strategy also includes the local government units, community services boards and public health agencies to ensure that all levels of community agencies and organizations are aware and engaged in the planning for activities to take place under DSRIP.
2. Two-way Community Communication Plan - The NCI is developing a comprehensive two way communication plan that includes community engagement as a central component. This plan is being coordinated with the regional Population Health Improvement Program to ensure non-duplication, removal of confusion and maximum utilization of resources.
3. Community and Neighborhood Outreach - During the Community Needs Assessment the NCI identified Key community organizations at the community level that have been engaged on the planning committees. In addition, in partnership with the PHIP the NCI will utilize Neighborhood coalitions and workgroups to inform the project activities.
4. Community Based Organization Services - The NCI has many CBO partners who will provide services - specifically for Patient Activation Measure (PAM), Community Health Worker, Health Literacy & Cultural Competency Assistance, Diabetes Prevention and Tobacco Cessation Programs.

IPQR Module 10.8 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	300,000	200,000	200,000	150,000	150,000	50,000	50,000	50,000	50,000	1,200,000
Redeployment	0	0	0	0	0	0	0	0	0	0	0
Recruitment	0	1,000,000	1,000,000	1,000,000	500,000	500,000	250,000	250,000	250,000	250,000	5,000,000
Other	0	200,000	100,000	100,000	50,000	50,000	100,000	100,000	50,000	50,000	800,000

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Develop physician led Provider Education and Workforce governance to identify provider gaps , develop opportunities for GME expansion as well as provider (physicians, dentists & psychiatrists) recruitment, retention and education and approve PPS target workforce state	Completed	see task	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The workforce committee will perform a future state staffing strategy analysis across PPS by reviewing and assessing workforce commitments made in the PPS' Organizational and Project applications in relation to defining the target workforce state	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Using Iroquois Healthcare Alliance Survey Solutions (Job Titles and Job Descriptions) and NYS job titles and descriptions, we will perform a project-by-project impact assessment identifying and outlining the specific workforce categories by role and addressing gaps in resources or magnitude of impact by project, by role.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Identify/map the specific requirements and services of each DSRIP project.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task The PPS will establish a strategic workforce	Completed	see task	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
committee tasked with defining the current workforce state in line with DSRIP Goals. This committee will be comprised of human resource representatives, union representations, academic partners, community-based organizations, behavioral health partners, public health and staff educators. The Chairman of the Workforce Committee is Richard Merchant, the Executive Director of the Northern Area Health Education Center. Recommendations from this committee will be sent to the Provider Education and Workforce Committee who will sign off (the governance committee for workforce). The Chairman of this Provider Committee is Dr. David Rechlin, GME Director and local Pulmonologist.									
Task Using the data and information gathered, the committee will define, approve and finalize the PPS target workforce state which will be signed off by the PPS workforce governance body.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task The workforce strategies committee, working with our workforce vendor, will determine what other data, inputs, or resources are needed to further define and refine the future target workforce state	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	In Progress	Completed workforce transition roadmap, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Leveraging the experience and expertise of the workforce committee, the PPS will define how and by whom decisions regarding resource allocation, training and hiring will be communicated and implemented	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify project/organizational dependencies related to training, hiring or redeployment in line	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
with project timeline and needs.									
Task "Utilize a workforce matrix and other tools developed in the project-by-project gap analysis to assist in creating a workforce transition roadmap which outlines the specific workforce changes and a timeline for delivery. Key data needs will include things such as capacity, job roles, wages and benefits. "	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task The workforce committee will establish a schedule of workforce related outcomes by DSRIP year, from which workforce transitions progress can be measured	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task "Completed workforce transition roadmap, signed off by PPS workforce governance body. The Chairman of the Workforce Committee is Richard Merchant, the Executive Director of the Northern Area Health Education Center. Recommendations from this committee will be sent to the Provider Education and Workforce Committee who will sign off (the governance committee for workforce). The Chairman of this Provider Committee is Dr. David Rechlin, GME Director and local Pulmonologist. "	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
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	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task "Current state assessment report, gap analysis signed off by PPS workforce governance body (Provider Education and Workforce committee). The Chairman of the Workforce Committee is	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Richard Merchant, the Executive Director of the Northern Area Health Education Center. Recommendations from this committee will be sent to the Provider Education and Workforce Committee who will sign off (the governance committee for workforce). The Chairman of this Provider Committee is Dr. David Rechlin, GME Director and local Pulmonologist. "									
Task Update the Workforce Strategy Budget, Workforce Impact Analysis, and New Hire Employment Analysis as required by DOH	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Working with the Iroquois Health Alliance, the workforce committee will utilize the workforce matrix and the PPS compensation and benefits worksheet, the job titles and descriptions template to help identify gaps and determine necessary steps to meet required needs and milestones as outlined in Domain 1 project requirements.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task "In consultation with workforce partners, outline the current state of the workforce against the future needs to identify new hire or new training requirements. Information will include things such as position counts, vacancies, employee turnover, etc. Workforce categories to be analyzed will include roles such as: physicians, certified diabetes educators, nurse practitioners, physician assistants, dentists, psychologists, psychiatrists, care managers, social workers, etc. "	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Working with the Iroquois Health Alliance, the workforce committee will perform a comprehensive assessment of the current	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 to identify capacity and capability across the PPS to fulfill future workforce needs through additional education/training efforts.									
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	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task "The workforce committee will utilize the collected data to prepare a compensation and benefit analysis report which will be approved and signed off by PPS Provider Education and workforce governance body. The Chairman of the Workforce Committee is Richard Merchant, the Executive Director of the Northern Area Health Education Center. Recommendations from this committee will be sent to the Provider Education and Workforce Committee who will sign off (the governance committee for workforce). The Chairman of this Provider Committee is Dr. David Rechlin, GME Director and local Pulmonologist. "	In Progress	see task	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task The workforce committee will reconcile compensation and benefit impacts between current and future state positions taking into account job roles, functions, and location.	In Progress	see task	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Utilize an independent, third party to collect baseline compensation and benefits information for relevant job categories/roles that were identified in the workforce matrix as they relate to retraining, hiring and redeployment.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task " Working with the Iroquois Health Alliance, the	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 committee will utilize the workforce matrix and the PPS compensation and benefits worksheet, and the job titles and descriptions template to develop the methodology (survey by category and provider type) to collect the defined relevant salary and benefit information from its partners. "									
Task The workforce committee, in consultation with its workforce partners and the Iroquois Health Alliance, will define what salary and benefit information is relevant to the NCI selected projects and the impacts/gaps defined in the gap analysis and roadmap.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task The NCI will secure a scope of work and contract with the Iroquois Health Alliance to produce a compensation and benefits analysis.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Utilize project-by-project analysis, speed and scale, and other tools as a guide to assist in the development of the overall training strategy including target audience for training, modality of training and associated costs.	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Create a physician-led workforce group that will assist the PPS in developing and implementing strategies around GME expansion, continued provider education, as well as physician and physician extender recruitment, training and retaining.	Completed	see task	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task "Create a training work group compromised of human resource representatives, staff educators,	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and other appropriate educational partners, that will assist the PPS in determining training priorities as well as developing and implementing the training strategy. Workforce categories to be addressed include: front office/office manager, nurses, physicians, finance/billing, HIT, medical records, nurse practitioners, physician assistants, licensed mental health counselors, social workers, psychiatrists, psychologists, care managers, single point of access/entry, registration, intake coordinators, substance abuse counselors, respiratory therpaists, certified diabetes educators, discharge planners, pharmacists, patient navigators, human services, community health worker, clerical, dentists, podiatrists, opthalmologists, dietician, nutritionist, tobacco cessation counselors, and transportation services. "									
Task "Finalized training strategy, signed off by PPS workforce governance body. The Chairman of the Workforce Committee is Richard Merchant, the Executive Director of the Northern Area Health Education Center. Recommendations from this committee will be sent to the Provider Education and Workforce Committee who will sign off (the governance committee for workforce). The Chairman of this Provider Committee is Dr. David Rechlin, GME Director and local Pulmonologist. "	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Provide a training strategy plan to the workforce governing body which includes method of	In Progress	see task	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
delivery, process and approach (i.e. target audience, location, level of education, etc.).									

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).	Milestone 1 and some workforce tasks dates have been modified updating the end date to be consistent with state guidance.
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	Milestone 3 and some workforce tasks dates have been modified updating the end date to be consistent with state guidance.
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.	Some workforce tasks dates have been modified updating the end date to be consistent with state guidance.
Develop training strategy.	Milestone 5 and some workforce tasks dates have been modified updating the end date to be consistent with state guidance.

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

"1. Risk: Collecting participant level training data from PPS partners
Mitigation: a) Utilize centralized platform to help manage project planning, implementation, monitoring and reporting with real-time data
b) A standardized training process (reporting, timelines, rollout, etc.) will ensure appropriate individuals are aware of when and how trainings will be delivered to ensure we are meeting milestones in alignment with project speed.
c) Engage staff educators, human resource personnel and management to monitor the entities progress towards achieving milestones
2. Risk: Retaining and applying training information
Mitigation: a) Prioritized timeline based on project speed to ensure training information directly applied
b)Transparent communication with project partners to facilitate their understanding of what, why and how, and in turn, they are informing our process with their first-hand experience and expertise.
c)Active involvement of frontline workers on committees to assist with planning and implementation
d) Assist employees and entities to balance the responsibilities and needs of their day-to-day operations with PPS training requirements
3. Risk: Implementation of ICD-10 coding in October 2015 may temporarily shift provider priorities, as payments to providers hinges on accurate coding. Time and resources will need to be spent to train and prepare practices for this conversion, otherwise, practices could experience a potentially devastating loss of productivity and revenue- enough to jeopardize the financial stability of a practice. The primary changes in ICD-10 are related to organization and structure, code composition, and increased level of detail related to documentation. The time needed to provide the additional documentation support to support the patient's diagnosis could present challenges. Additionally, the hours of training required to understand how ICD-10 is structured and applied will depend on the size of the practice and the experience of the staff in coding. Time and training dollars could present some significant challenges, especially in our already lean workforce.
Mitigation: a) Establish a group to assess and monitor ICD-10 provider readiness and its potential impact on the implementation of chosen projects
b) Develop contingency plan in the event that provider focus shifts to ICD-10 implementation
4. Risk: Rural, Federally designated Health Professional Shortage Area (HPSA). This challenge of being rural is further exacerbated by harsh winters and limited financial resources to incentivize providers to come and stay in our region. The recruitment and retention of physician and physician extenders to include behavioral health and dental providers remains a significant challenge.
Mitigation: a) Investment of dollars to incentivize providers, especially those who will serve the Medicaid population
b) Creation of workforce committee who will focus on GME expansion, physician education and provider recruitment/retention strategies
c) Increase awareness of, and alignment with federal and state initiative designed to support the training and placement of health care providers in underserved communities
d) Balance facility specific recruitment strategies (i.e. loan forgiveness) by creating a standard set of guidelines to eliminate variation and prevent competition among PPS partners
5. Risk: Disparate Human Resource policies across different members within the PPS - a potential threat as providers begin to work together for

the unlawful sharing of information, especially as it relates to compensation and benefits information in violation

IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

1. Community and Practioner Engagement: Across the entire PPS, a community engagement plan, including plans for two-way communication with stakeholders will need to be developed. This plan will include communication with all levels of the workforce, regarding required trainings, recruitment and retention strategies (i.e. alignment with and awareness of federal and state initiatives), and new hires. The PPS governance structure will be responsible for agency coordination plans aimed at engaging appropriate and targeted workers who will most greatly impacted by project implementation. Practitioner engagement and involvement in the DSRIP program will also be a major interdependency with our workforce transformation plans. As such. we will develop training and education plans targeting practitioners and other professional groups, designed to educate them about the DSRIP Program and our PPS-specific quality improvement agenda.

2. Financial Sustainability: Key people within organizations will need to be identified and held responsible for the financial sustainability of their entities, incorporating PPS strategies to address important, identified issues related to our network's financial health. The financial sustainability of PPS partners greatly impacts the workforce.

3. Cultural Competency & Health Literacy: The implementation of cultural competence and health literacy strategies will require the identification and implementation of assessments and tools to assist patients with self-management of conditions, as well as the utilization of community-based interventions to reduce health disparities and improve outcomes. The PPS will develop a culturally competent training strategy for clinicians focused on evidence-based research addressing the drivers of health disparities for particular groups identified. We will also create training plans for other segments of the workforce (and others, as appropriate) regarding specific population needs and effective patient engagement approaches.

4. IT Systems & Processes: All projects and workstreams are dependent on the IT systems and processes, therefore, strategic implementation of these systems and processes is primarily dependent on workforce related to both clinical and technical training. The PPS will develop an IT change management strategy that is focused on a communication plan involving all stakeholders, including users. An education and training plan will be created and workflows for authorizing and implementing IT changes will be defined and standardized across the PPS. This training plan will support the successful implementation of new platforms and processes involving technical standards and implementation guidance for sharing and using a common clinical data set.

5. Performance Reporting: Each entity will be required to report clinical and financial outcomes for specific patient pathways and project milestones. Key personnel will need to be trained to use clinical quality and performance dashboards as well as a centralized, continuously monitored reporting tool. Reporting, tracking, monitoring and course adjustments will need to be made by the organization and their workers, in partnership with the PPS Project Management Officer.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Project Lead	Tracy Leonard	Lead the development of the PPS Workforce Assessment and Strategy
Human Resource Directors/Recruitment Managers (Workforce Strategies Committee)	"A. Tom Shatraw/Samaritan Medical Center B. Cathy Siedlecki/Carthage Area Hospital C. David Pavey/River Hospital D. Jonnie Dorothy/Massena Memorial Hospital E. Lou-Anne McNally/Claxton Hepburn Medical Center E. Clifton Fine Hospital F. Community Based Organization G. Behavioral Health Agencies H. FQHCs I. Labor Representatives "	"Workforce strategy, planning and oversight to include: 1. Help perform any necessary benchmarking of salary/benefits 2. As necessary, prepare packets with detailed comparison of current and target positions (salary, benefits, role, responsibilities, training) 3. As necessary, work with labor representatives to develop mutually agreed upon strategy for redeployment if necessary 4. Assist with the recruitment and hiring of new professionals 5. Serve on the HR workgroup 6. Assist with defining current and target workforce state to include data collection and gap analysis 7. Track and monitor training requirements completed by facility staff"
NCI Workforce Governance & GME Committee	"A. Dr. David Rechlin/Samaritan Medical Center B. Carthage Area Hospital C. River Hospital D. Massena Memorial Hospital E. Claxton Hepburn Medical Center F. Clifton Fine Hospital"	"Workforce strategy, planning and oversight to include: 1. Provide expertise and determine potential to grow GME Program 2. NCI Workforce Committee which will be focused on GME Expansion, Physician and Physician Extender Recruitment and Retention, and Medical Staff Continued Education"

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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		
Corey Zeigler	HIT Lead	Lead the development of the PPS IT Systems
Brian Marcolini	Governance Lead	Support the PPS Governance Structure
Lindsay Knowlton	Financial Director	"Support financial sustainability strategies for DSRIP planning & implementation"
Ray Moore	DSRIP Project Management Officer	"Manages centralized platform to help with project planning, implementation, monitoring and reporting with real-time data (performance reporting)"
Celia Cook	DSRIP Program Manager	Facilitates understanding and enhances communication with external stakeholders regarding DSRIP deliverables
"NCI Project Leads (Ian Grant, Leesa Harvey-Dowdle, Sue Raso, Tracy Leonard, Brian Marcolini, Corey Zeigler, Denise Young)"	Project Leads	Project Specifications
External Stakeholders		
NC Health Compass Committee	Population Health Management	Assists the workforce strategy team by sharing evidence-based strategies related to population health management, training strategies, cultural competency and health literacy
North Country Health Home	Health Home	Training and Quality Assurance
Jefferson Community College	Community College	Training and Education partnership
Iroquois Healthcare Association	Workforce Vendor	"Data collection and reporting Training and Education partnership"
Northern Area Health Education Center	Workforce Vendor	Training and Education partnership
Fort Drum Regional Health Planning Organization	"Workforce Vendor IT infrastructure "	Training and Education partnership
Recruitment Managers	"A. Samaritan Medical Center B. Carthage Area Hospital C. River Hospital D. Massena Memorial Hospital E. Claxton Hepburn Medical Center F. Clifton Fine Hospital	"Workforce strategy, planning and oversight to include: 1. Assist with the recruitment, training, hiring and retention of new professionals 2. Coordinating and executing recruitment and retention of qualified physicians and mid-levels to meet current and future staffing needs including developing and implementing creative recruiting and

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	G. Private Practices H. Behavioral Health Agencies I. FQHCs"	retaining strategies, candidate sourcing, screening, interviewing, relocating, and recommending appropriate salaries. "
Staff Educators/Managers	"A. Samaritan Medical Center B. Carthage Area Hospital C. River Hospital D. Massena Memorial Hospital E. Claxton Hepburn Medical Center F. Clifton Fine Hospital G. Private Practices H. Behavioral Health Agencies I. FQHCs J. OPWDD Organizations K. Community Based Organizations"	"1. Assist with the coordination, facilitation, tracking and reporting of required training initiatives for employees within each organization"
Medical Directors	"A. Dr. Mario Victoria/Samaritan Medical Center B. Dr. Mark Parshall/Carthage Area Hospital C. Jen Alberry,River Hospital D. Dr. Nimesh Desai/Massena Memorial Hospital E. Dr. Gary Hart/Claxton Hepburn Medical Center F. Clifton Fine Hospital G. FQHCs"	"Workforce strategy, planning and oversight to include: 1. Participate in administrative decision making to include recommendation and approval of clinically related policies and procedures 2. Organize and coordinate physician services and services provided by other professionals as they relate to patient care 3. Participate in protocol development to ensure the appropriateness and quality of medical care 4. Participate in the development and conduct of educational programs or training 5. Promote health safety and welfare of employees, residents, staff members, patients and community members 6. Acquire, maintain and apply knowledge of social, regulatory, political and economic factors that relate to patient care services 7. Support and promote person-centered/directed care 8. Serve on NCI Medical Management Committee "
Central NY Care Collaborative	Kari Burke, Workforce Lead	PPS Collaboration: Sharing of best practices and strategic planning to address challenges/opportunities
Adirondack Health Institute	Kelly Owens, Workforce Lead	PPS Collaboration: Sharing of best practices and strategic planning to address challenges/opportunities
"Labor Union 1199 SEIU NYSNA CSEA"	"Kathy Tucker: SEIU Tracy Tupper & Kim Honeywell: NYSNA Wayne Lincoln: CSEA"	Expertise and input around job impacts resulting from DSRIP projects

IPQR Module 11.8 - IT Expectations

Instructions :

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

"The relationship between IT and Workforce is critical to our success. Once training strategies are developed and implemented, the NCI PPS will rely on IT systems such as a centralized platform to manage, monitor and report progress. This will require significant coordination and well-structured reporting on behalf of the PPS partners. Additionally, we will rely on IT systems to track staff vacancies, employee turnover and hiring as is outlined in the workforce transition roadmap. These IT systems will assist us in gathering real-time data and information related to workforce changes in a seamless, coordinated and timely fashion. The systems will also be used to collect, analyze and generate reports on workforce process measures.

In addition to the aforementioned, health care providers' ability to obtain information quickly on a patient's health, health care, and potential treatments is important. Additionally, the ability to share this information in a timely manner with other providers caring for the patient is essential to the delivery of safe, patient-centered, coordinated, and efficient health care. To meet this need, collaboration across the entire PPS is underway to develop and leverage: electronic health record (EHR) systems with decision support for clinicians, a secure platform for the exchange of patient information across health care settings (Regional Health Information Exchange), and data standards that will make shared information understandable to all users. Efforts are also underway to create and leverage information systems for mental health and substance abuse providers. Ensuring that the developing systems for mental health and substance abuse conditions are aligned with general, medical care needs is essential for improving the quality and continuity of care across the system. In essence, information technology plays a vital role in the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of health care.

Understanding how to use and leverage strong IT infrastructures within our PPS are crucial to supporting consumers in illness/disease self-management, supporting providers in the delivery of evidence-based clinical care, coordinating care across clinicians, care settings and time, facilitating performance and outcome measurement, and educating clinicians. The workforce will need to be trained on protecting health information through appropriate privacy and security practices. They will need to be trained on effective strategies to achieve ongoing, industrywide Health IT standards to include information tools, specialized network functions, and security protections for the interoperable exchange of health information. They will need to learn how to identify health IT standards for use by identifying and prioritizing specific uses for which health IT is valuable, beneficial and feasible. Overall, strong commitment from the workforce within our PPS to train, understand, and embrace the development of a shared, secure IT infrastructure will ultimately impact the successful use of IT functionality to improve outcomes. Finally, the financial incentives associated with the investment of EHR systems will be important for safety net providers to support the implementation and adoption of health information technology systems. "

IPQR Module 11.9 - Progress Reporting

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

The success of the PPS workforce strategy will predominately be measured in DY1/DY2 against milestones, action steps, target dates, and Domain 1 required workforce metrics. In succeeding years, emphasis will increasingly move from pay-for-reporting to pay-for-performance. Ultimately, the success of the workforce strategy will be measured against the PPS meeting its outcome metrics for each chosen DSRIP project. Key stakeholders will be identified to support the completion of workforce activities and they will be engaged in driving the completion of the defined milestones. As part of our workforce strategy, we will determine data collection/analysis methods and define a standardized process for collecting and reporting the data among all partners. The PPS will regularly measure if the investments made in the workforce strategy are having a positive impact on the ability of the PPS to meet its stated goals and project outcomes. To ensure success, the PPS will establish a centralized progress reporting platform to help manage project planning, implementation, monitoring and reporting to include the workforce strategy. This tracking functionality will provide comprehensive project management support that allows for easy tracking and reporting of project progress, with real-time data.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 11.10 - Staff Impact

Instructions :

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

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 11.11 - IA Monitoring:

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

1. Risk: Collecting participant level data from PPS partners
Mitigation: a) Utilize centralized platform to help manage project planning, implementation, monitoring and reporting with real-time data
b) A standardized process (reporting, timelines, rollout, etc.) will ensure appropriate individuals are aware of when and how trainings will be delivered to ensure we are meeting milestones in alignment with project speed.
c) Engage staff educators, human resource personnel and management to monitor the entities progress towards achieving milestones.

2. Risk: Retaining and applying DSRIP training requirements across PPS
Mitigation: a) Prioritized timeline based on project speed to ensure training information directly applied
b) Transparent communication with project partners to facilitate their understanding of what, why and how, and in turn they are informing the process
c) Active involvement on committees to assist with planning and implementation
d) Assist employees and entities to balance the responsibilities and needs of their day-to-day operations with PPS training requirements

3. Risk: Implementation of ICD-10 coding in October 2015 may temporarily shift provider priorities, as payments to providers hinges on accurate coding. Time and resources will need to be spent to train and prepare practices for this conversion, otherwise, practices could experience a potentially devastating loss of productivity and revenue- enough to jeopardize the financial stability of a practice. The primary changes in ICD-10 are related to organization and structure, code composition, and increased level of detail related to documentation. The time needed to provide the additional documentation support to support the patient's diagnosis could present challenges to IT and PCMH rollouts as well as Provider engagement and training especially in our already lean practices.
Mitigation: a) Establish a group to assess and monitor ICD-10 provider readiness and its potential impact on the implementation of chosen projects
b) Develop contingency plan in the event that provider focus shifts to ICD-10 implementation

4. Risk: Primary Care Physician Shortages: Rural, Federally designated Health Professional Shortage Area (HPSA). This challenge of being rural is further exacerbated by harsh winters and limited financial resources to incentivize providers to come and stay in our region. The recruitment and retention of physician and physician extenders to include behavioral health and dental providers remains a significant challenge.
Mitigation: a) Investment of dollars to incentivize providers, especially those who will serve the Medicaid population
b) Creation of workforce committee who will focus on GME expansion, physician education and provider recruitment/retention strategies
c) Increase awareness of, and alignment with federal and state initiative

5. Risk: Disparate IT Systems and capability of EMRs across PPS and particular workstreams with no or little EMR capability (i.e. BH, CBOs, LTC)

Mitigation: a) Comprehensive needs assessment b) Staged plan for implementation encompassing largest volume Safety Net providers first

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create a comprehensive Sharepoint master database of all participating providers/partners within the PPS network list	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Assign responsibility for maintaining/updating list	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Ensure all critical areas are included in list	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop participation agreements	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Execute agreements	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
strategy towards evolving into an IDS.									
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop and maintain list of participating HH and ACOs.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Integrate Health Home and ACO into PPS Population Health Management strategy for Integrated Delivery System	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop regularly scheduled meetings which include the Health Home and ACO	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Create an IDS strategic plan that aligns the ACO, Health Home (HH) and Clinically Integrated Network (CIN) with shared protocols, measures and goals to achieve the objectives of the IDS population health management strategy.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify appropriate partners for HIE	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify workflow changes to create integrated system	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
3. Develop process workflow diagrams demonstrationg IDS processes including responsible providers									
Task 4. Identify process to track post-hospitalization discharge plan follow-up care and appointment reminders are followed	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify critical postions within IDS for training	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Develop training materials on integrated delivery system workflow and process	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Conduct/facilitate training on IDS workflow and roles	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.									
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.									
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the regional PHM platform to ensure the providers have access to quality measures and the ability to risk stratify their population in order to provide efficient, effective and high-quality care.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Perform a continual improvement (PDSA) cycle in order to improve documentation and other processes to target gaps in care for high risk patients.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop Value-based payment work plan as delineated under the Financial Sustainability Plan	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop timeline for VBP adoption as delineated under the Financial Sustainability Section	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Finalize VBP Adoption Plan as delineated under Finacial Sustainability Section	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify Medicaid MCOs in PPS service area	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Outreach to Medicaid MCOs for initial meeting	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Establish monthly meeting schedule with MCO to evaluate utilization trends and performance issues to ensure payment reforms are instituted	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop an agenda for meetings with MCOs to discuss a first draft business case that is in the interests of both organizations.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
provider compensation model to incentive-based compensation									
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop plan to evolve provider compensation model to incentive based compensation	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Ensure plan includes incentives based on DSRIP project goals and acheivements	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Implement compensation and performance management system utilizing PHM system to drive incentive/compensation reward for positive quality improvement and improved patient outcomes	Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify community based organizations for outreach and navigation	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Partner with Population Health Improvement Program for neighborhood hotspotting and neighborhood coalition building	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Conduct Community Health Worker training	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Conduct PAM training for Community Based Organizations and partners	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Facilitate community health worker neighborhhod patient outreach and engagement activities in partnership with PHIP	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop appropriate outreach materials in partnership with	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Health Literacy and Cultural Compentency Committee									

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 1. Create a comprehensive Sharepoint master database of all participating providers/partners within the PPS network list										
Task 2. Assign responsibility for maintaining/updating list										
Task 3. Ensure all critical areas are included in list										
Task 4. Develop participation agreements										
Task 5. Execute agreements										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Develop and maintain list of participating HH and ACOs.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. Integrate Health Home and ACO into PPS Population Health Management strategy for Integrated Delivery System										
Task 3. Develop regularly scheduled meetings which include the Health Home and ACO										
Task 4. Create an IDS strategic plan that aligns the ACO, Health Home (HH) and Clinically Integrated Network (CIN) with shared protocols, measures and goals to achieve the objectives of the IDS population health management strategy.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task 1. Identify appropriate partners for HIE										
Task 2. Identify workflow changes to create integrated system										
Task 3. Develop process workflow diagrams demonstrationg IDS processes including responsible providers										
Task 4. Identify process to track post-hospitalization discharge plan follow-up care and appointment reminders are followed										
Task 5. Identify critical postions within IDS for training										
Task 6. Develop training materials on integrated delivery system workflow and process										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
7. Conduct/facilitate training on IDS workflow and roles										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure,										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the regional PHM platform to ensure the providers have access to quality measures and the ability to risk stratify their population in order to provide efficient, effective and high-quality care.										
Task 7. Perform a continual improvement (PDSA) cycle in order to improve documentation and other processes to target gaps in care for high risk patients.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task 1. Develop Value-based payment work plan as delineated under the Financial Sustainability Plan										
Task 2. Develop timeline for VBP adoption as delineated under the Financial Sustainability Section										
Task 3. Finalize VBP Adoption Plan as delineated under Finacial Sustainability Section										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task 1. Identify Medicaid MCOs in PPS service area										
Task 2. Outreach to Medicaid MCOs for initial meeting										
Task 3. Establish monthly meeting schedule with MCO to evaluate utilization trends and performance issues to ensure payment reforms are instituted										
Task 4. Develop an agenda for meetings with MCOs to discuss a first draft business case that is in the interests of both organizations.										
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										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task 1. Develop plan to evolve provider compensation model to incentive based compensation										
Task 2. Ensure plan includes incentives based on DSRIP project goals and acheivements										
Task 3. Implement compensation and performance management system utilizing PHM system to drive incentive/compensation reward for positive quality improvement and improved patient outcomes										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task 1. Identify community based organizations for outreach and navigation										
Task 2. Partner with Population Health Improvement Program for neighborhood hotspotting and neighborhood coalition building										
Task 3. Conduct Community Health Worker training										
Task 4. Conduct PAM training for Community Based Organizations and partners										
Task 5. Facilitate community health worker neighborhhod patient outreach and engagement activities in partnership with PHIP										
Task 6. Develop appropriate outreach materials in partnership with Health Literacy and Cultural Compentency Committee										

Project 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										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 1. Create a comprehensive Sharepoint master database of all participating providers/partners within the PPS network list										
Task 2. Assign responsibility for maintaining/updating list										
Task 3. Ensure all critical areas are included in list										
Task 4. Develop participation agreements										
Task 5. Execute agreements										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Develop and maintain list of participating HH and ACOs.										
Task 2. Integrate Health Home and ACO into PPS Population Health Management strategy for Integrated Delivery System										
Task 3. Develop regularly scheduled meetings which include the Health Home and ACO										
Task 4. Create an IDS strategic plan that aligns the ACO, Health Home (HH) and Clinically Integrated Network (CIN) with shared										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
protocols, measures and goals to achieve the objectives of the IDS population health management strategy.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task 1. Identify appropriate partners for HIE										
Task 2. Identify workflow changes to create integrated system										
Task 3. Develop process workflow diagrams demonstrationg IDS processes including responsible providers										
Task 4. Identify process to track post-hospitalization discharge plan follow-up care and appointment reminders are followed										
Task 5. Identify critical postions within IDS for training										
Task 6. Develop training materials on integrated delivery system workflow and process										
Task 7. Conduct/facilitate training on IDS workflow and roles										
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	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the regional PHM platform to ensure the providers have access to quality measures and the ability to risk stratify their population in order to provide efficient, effective and high-quality care.										
Task 7. Perform a continual improvement (PDSA) cycle in order to improve documentation and other processes to target gaps in care for high risk patients.										
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	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
standards.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task 1. Develop Value-based payment work plan as delineated under the Financial Sustainability Plan										
Task 2. Develop timeline for VBP adoption as delineated under the Financial Sustainability Section										
Task 3. Finalize VBP Adoption Plan as delineated under Finacial Sustainability Section										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task 1. Identify Medicaid MCOs in PPS service area										
Task 2. Outreach to Medicaid MCOs for initial meeting										
Task 3. Establish monthly meeting schedule with MCO to evaluate utilization trends and performance issues to ensure payment reforms are instituted										
Task 4. Develop an agenda for meetings with MCOs to discuss a first draft business case that is in the interests of both organizations.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task 1. Develop plan to evolve provider compensation model to incentive based compensation										
Task 2. Ensure plan includes incentives based on DSRIP project goals										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 acheivements										
Task 3. Implement compensation and performance management system utilizing PHM system to drive incentive/compensation reward for positive quality improvement and improved patient outcomes										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task 1. Identify community based organizations for outreach and navigation										
Task 2. Partner with Population Health Improvement Program for neighborhood hotspotting and neighborhood coalition building										
Task 3. Conduct Community Health Worker training										
Task 4. Conduct PAM training for Community Based Organizations and partners										
Task 5. Facilitate community health worker neighborhhod patient outreach and engagement activities in partnership with PHIP										
Task 6. Develop appropriate outreach materials in partnership with Health Literacy and Cultural Compentency Committee										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
appropriate.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 2.a.ii – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))

IPQR Module 2.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.

1. Risk: Collecting participant level data from PPS partners
Mitigation: a) Utilize centralized platform to help manage project planning, implementation, monitoring and reporting with real-time data
b) A standardized process (reporting, timelines, rollout, etc.) will ensure appropriate individuals are aware of the deliverables to ensure we are meeting milestones in alignment with project speed.

2. Risk: Implementation of ICD-10 coding in October 2015 may temporarily shift provider priorities, as payments to providers hinges on accurate coding. Time and resources will need to be spent to train and prepare practices for this conversion, otherwise, practices could experience a potentially devastating loss of productivity and revenue- enough to jeopardize the financial stability of a practice. The primary changes in ICD-10 are related to organization and structure, code composition, and increased level of detail related to documentation. The time needed to provide the additional documentation support to support the patient's diagnosis could present challenges to IT and PCMH rollouts as well as Provider engagement and training especially in our already lean practices.
Mitigation: a) Establish a group to assess and monitor ICD-10 provider readiness and its potential impact on the implementation of chosen projects
b) Develop contingency plan in the event that provider focus shifts to ICD-10 implementation

3. Risk: Primary Care Physician Shortages: Rural, Federally designated Health Professional Shortage Area (HPSA).
Mitigation: a) Ensure providers are supported by staff to ensure their activities are value-added and not staff-level tasks that can be delegated
b) Ensure the EHRs are optimized to efficiently support clinical workflow
c) Leverage community assets to support the medical home model.

4. Risk: Disparate IT Systems and capability of EMRs across PPS and particular workstreams with no or little EMR capability (i.e. BH, CBOs, LTC)
Mitigation: a) Comprehensive needs assessment
b) Staged plan for implementation encompassing largest volume Safety Net providers first

5. Risk: Shortage of NCQA PCMH Content experts to support the primary care practice transformations
Mitigation: a) Comprehensive needs assessment
b) Staged plan for implementation encompassing largest volume Safety Net providers first

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.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	19,977

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
4,043	7,865	78.65%	2,135	39.37%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (10,000)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL2115_1_3_20160127173903_Q3_2aii_Patient_Engagement.xlsx	DY1 Q3_2aii_Patient Engagement	01/27/2016 05:39 PM

Narrative Text :

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

The uploaded document contains 2aii patient engagement exceeding DY1 Q3 committed.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.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 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	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 a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task a.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b.ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Create a project plan/timeline for each PCP	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
c.ii. Phase 2 PCPs complete									
Task c.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task d. Implement the PCMH processes, procedures, protocols and written policies.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task d.i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task d.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task d.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e. Complete the NCQA Level 3 PCMH submissions	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task e.i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task e.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task f.i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task f.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	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 a.i. Phase 1 PCP Practices identifies physician champion	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 a.ii. Phase 2 PCPs Practices identifies physician champion	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.iii. Phase 3 PCPs Practices identifies physician champion	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1. Identified Physician Champion representing each primary care practice will sign memorandum stating said role.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identified Physician Champion representing each primary care practice will view educational PCMH 2014 webinar, and will attest to said viewing.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinators are identified for each primary care site.	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 Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	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 Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a.i. Phase 1 PCP Practices: Care coordinators are identified for each primary care site.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a.ii. Phase 2 PCPs Practices: Care coordinators are identified for each primary care site.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a.iii. Phase 3 PCPs Practices: Care coordinators are identified for each primary care site.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identified Care Coordinators at each primary care site will sign memorandum stating said role.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identified Care Coordinators at each primary care site will maintain a list of relevant community resources, including named	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
care coordinators at other primary care locations. This list will be updated annually to assure accurate information.									
Task b.i. Phase 1 PCP Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b.ii. Phase 2 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b.iii. Phase 3 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task c.i. Phase 1 PCP Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task c.ii. Phase 2 PCPs Practices complete: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task c.iii. Phase 3 PCPs Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure 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 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	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 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 a. Assess all participating PCPs to determine their preparedness	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for 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 a.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b.ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Create a project plan/timeline for each PCP	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task c. ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task c.iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task d. Implement the interoperability/interfaces.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task d.i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task d.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task d. iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e.i. Phase 1 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
e.ii. Phase 2 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.									
Task e.iii. Phase 3 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f.i. Phase 1 PCPs: 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 f.ii. Phase 2 PCPs: PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f.iii. Phase 3 PCPs: 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
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task a. i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a.ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task a. iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b.i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 b. ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b. iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Create a project plan/timeline for each PCP	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. i. Phase 1 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task c. ii. Phase 2 PCPs complete	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task c. iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task d. Implement the Meaningful Use (MU) workflows & discrete data documentation.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task d. i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task d.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task d. iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e.i. Phase 1 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task e.ii. Phase 2 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e.iii. Phase 3 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f.i. Phase 1 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task f.ii. Phase 2 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f.iii. Phase 3 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Project		In Progress	04/01/2015	03/30/2018	04/01/2015	03/30/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 #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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Connect all PCP's to the Regional Registry	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task a. i. Phase 1 PCPs complete	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task a. ii. Phase 2 PCPs complete	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task a.iii. Phase 3 PCPs complete	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. Safety-Net providers will utilize current EHR reporting mechanisms to run at least annual reports of targeted populations needing care services.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Safety-Net providers will utilize said reports to perform patient outreach via EHR reminders, letters, and patient portal messaging systems.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	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 a. Each Primary Care Site within the PPS will complete NCQA standard 3E-Implementing Evidence-based guidelines for a mental health condition, a chronic medical condition, and acute condition, a condition related to unhealthy behavior, well child or	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3

Samaritan Medical Center (PPS ID:45)

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
adult care, and appropriateness use/Overuse and overuse issues									
Task a. i. Phase 1 PCPs complete	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task a.ii. Phase 2 PCPs complete	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task a.iii. Phase 3 PCPs complete	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1. All staff members in each role at the Primary Care practice will view the educational PCMH 2014 webinar prior to initial PCMH Baseline Assessment and will attest to said viewing.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b.i. Phase 1 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task b.ii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task b.iii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	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 Protocols and processes for referral to appropriate services are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Each Primary Care Site within the PPS will Complete the	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
NCQA standard 3C Comprehensive Health Assessment which includes the use of a standardized preventative screening tool for behavioral health for all patients. The PPS will create a process to assure referrals to the appropriate site. This process will be tracked with referral tracking within PCMH.									
Task a.i. Phase 1 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a.ii. Phase 2 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a..iii. Phase 3 PCPs complete	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement open access scheduling in all primary care practices.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS monitors and decreases no-show rate by at least 15%.	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 a. Each Primary Care Site within the PPS will complete the NCQA standard 1A Patient Centered Access including the offering of same day appointment access for same day appointments for both routine and urgent care needs. These use of these appointments will be monitored and re evaluated by the primary care site.	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task a. i. Phase 1 PCPs complete	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task a.ii. Phase 2 PCPs complete	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task a.iii. Phase 3 PCPs complete	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task b.i Phase 1 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
b.ii Phase 2 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.									
Task b.iii Phase 3 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task c.i. Phase 1 PCPs: PPS monitors and decreases no-show rate by at least 15%.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task c.ii. Phase 2 PCPs: PPS monitors and decreases no-show rate by at least 15%.	Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task c.iii. Phase 3 PCPs: PPS monitors and decreases no-show rate by at least 15%.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
b.i. Phase 1 PCPs complete										
Task b.ii. Phase 2 PCPs complete										
Task b.iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c.i. Phase 1 PCPs complete										
Task c.ii. Phase 2 PCPs complete										
Task c.iii. Phase 3 PCPs complete										
Task d. Implement the PCMH processes, procedures, protocols and written policies.										
Task d.i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d.iii. Phase 3 PCPs complete										
Task e. Complete the NCQA Level 3 PCMH submissions										
Task e.i. Phase 1 PCPs complete										
Task e.ii. Phase 2 PCPs complete										
Task e.iii. Phase 3 PCPs complete										
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates										
Task f.i. Phase 1 PCPs complete										
Task f.ii. Phase 2 PCPs complete										
Task f.iii. Phase 3 PCPs complete										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	0	0	0	0	0	0	0	0	0	0
Task a.i. Phase 1 PCP Practices identifies physician champion										
Task a.ii. Phase 2 PCPs Practices identifies physician champion										
Task a.iii. Phase 3 PCPs Practices identifies physician champion										
Task 1. Identified Physician Champion representing each primary care practice will sign memorandum stating said role.										
Task 2. Identified Physician Champion representing each primary care practice will view educational PCMH 2014 webinar, and will attest to said viewing.										
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	0	0	0	0	0	0	0	0	0	0
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	0	0	0	0	0	0	0	0	0	0
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										
Task a.i. Phase 1 PCP Practices: Care coordinators are identified for each primary care site.										
Task a.ii. Phase 2 PCPs Practices: Care coordinators are identified for each primary care site.										
Task a.iii. Phase 3 PCPs Practices: Care coordinators are identified for each primary care site.										
Task 1. Identified Care Coordinators at each primary care site will sign memorandum stating said role.										
Task 2. Identified Care Coordinators at each primary care site will										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
maintain a list of relevant community resources, including named care coordinators at other primary care locations. This list will be updated annually to assure accurate information.										
Task b.i. Phase 1 PCP Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task b.ii. Phase 2 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task b.iii. Phase 3 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task c.i. Phase 1 PCP Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Task c.ii. Phase 2 PCPs Practices complete: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Task c.iii. Phase 3 PCPs Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Milestone #4 Ensure 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 direct 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 PPS uses alerts and secure messaging functionality.										
Task a. Assess all participating PCPs to determine their preparedness for 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										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task b.i. Phase 1 PCPs complete										
Task b.ii. Phase 2 PCPs complete										
Task b.iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c. i. Phase 1 PCPs complete										
Task c. ii. Phase 2 PCPs complete										
Task c.iii. Phase 3 PCPs complete										
Task d. Implement the interoperability/interfaces.										
Task d.i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d. iii. Phase 3 PCPs complete										
Task e.i. Phase 1 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task e.ii. Phase 2 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task e.iii. Phase 3 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task f.i. Phase 1 PCPs: PPS uses alerts and secure messaging functionality.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 f.ii. Phase 2 PCPs: PPS uses alerts and secure messaging functionality.										
Task f.iii. Phase 3 PCPs: PPS uses alerts and secure messaging functionality.										
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 a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task a. i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a. iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task b.i. Phase 1 PCPs complete										
Task b. ii. Phase 2 PCPs complete										
Task b. iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c. i. Phase 1 PCPs complete										
Task c. ii. Phase 2 PCPs complete										
Task c. iii. Phase 3 PCPs complete										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
d. Implement the Meaningful Use (MU) workflows & discrete data documentation.										
Task d. i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d. iii. Phase 3 PCPs complete										
Task e.i. Phase 1 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task e.ii. Phase 2 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task e.iii. Phase 3 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task f.i. Phase 1 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
Task f.ii. Phase 2 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
Task f.iii. Phase 3 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
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 a. Connect all PCP's to the Regional Registry										
Task a. i. Phase 1 PCPs complete										
Task a. ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task 1. Safety-Net providers will utilize current EHR reporting										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
mechanisms to run at least annual reports of targeted populations needing care services.										
Task 2. Safety-Net providers will utilize said reports to perform patient outreach via EHR reminders, letters, and patient portal messaging systems.										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	0	0	0	0	0	0	0	0	0	0
Task a. Each Primary Care Site within the PPS will complete NCQA standard 3E-Implementing Evidence-based guidelines for a mental health condition, a chronic medical condition, and acute condition, a condition related to unhealthy behavior, well child or adult care, and appropriateness use/Overuse and overuse issues										
Task a. i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task 1. All staff members in each role at the Primary Care practice will view the educational PCMH 2014 webinar prior to initial PCMH Baseline Assessment and will attest to said viewing.										
Task b.i. Phase 1 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										
Task b.ii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										
Task b.iii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	0	0	0	0	0	0	0	0	0	0
Task Protocols and processes for referral to appropriate services are in place.										
Task a. Each Primary Care Site within the PPS will Complete the NCQA standard 3C Comprehensive Health Assessment which includes the use of a standardized preventative screening tool for behavioral health for all patients. The PPS will create a process to assure referrals to the appropriate site. This process will be tracked with referral tracking within PCMH.										
Task a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a..iii. Phase 3 PCPs complete										
Milestone #9 Implement open access scheduling in all primary care practices.										
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	0	0
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	0	0
Task PPS monitors and decreases no-show rate by at least 15%.	0	0	0	0	0	0	0	0	0	0
Task a. Each Primary Care Site within the PPS will complete the NCQA standard 1A Patient Centered Access including the offering of same day appointment access for same day appointments for both routine and urgent care needs. These use of these appointments will be monitored and re evaluated by the primary care site.										
Task a. i. Phase 1 PCPs complete										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task b.i Phase 1 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task b.ii Phase 2 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task b.iii Phase 3 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task c.i. Phase 1 PCPs: PPS monitors and decreases no-show rate by at least 15%.										
Task c.ii. Phase 2 PCPs: PPS monitors and decreases no-show rate by at least 15%.										
Task c.iii. Phase 3 PCPs: PPS monitors and decreases no-show rate by at least 15%.										

Project 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 that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 a.iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task b.i. Phase 1 PCPs complete										
Task b.ii. Phase 2 PCPs complete										
Task b.iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c.i. Phase 1 PCPs complete										
Task c.ii. Phase 2 PCPs complete										
Task c.iii. Phase 3 PCPs complete										
Task d. Implement the PCMH processes, procedures, protocols and written policies.										
Task d.i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d.iii. Phase 3 PCPs complete										
Task e. Complete the NCQA Level 3 PCMH submissions										
Task e.i. Phase 1 PCPs complete										
Task e.ii. Phase 2 PCPs complete										
Task e.iii. Phase 3 PCPs complete										
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates										
Task f.i. Phase 1 PCPs complete										
Task f.ii. Phase 2 PCPs complete										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 f.iii. Phase 3 PCPs complete										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	0	0	0	0	0	0	0	0	0	0
Task a.i. Phase 1 PCP Practices identifies physician champion										
Task a.ii. Phase 2 PCPs Practices identifies physician champion										
Task a.iii. Phase 3 PCPs Practices identifies physician champion										
Task 1. Identified Physician Champion representing each primary care practice will sign memorandum stating said role.										
Task 2. Identified Physician Champion representing each primary care practice will view educational PCMH 2014 webinar, and will attest to said viewing.										
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	0	0	0	0	0	0	0	0	0	0
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	0	0	0	0	0	0	0	0	0	0
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										
Task a.i. Phase 1 PCP Practices: Care coordinators are identified for each primary care site.										
Task a.ii. Phase 2 PCPs Practices: Care coordinators are identified for each primary care site.										
Task a.iii. Phase 3 PCPs Practices: Care coordinators are identified for each primary care site.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 1. Identified Care Coordinators at each primary care site will sign memorandum stating said role.										
Task 2. Identified Care Coordinators at each primary care site will maintain a list of relevant community resources, including named care coordinators at other primary care locations. This list will be updated annually to assure accurate information.										
Task b.i. Phase 1 PCP Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task b.ii. Phase 2 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task b.iii. Phase 3 PCPs Practices: Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities										
Task c.i. Phase 1 PCP Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Task c.ii. Phase 2 PCPs Practices complete: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Task c.iii. Phase 3 PCPs Practices: Clinical Interoperability System in place for all participating providers and documented usage by the identified care coordinators.										
Milestone #4 Ensure 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 direct 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 PPS uses alerts and secure messaging functionality.										
Task a. Assess all participating PCPs to determine their preparedness										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
for 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 a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task b.i. Phase 1 PCPs complete										
Task b.ii. Phase 2 PCPs complete										
Task b.iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c. i. Phase 1 PCPs complete										
Task c. ii. Phase 2 PCPs complete										
Task c.iii. Phase 3 PCPs complete										
Task d. Implement the interoperability/interfaces.										
Task d.i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d. iii. Phase 3 PCPs complete										
Task e.i. Phase 1 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task e.ii. Phase 2 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										
Task e.iii. Phase 3 PCPs: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 f.i. Phase 1 PCPs: PPS uses alerts and secure messaging functionality.										
Task f.ii. Phase 2 PCPs: PPS uses alerts and secure messaging functionality.										
Task f.iii. Phase 3 PCPs: PPS uses alerts and secure messaging functionality.										
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 a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task a. i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a. iii. Phase 3 PCPs complete										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task b.i. Phase 1 PCPs complete										
Task b. ii. Phase 2 PCPs complete										
Task b. iii. Phase 3 PCPs complete										
Task c. Create a project plan/timeline for each PCP										
Task c. i. Phase 1 PCPs complete										
Task c. ii. Phase 2 PCPs complete										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 c. iii. Phase 3 PCPs complete										
Task d. Implement the Meaningful Use (MU) workflows & discrete data documentation.										
Task d. i. Phase 1 PCPs complete										
Task d.ii. Phase 2 PCPs complete										
Task d. iii. Phase 3 PCPs complete										
Task e.i. Phase 1 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task e.ii. Phase 2 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task e.iii. Phase 3 PCPs: EHR meets Meaningful Use Stage 2 CMS requirements										
Task f.i. Phase 1 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
Task f.ii. Phase 2 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
Task f.iii. Phase 3 PCPs: PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.										
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 a. Connect all PCP's to the Regional Registry										
Task a. i. Phase 1 PCPs complete										
Task a. ii. Phase 2 PCPs complete										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
a.iii. Phase 3 PCPs complete										
Task 1. Safety-Net providers will utilize current EHR reporting mechanisms to run at least annual reports of targeted populations needing care services.										
Task 2. Safety-Net providers will utilize said reports to perform patient outreach via EHR reminders, letters, and patient portal messaging systems.										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	0	0	0	0	0	0	0	0	0	0
Task a. Each Primary Care Site within the PPS will complete NCQA standard 3E-Implementing Evidence-based guidelines for a mental health condition, a chronic medical condition, and acute condition, a condition related to unhealthy behavior, well child or adult care, and appropriateness use/Overuse and overuse issues										
Task a. i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task 1. All staff members in each role at the Primary Care practice will view the educational PCMH 2014 webinar prior to initial PCMH Baseline Assessment and will attest to said viewing.										
Task b.i. Phase 1 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										
Task b.ii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 b.iii. Phase 2 PCPs: Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.										
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	0	0	0	0	0	0	0	0	0	0
Task Protocols and processes for referral to appropriate services are in place.										
Task a. Each Primary Care Site within the PPS will Complete the NCQA standard 3C Comprehensive Health Assessment which includes the use of a standardized preventative screening tool for behavioral health for all patients. The PPS will create a process to assure referrals to the appropriate site. This process will be tracked with referral tracking within PCMH.										
Task a.i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a..iii. Phase 3 PCPs complete										
Milestone #9 Implement open access scheduling in all primary care practices.										
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	0	0
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	0	0
Task PPS monitors and decreases no-show rate by at least 15%.	0	0	0	0	0	0	0	0	0	0
Task a. Each Primary Care Site within the PPS will complete the NCQA standard 1A Patient Centered Access including the offering of same day appointment access for same day appointments for both routine and urgent care needs. These use										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
of these appointments will be monitored and re evaluated by the primary care site.										
Task a. i. Phase 1 PCPs complete										
Task a.ii. Phase 2 PCPs complete										
Task a.iii. Phase 3 PCPs complete										
Task b.i Phase 1 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task b.ii Phase 2 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task b.iii Phase 3 PCPs: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.										
Task c.i. Phase 1 PCPs: PPS monitors and decreases no-show rate by at least 15%.										
Task c.ii. Phase 2 PCPs: PPS monitors and decreases no-show rate by at least 15%.										
Task c.iii. Phase 3 PCPs: PPS monitors and decreases no-show rate by at least 15%.										

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 that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	
Ensure 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 direct 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.	
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	
Implement open access scheduling in all primary care practices.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

Instructions :

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

1) Risk: NCI Service region is already operationally lean and geographically large with multiple Critical Access Hospitals. In the DSRIP application, it was noted that while the region needed the Medical Village capability of integrated services there was only an expected 6-8 bed reduction due to the lean environment. With the expected additional service utilization through engagement of additional UI, LU and NU and additional Primary Care/Prevention utilization it is possible that bed utilization could temporarily grow through new identified critical issues.
Mitigation: Continue to critically analyze data to ensure capacity is right-sized to meet need – thus reducing specific bed capacity in a very targeted manner while maintaining ability of the region to retain essential capacity to meet population need.
2) Risk: Financially fragile hospital partners will fail prior to ability to change operations through medical village
Mitigation: Support financially fragile partners to develop financial sustainability plans in concert with VAPAP
3) Risk: Medical villages will be developed and underutilized
Mitigation: Ensure that medical villages are supported by CNA and community to be served through data analysis and community forums
4) Risk: EHR and PCMH implementations within Medical Villages will not be complete/successful
Mitigation: Comprehensive assessment and gap analysis will ensure that a successful implementation plan is carried out so that all PCMH submissions by providers serving Medical Villages are successful
5) Risk: Telemedical solutions are not embraced by community and/or providers
Mitigation: Aggressive education of providers. Public education campaign to engage public. Inclusion of telemedicine discussion in public forums. Telemedical physician champions are identified within medical villages utilizing telemedicine.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	5,000

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0		0	0.00%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL2315_1_3_20160127172754_DY1_Q3_Filler_Document.docx	DY1 Q3 Filler Document	01/27/2016 05:28 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Perform a gap analysis to accurately determine current inpatient bed capacity / bed constraints across the PPS (determine optimal inpatient delivery model)	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Establish a Service Utilization monitoring team made up of an assigned lead from each impacted hospital to provide oversight in measuring, evaluating, and recommending excess bed reductions to the NCI Governing Board. (determine the number beds that can be reduced vs. percent of staffed beds)	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 3. Each participating hospital facility will develop a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical location of medical village, marketing and consumer education and community involvement.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. The NCI PPS collaboratively compiles a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical locations of medical villages, marketing and consumer education and community involvement.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Each plan will detail community involvement: requirements / roles and responsibilities that will be completed during the project lifecycle	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Approval of Individual Strategic Plans by individual hospital boards	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Approval of Individual Strategic Plans by NCI Governing Board	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8. Approval of NCI PPS collaborative Medical Village Strategic Plan by NCI Governing Board	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 9. Implementation of Individual Plans at each facility progress via reports tracked bi-monthly for task completion and inclusion in NCI PPS Medical Village plan reporting including community involvement	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Develop a PPS master plan the specifies bed reductions, facilities affected, and rationale for bed reductions									
Task 2. Utilize gap analysis to develop strategic timeline for bed reductions: focusing on low impact / low population facilities first	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Detail bed reduction transition timeline	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Realign and Redesign timeline as required to improve transition of care	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Perform a pre-PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to apply for NCQA PCMH by DSRIP DY3.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 6. Begin PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Samaritan Medical Center (PPS ID:45)

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
address the identified needs									
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify targeted patient population through data collection	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Track / Monitor actively engaged patients utilizing designated tracking systems	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Report actively engaged patients against milestone completion	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Routinely Measure outcomes through quality assessment	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	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 1. Perform a pre-MU assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating in order to attest for MU DSRIP DY3.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
2. Perform a post-go-live gap analysis and a plan with budget to address the identified needs									
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Begin MU attestations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Utilize the comprehensive community needs assessment that demonstrates and documents the needs of the PPSs targeted population with service area updates in the strategic plan	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Ensure that individual and PPS wide medical village strategic plans that migrate services to a different location/setting include utilization of community needs assessment to develop a migration plan	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop policy/procedure for periodic updates to CNA and service area mapping	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Convert outdated or unneeded hospital capacity into an										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.										
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.										
Task 1. Perform a gap analysis to accurately determine current inpatient bed capacity / bed constraints across the PPS (determine optimal inpatient delivery model)										
Task 2. Establish a Service Utilization monitoring team made up of an assigned lead from each impacted hospital to provide oversight in measuring, evaluating, and recommending excess bed reductions to the NCI Governing Board. (determine the number beds that can be reduced vs. percent of staffed beds)										
Task 3. Each participating hospital facility will develop a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical location of medical village, marketing and consumer education and community involvement.										
Task 4. The NCI PPS collaboratively compiles a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical locations of medical villages, marketing and consumer education and community involvement.										
Task 5. Each plan will detail community involvement: requirements / roles and responsibilities that will be completed during the project lifecycle										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 6. Approval of Individual Strategic Plans by individual hospital boards										
Task 7. Approval of Individual Strategic Plans by NCI Governing Board										
Task 8. Approval of NCI PPS collaborative Medical Village Strategic Plan by NCI Governing Board										
Task 9. Implementation of Individual Plans at each facility progress via reports tracked bi-monthly for task completion and inclusion in NCI PPS Medical Village plan reporting including community involvement										
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.										
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.										
Task 1. Develop a PPS master plan the specifies bed reductions, facilities affected, and rationale for bed reductions										
Task 2. Utilize gap analysis to develop strategic timeline for bed reductions: focusing on low impact / low population facilities first										
Task 3. Detail bed reduction transition timeline										
Task 4. Realign and Redesign timeline as required to improve transition of care										
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Perform a pre-PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to apply for NCQA PCMH by DSRIP DY3.										
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 6. Begin PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).										
Task 3. Track / Monitor actively engaged patients utilizing designated tracking systems										
Task 4. Report actively engaged patients against milestone completion										
Task 5. Routinely Measure outcomes through quality assessment										
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task 1. Perform a pre-MU assessment of the current practices and										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating in order to attest for MU DSRIP DY3.										
Task 2. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 5. Begin MU attestations with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.										
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).										
Task 1. Utilize the comprehensive community needs assessment that demonstrates and documents the needs of the PPSs targeted population with service area updates in the strategic plan										
Task 2. Ensure that individual and PPS wide medical village strategic plans that migrate services to a different location/setting include utilization of community needs assessment to develop a migration plan										
Task 3. Develop policy/procedure for periodic updates to CNA and service area mapping										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
purpose.										
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.										
Task 1. Perform a gap analysis to accurately determine current inpatient bed capacity / bed constraints across the PPS (determine optimal inpatient delivery model)										
Task 2. Establish a Service Utilization monitoring team made up of an assigned lead from each impacted hospital to provide oversight in measuring, evaluating, and recommending excess bed reductions to the NCI Governing Board. (determine the number beds that can be reduced vs. percent of staffed beds)										
Task 3. Each participating hospital facility will develop a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical location of medical village, marketing and consumer education and community involvement.										
Task 4. The NCI PPS collaboratively compiles a strategic plan that outlines: medical village services, inpatient capacity transition plan, stakeholder engagement processes, capital improvement requirements, geographical locations of medical villages, marketing and consumer education and community involvement.										
Task 5. Each plan will detail community involvement: requirements / roles and responsibilities that will be completed during the project lifecycle										
Task 6. Approval of Individual Strategic Plans by individual hospital										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
boards										
Task 7. Approval of Individual Strategic Plans by NCI Governing Board										
Task 8. Approval of NCI PPS collaborative Medical Village Strategic Plan by NCI Governing Board										
Task 9. Implementation of Individual Plans at each facility progress via reports tracked bi-monthly for task completion and inclusion in NCI PPS Medical Village plan reporting including community involvement										
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.										
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.										
Task 1. Develop a PPS master plan the specifies bed reductions, facilities affected, and rationale for bed reductions										
Task 2. Utilize gap analysis to develop strategic timeline for bed reductions: focusing on low impact / low population facilities first										
Task 3. Detail bed reduction transition timeline										
Task 4. Realign and Redesign timeline as required to improve transition of care										
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 3. Perform a pre-PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to apply for NCQA PCMH by DSRIP DY3.										
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 6. Begin PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).										
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Task 4. Report actively engaged patients against milestone completion										
Task 5. Routinely Measure outcomes through quality assessment										
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task 1. Perform a pre-MU assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
EHR and operating in order to attest for MU DSRIP DY3.										
Task 2. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 5. Begin MU attestations with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.										
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).										
Task 1. Utilize the comprehensive community needs assessment that demonstrates and documents the needs of the PPSs targeted population with service area updates in the strategic plan										
Task 2. Ensure that individual and PPS wide medical village strategic plans that migrate services to a different location/setting include utilization of community needs assessment to develop a migration plan										
Task 3. Develop policy/procedure for periodic updates to CNA and service area mapping										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

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

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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.

1. Risk: Federal HPSA designation, thus resulting in barriers to access to care, the lack of an assigned provider, or the inability to receive a timely appointment
Mitigation:
a) Grow primary care capacity through the workforce strategy
b) Back up providers so clinicians can operate at the top of their license
c) Integrate behavioral health and primary care
d) Use telehealth (telemedicine and remote monitoring) to expand access to care and help patients feel connected to care

2. Risk: Median household income is at least $10,000 less than the state average (14-18% below the poverty level) and on average, 10% are unemployed
Mitigation:
a) Identify supportive services for patients prior to discharge (i.e. health home, community-based organizations) to help address the lack of housing, transportation, or the means to pay a co-pay

3. Risk: Health Literacy and Cultural Competency
Mitigation:
a) Health literacy and cultural competency training for providers
b) Incorporation of the teach-back method and motivational interviewing

4. Risk: Varied, or lack of standardized roles, responsibilities, protocols, policies and procedures related to care coordination/care transitions depending on the time, place or provider
a) Development of clearly defined roles and responsibilities (i.e. care coordinator, care transition manager, community health worker, patient navigator, etc.)
b) Development and adoption of standardized protocols, policies and procedures

5. Risk: Willingness of partners to adopt standardized protocols, policies and procedures
Mitigation:
a) Engage hospitals, behavioral health agencies, private practices, the health home, FQHC's, long-term care facilities, etc. in multi-level governance structure that not only facilitiates buy-in, but informs the process.

6. Risk: Lack of reimbursement/a payment strategy for the transition of care services

Mitigation:
a) Engage with Medicaid Managed Care plans to develop payment agreements
b) Increase referrals and utilization of the Health Home

7. Risk: Systematic Record Transition Process
a) Increase utilization of E-Discharge for long-term care providers
b) Ensure medical record is updated in interoperable EHR or updated in primary care provider record

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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**
DY3,Q4	6,400

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
483	514	80.31%	126	8.03%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (640)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL2815_1_3_20160127171442_DY1_Q3__2.b.iv_Carthage_Patient_Engagement.xlsx	Dy1 Q3 Carthage Patient Engagement	01/27/2016 05:15 PM

Narrative Text :

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

The uploaded document contains 2biv patient engagement exceeding DY1 Q3 committed.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Ensure standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Establish Regional Care Transitions Committee with a defined charter and ongoing agendas and minutes	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Establish cross functional teams that span the delivery system including hospitals, long-term care, the health home, hospice, and community-based organizations that integrate existing social/community support services, behavioral health agencies, chemical dependency programs, and the expansion of remote monitoring services to enhance patient support.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Document process and workflow including responsible resources at each stage of the workflow, minimum data sets required at each transition of care and the method of information transmission at each stage of the workflow	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop assessment and risk stratification tools to be used at hospital admissions and ED visits to target beneficiaries for care	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
coordination (including medical, behavioral and social risks).									
Task 6. Ensure early notification of discharges for warm handoff and health record transfer across the care continuum utilizing the RHIO to ensure communication of patient records to receiving community providers	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Documentation of training materials to demonstrate consistent and ongoing efforts related to care coordination	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish agreements with Managed Care Organizations and Health Homes related to coordination of services for high risk populations, including those with mental illness, cardiovascular disease, COPD, diabetes and substance abuse	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 2.Ensure a payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Coordinate care transition strategies including focused referrals and increased utilization of MCO and Health Home services	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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
4. Document methods and strategies including identification of responsible resources at each stage of the workflow including the identification of health concerns and social disparities before discharge, thus providing continuity of care to enable future early intervention									
Task 5. Conduct periodic assessments and produce updates that provide feedback mechanism and monitor progress	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. Secure evidence of agreements related to coordination of care transition strategies with Health Homes to ensure patients are identified in the acute care setting and referred to the Health Home based on the presence of one or more chronic condition or one single qualifying condition of either HIV/AIDS or Serious Mental Illness.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7.Ensure PPS Protocols and processes in place to identify Health Home eligible patients and link them to services as required under ACA, thus addressing both clinical and social determinants of health that are highly correlated with admissions or readmissions.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Train staff on protocols/processes, and include written documentation of materials and sign in sheets	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Increase awareness of and leverage social service agencies such as the two FQHCs, the St. Lawrence Psych Mobile Integration Team, the Health Home, the Children's Home Crisis Intervention Team, Social Services, the Volunteer Transportation Center and medically tailored home food services in the care transition process.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Generate a list of support services that will help facilitate the	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2

Samaritan Medical Center (PPS ID:45)

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
transition of care from the hospital to home or community residence, and from the home to primary care, thus ensuring services are provided at the right time, in the right place and in the most cost effective way.									
Task 3.Engage community supportive services through meeting participation, panel presentations, electronic distribution of materials, etc.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4.Document process and workflow including responsible resources at each stage of the workflow to ensure to ensure that patients are effectively, safely, and optimally transitioning to, and remaining in outpatient care, thus reducing the incidence of hospital or ED use	Project		In Progress	07/01/2015	03/30/2017	07/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 5. Documented evidence of agreements with social support services to ensure factors related to non-adherence to discharge regiments are addressed (i.e. health literacy, language issues, lack of engagement with community health care system, etc.)	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Conduct routine assessments and produce periodic reports with updates to demonstrate collaborative progress	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Practitioner - Primary Care Provider (PCP)	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 for early notification of planned discharges.	Provider	Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Hospital	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and advisement.									
Task 1. Ensure policies and procedures are in place for early notification of planned discharges for warm hand off and health record transfer across the care continuum utilizing the RHIO	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Document early notification of planned discharge process and workflow including responsible resources at each stage to demonstrate navigation, coordination and transitional care management	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Document written training materials including list of training dates and number of staff trained	Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 4. Facilitate the transition of care from hospital to home or community residence, and from the home to primary care by allowing case managers access to visit the patients in the he hospital and provide education and advocacy through the support and self-management of chronic conditions.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Document agreement between hospital and care management staff/agencies allowing them access to visit patients upon admissions and/or prior to discharge, in accordance with standardized protocols and processes.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Generate documentation from vendor systems to support training efforts and outcomes	Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Leverage and expand the use of electronic health records and the Population Health Management System to assure that	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients with chronic diseases are receiving appropriate care and preventive care.									
Task 2. Ensure care transition policies and procedures are incorporated into an updated patient medical record and then transferred to receiving community providers including primary care providers.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Document care record transition process and workflow including responsible resources at each stage to ensure smooth and effective navigation, coordination and transitional care management while facilitating integration or re-integration with primary care and outpatient mental health services thus reducing the rate of hospitalization, readmissions and ED use	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Document written training materials including list of training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5.. Conduct periodic self-audit reports and recommendations to ensure engagement and inform, improve and sustain two-way communication with patients and providers	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Ensure interdisciplinary care coordination teams are formed including nursing staff, pharmacists, dieticians, community health workers, health home care managers, physicians, etc.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2.Adopt strategies and implement policies and procedures that reflect the standardized 30-day transition of care period protocols.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Adopt improvement processes and plans that address top health disparities and improve workflow of the interdisciplinary team to include standardized protocols, assessment and risk stratification, early notification of discharges for warm handoff,	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health record transfer across the care continuum, self-management programs (i.e. remote monitoring), as well as patient education (teach back method) and advocacy.									
Task 4. Documentation of policies, procedures and protocols	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Leveraging our technological instrastructure, ensure that providers in the PPS can work efficiently and effectively across the integrated delivery system to provide a seamless transition by and between systems ensure the best patient outcomes.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2.Assess, stratify and identify targeted patients and track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3.. Provide sample data collection and tracking system to ensure the target population is clearly identified for monitoring and care based on risk stratification to include medical, behavioral and social risks.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4.. Provide reports from patient centered records to track implementation, progress and outcomes related to project 2biv	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 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 1. Ensure standardized protocols are in place to manage overall										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
population health and perform as an integrated clinical team are in place.										
Task 2. Establish Regional Care Transitions Committee with a defined charter and ongoing agendas and minutes										
Task 3. Establish cross functional teams that span the delivery system including hospitals, long-term care, the health home, hospice, and community-based organizations that integrate existing social/community support services, behavioral health agencies, chemical dependency programs, and the expansion of remote monitoring services to enhance patient support.										
Task 4. Document process and workflow including responsible resources at each stage of the workflow, minimum data sets required at each transition of care and the method of information transmission at each stage of the workflow										
Task 5. Develop assessment and risk stratification tools to be used at hospital admissions and ED visits to target beneficiaries for care coordination (including medical, behavioral and social risks).										
Task 6. Ensure early notification of discharges for warm handoff and health record transfer across the care continuum utilizing the RHIO to ensure communication of patient records to receiving community providers										
Task 7. Documentation of training materials to demonstrate consistent and ongoing efforts related to care coordination										
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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Establish agreements with Managed Care Organizations and Health Homes related to coordination of services for high risk populations, including those with mental illness, cardiovascular disease, COPD, diabetes and substance abuse										
Task 2.Ensure a payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task 3. Coordinate care transition strategies including focused referrals and increased utilization of MCO and Health Home services										
Task 4. Document methods and strategies including identification of responsible resources at each stage of the workflow including the identification of health concerns and social disparities before discharge, thus providing continuity of care to enable future early intervention										
Task 5. Conduct periodic assessments and produce updates that provide feedback mechanism and monitor progress										
Task 6. Secure evidence of agreements related to coordination of care transition strategies with Health Homes to ensure patients are identified in the acute care setting and referred to the Health Home based on the presence of one or more chronic condition or one single qualifying condition of either HIV/AIDS or Serious Mental Illness.										
Task 7.Ensure PPS Protocols and processes in place to identify Health Home eligible patients and link them to services as required under ACA, thus addressing both clinical and social determinants of health that are highly correlated with admissions or readmissions.										
Task 8. Train staff on protocols/processes, and include written documentation of materials and sign in sheets										
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 1. Increase awareness of and leverage social service agencies										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
such as the two FQHCs, the St. Lawrence Psych Mobile Integration Team, the Health Home, the Children's Home Crisis Intervention Team, Social Services, the Volunteer Transportation Center and medically tailored home food services in the care transition process.										
Task 2. Generate a list of support services that will help facilitate the transition of care from the hospital to home or community residence, and from the home to primary care, thus ensuring services are provided at the right time, in the right place and in the most cost effective way.										
Task 3.Engage community supportive services through meeting participation, panel presentations, electronic distribution of materials, etc.										
Task 4.Document process and workflow including responsible resources at each stage of the workflow to ensure to ensure that patients are effectively, safely, and optimally transitioning to, and remaining in outpatient care, thus reducing the incidence of hospital or ED use										
Task 5. Documented evidence of agreements with social support services to ensure factors related to non-adherence to discharge regiments are addressed (i.e. health literacy, language issues, lack of engagement with community health care system, etc.)										
Task 6. Conduct routine assessments and produce periodic reports with updates to demonstrate collaborative progress										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
Task PPS has program in place that allows care managers access to										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
visit patients in the hospital and provide care transition services and advisement.										
Task 1. Ensure policies and procedures are in place for early notification of planned discharges for warm hand off and health record transfer across the care continuum utilizing the RHIO										
Task 2. Document early notification of planned discharge process and workflow including responsible resources at each stage to demonstrate navigation, coordination and transitional care management										
Task 3. Document written training materials including list of training dates and number of staff trained										
Task 4. Facilitate the transition of care from hospital to home or community residence, and from the home to primary care by allowing case managers access to visit the patients in the he hospital and provide education and advocacy through the support and self-management of chronic conditions.										
Task 5. Document agreement between hospital and care management staff/agencies allowing them access to visit patients upon admissions and/or prior to discharge, in accordance with standardized protocols and processes.										
Task 6. Generate documentation from vendor systems to support training efforts and outcomes										
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 1. Leverage and expand the use of electronic health records and the Population Health Management System to assure that patients with chronic diseases are receiving appropriate care and preventive care.										
Task 2. Ensure care transition policies and procedures are incorporated into an updated patient medical record and then										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
transferred to receiving community providers including primary care providers.										
Task 3. Document care record transition process and workflow including responsible resources at each stage to ensure smooth and effective navigation, coordination and transitional care management while facilitating integration or re-integration with primary care and outpatient mental health services thus reducing the rate of hospitalization, readmissions and ED use										
Task 4. Document written training materials including list of training dates and number of staff trained										
Task 5.. Conduct periodic self-audit reports and recommendations to ensure engagement and inform, improve and sustain two-way communication with patients and providers										
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 1. Ensure interdisciplinary care coordination teams are formed including nursing staff, pharmacists, dieticians, community health workers, health home care managers, physicians, etc.										
Task 2.Adopt strategies and implement policies and procedures that reflect the standardized 30-day transition of care period protocols.										
Task 3. Adopt improvement processes and plans that address top health disparities and improve workflow of the interdisciplinary team to include standardized protocols, assessment and risk stratification, early notification of discharges for warm handoff, health record transfer across the care continuum, self-management programs (i.e. remote monitoring), as well as patient education (teach back method) and advocacy.										
Task 4. Documentation of policies, procedures and protocols										
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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Leveraging our technological instrastructure, ensure that providers in the PPS can work efficiently and effectively across the integrated delivery system to provide a seamless transition by and between systems ensure the best patient outcomes.										
Task 2.Assess, stratify and identify targeted patients and track actively engaged patients for project milestone reporting.										
Task 3.. Provide sample data collection and tracking system to ensure the target population is clearly identified for monitoring and care based on risk stratification to include medical, behavioral and social risks.										
Task 4.. Provide reports from patient centered records to track implementation, progress and outcomes related to project 2biv										

Project 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 1. Ensure standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task 2. Establish Regional Care Transitions Committee with a defined charter and ongoing agendas and minutes										
Task 3. Establish cross functional teams that span the delivery system including hospitals, long-term care, the health home, hospice, and community-based organizations that integrate existing social/community support services, behavioral health agencies, chemical dependency programs, and the expansion of remote monitoring services to enhance patient support.										
Task 4. Document process and workflow including responsible resources at each stage of the workflow, minimum data sets required at each transition of care and the method of information										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
transmission at each stage of the workflow										
Task 5. Develop assessment and risk stratification tools to be used at hospital admissions and ED visits to target beneficiaries for care coordination (including medical, behavioral and social risks).										
Task 6. Ensure early notification of discharges for warm handoff and health record transfer across the care continuum utilizing the RHIO to ensure communication of patient records to receiving community providers										
Task 7. Documentation of training materials to demonstrate consistent and ongoing efforts related to care coordination										
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 1. Establish agreements with Managed Care Organizations and Health Homes related to coordination of services for high risk populations, including those with mental illness, cardiovascular disease, COPD, diabetes and substance abuse										
Task 2.Ensure a payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task 3. Coordinate care transition strategies including focused referrals and increased utilization of MCO and Health Home services										
Task 4. Document methods and strategies including identification of responsible resources at each stage of the workflow including the										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
identification of health concerns and social disparities before discharge, thus providing continuity of care to enable future early intervention										
Task 5. Conduct periodic assessments and produce updates that provide feedback mechanism and monitor progress										
Task 6. Secure evidence of agreements related to coordination of care transition strategies with Health Homes to ensure patients are identified in the acute care setting and referred to the Health Home based on the presence of one or more chronic condition or one single qualifying condition of either HIV/AIDS or Serious Mental Illness.										
Task 7.Ensure PPS Protocols and processes in place to identify Health Home eligible patients and link them to services as required under ACA, thus addressing both clinical and social determinants of health that are highly correlated with admissions or readmissions.										
Task 8. Train staff on protocols/processes, and include written documentation of materials and sign in sheets										
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 1. Increase awareness of and leverage social service agencies such as the two FQHCs, the St. Lawrence Psych Mobile Integration Team, the Health Home, the Children's Home Crisis Intervention Team, Social Services, the Volunteer Transportation Center and medically tailored home food services in the care transition process.										
Task 2. Generate a list of support services that will help facilitate the transition of care from the hospital to home or community residence, and from the home to primary care, thus ensuring services are provided at the right time, in the right place and in the most cost effective way.										
Task 3.Engage community supportive services through meeting participation, panel presentations, electronic distribution of materials, etc.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4.Document process and workflow including responsible resources at each stage of the workflow to ensure to ensure that patients are effectively, safely, and optimally transitioning to, and remaining in outpatient care, thus reducing the incidence of hospital or ED use										
Task 5. Documented evidence of agreements with social support services to ensure factors related to non-adherence to discharge regiments are addressed (i.e. health literacy, language issues, lack of engagement with community health care system, etc.)										
Task 6. Conduct routine assessments and produce periodic reports with updates to demonstrate collaborative progress										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	0	0	0
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 1. Ensure policies and procedures are in place for early notification of planned discharges for warm hand off and health record transfer across the care continuum utilizing the RHIO										
Task 2. Document early notification of planned discharge process and workflow including responsible resources at each stage to demonstrate navigation, coordination and transitional care management										
Task 3. Document written training materials including list of training dates and number of staff trained										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4. Facilitate the transition of care from hospital to home or community residence, and from the home to primary care by allowing case managers access to visit the patients in the he hospital and provide education and advocacy through the support and self-management of chronic conditions.										
Task 5. Document agreement between hospital and care management staff/agencies allowing them access to visit patients upon admissions and/or prior to discharge, in accordance with standardized protocols and processes.										
Task 6. Generate documentation from vendor systems to support training efforts and outcomes										
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 1. Leverage and expand the use of electronic health records and the Population Health Management System to assure that patients with chronic diseases are receiving appropriate care and preventive care.										
Task 2. Ensure care transition policies and procedures are incorporated into an updated patient medical record and then transferred to receiving community providers including primary care providers.										
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Task 4. Document written training materials including list of training dates and number of staff trained										
Task 5.. Conduct periodic self-audit reports and recommendations to										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
ensure engagement and inform, improve and sustain two-way communication with patients and providers										
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 1. Ensure interdisciplinary care coordination teams are formed including nursing staff, pharmacists, dieticians, community health workers, health home care managers, physicians, etc.										
Task 2.Adopt strategies and implement policies and procedures that reflect the standardized 30-day transition of care period protocols.										
Task 3. Adopt improvement processes and plans that address top health disparities and improve workflow of the interdisciplinary team to include standardized protocols, assessment and risk stratification, early notification of discharges for warm handoff, health record transfer across the care continuum, self-management programs (i.e. remote monitoring), as well as patient education (teach back method) and advocacy.										
Task 4. Documentation of policies, procedures and protocols										
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 1. Leveraging our technological instrastructure, ensure that providers in the PPS can work efficiently and effectively across the integrated delivery system to provide a seamless transition by and between systems ensure the best patient outcomes.										
Task 2.Assess, stratify and identify targeted patients and track actively engaged patients for project milestone reporting.										
Task 3.. Provide sample data collection and tracking system to ensure the target population is clearly identified for monitoring and care based on risk stratification to include medical, behavioral and social risks.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 4.. Provide reports from patient centered records to track implementation, progress and outcomes related to project 2biv										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

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

Instructions :

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

Risk : The current system is fragmented, severely impacting the lives of those with significant burden of disease. In addition to a lack of linkages between inpatient and outpatient services, there are also disconnects between CBOs and primary care (PC), between preventive services and PC, and between PC and mental health and alcohol and substance abuse.
Mitigation: The PPS anticipates that by developing an intregrated delivery system and by integrating behavioral health and primary care, the region will benefit from reduced system fragmentation.

Risk: Many individuals that are at high risk have families and caregivers that want to help, however, the system is so complex and disconnected that families cannot effectively navigate it.
Mitigation: Community Health Workers/Navigators will be trained and deployed in hot spots to ensure patient activation, education, and connectivity to resources.

Risk: The most significant immediate need when addressing preventive care for the Medicaid and UI population will be to grow the PC, dental and behavioral health licensed health professional workforce. The NCI region has been federally designated a low-income Medicaid Health Professional Shortage Area (HPSA) and we cannot connect people to PC that does not exist.
Mitigation: The NCI workforce strategy will recruit, train and incentivize PCPs to serve our region, specifically the Medicaid population.

Risk: 14% of our population lacks basic literacy skills. The regional illiteracy rates coupled with the fact that NCI residents are older and have lower income levels than NYS highlight the need to improve health literacy in our region, as low literacy is linked to poor health outcomes, higher rates of hospitalizations, and infrequent use of preventive services.
Mitigation: The NCI will formally train on the PAM and regularly update assessments of communities and individual patients to ensure we are engaging and providing quality healthcare to the population. We will also train providers located within hot spots on techniques such as shared decision making, measurements of health literacy, and cultural competency.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.d.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	4,000

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	100	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (100)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL3615_1_3_20160127165244_DY1_Q3_Filler_Document.docx	DY1 Q3 Filler Document	01/27/2016 04:53 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.d.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 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify CBO's in PPS's geographical area that can engage target populations.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables pertaining to PAM	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Partner with and contract CBO's to target population through PAM utilization.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Implement and utilize communications engagement plan to: inform, improve, sustain two-way communications.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. NCI provides oversight and ensures sufficient engagement, quality measures and quarterly reporting.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
training in PAM(R) and expertise in patient activation and engagement.									
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Determine ideal agencies and stakeholders to serve as PPS-wide PAM coaches	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify and train one master PAM coach for the entire PPS	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Train PPS-wide training team (PAM coaches) via Insignia Train-the-Trainer sessions	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Document names, roles, agencies, and location of PAM coaches	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Archive copies of training materials, sign-in sheets and other documentation	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Using PQI, Census and other DSRIP health data at the zip code level, identify "hot spot" areas and develop a map delineating regions with large populations of UI, NU and LU	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work with CBOs to develop outreach lists for UI, NU, LU populations and identify outreach strategy in "hot spots"	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 a. Develop data collection instrument to gather feedback on healthcare needs in the region	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b. Organize community forums to gather information from residents about healthcare needs in region	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Identify providers in "hot spot" areas	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b. Deploy training team to conduct PAM training with PPS providers in "hot spot" areas	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 a. Obtain lists of PCPs assigned to NU and LU enrollees from Managed Care Organizations	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Work with MCOs, PCPs and Community Health Workers to reconnect beneficiaries to designated PCPs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Develop timeline for PAM assessments (baseline, periodic, annual)	Project		Completed	07/01/2015	03/31/2016	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task b. Work with CBOs to conduct baseline and periodic PAM assessment for each cohort of beneficiaries	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task c. Analyze data to create a baseline measure for each year's cohort	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task d. Use Flourish portal to assess project implementation and outreach	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Identify patient members to partcipate in program development and awareness efforts	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Recruit patient members to development team	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 c. Establish meeting logistics and goals	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
- Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement									
Task 1. Identify and contract with Community Health Workers	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Train CHWs in connectivity to healthcare coverage, community healthcare resources and patient education	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Train CHWs to conduct PAM survey	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Ensure CHWs conduct direct hand-off to navigators and/or the appropriate level of care	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop ability to track co-hort	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop process to provide MCO most recent contact information	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Develop process to provide member engagement lists to insurance monthly and DOH quarterly	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Work with PCPs, dental health providers, behavioral health providers and MCOs to identify strategies to expand access to care for UI, NU and LU populations	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Work with PCPs, dental health providers, bheavioral health providers and MCOs to implement strategies to expand access to care for UI, NU and LU populations	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.									
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Contract with CBOs for community navigator services, specific to insurance and connection to primary and community-based care	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Provide training, as needed, to community navigators to ensure seamless connectivity to preferred services (primary and preventive care)	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop policies and procedures for customer service complaints and appeals	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Implement policies and procedure for customer service complaints and appeals	Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task 3. Review complaints and appeals to determine process and quality improvement opportunities	Project		In Progress	04/01/2015	03/30/2017	04/01/2015	03/30/2017	03/31/2017	DY2 Q4
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Identify and contract with community navigators	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Train navigators in connectivity to healthcare coverage, community healthcare resources and patient education	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Train navigators to conduct PAM survey	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Ensure navigators conduct direct hand-off to the appropriate level of care	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Develop protocol for hand-offs to identified navigators	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Include navigator eductaion in workforce education plan	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Include information channel for navigators in NCI DSRIP Communication Plan	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Work with Med Management Committee to identify Safety Net Providers with access for each hot spot	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop protocol with access standard for navigators to access services target population	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Identify target patients using patient registries	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b. Track actively engaged patients for reporting	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task 1. Identify CBO's in PPS's geographical area that can engage target populations.										
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas										
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
pertaining to PAM										
Task 4. Partner with and contract CBO's to target population through PAM utilization.										
Task 5. Implement and utilize communications engagement plan to: inform, improve, sustain two-way communications.										
Task 6. NCI provides oversight and ensures sufficient engagement, quality measures and quarterly reporting.										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task 1. Determine ideal agencies and stakeholders to serve as PPS-wide PAM coaches										
Task 2. Identify and train one master PAM coach for the entire PPS										
Task 3. Train PPS-wide training team (PAM coaches) via Insignia Train-the-Trainer sessions										
Task 4. Document names, roles, agencies, and location of PAM coaches										
Task 5. Archive copies of training materials, sign-in sheets and other documentation										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task 1. Using PQI, Census and other DSRIP health data at the zip code level, identify "hot spot" areas and develop a map delineating regions with large populations of UI, NU and LU										
Task 2. Work with CBOs to develop outreach lists for UI, NU, LU										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
populations and identify outreach strategy in "hot spots"										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task a. Develop data collection instrument to gather feedback on healthcare needs in the region										
Task b. Organize community forums to gather information from residents about healthcare needs in region										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task a. Identify providers in "hot spot" areas										
Task b. Deploy training team to conduct PAM training with PPS providers in "hot spot" areas										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task a. Obtain lists of PCPs assigned to NU and LU enrollees from Managed Care Organizations										
Task b. Work with MCOs, PCPs and Community Health Workers to reconnect beneficiaries to designated PCPs										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task a. Develop timeline for PAM assessments (baseline, periodic, annual)										
Task b. Work with CBOs to conduct baseline and periodic PAM assessment for each cohort of beneficiaries										
Task c. Analyze data to create a baseline measure for each year's cohort										
Task d. Use Flourish portal to assess project implementation and outreach										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task a. Identify patient members to partcipate in program development and awareness efforts										
Task b. Recruit patient members to development team										
Task c. Establish meeting logistics and goals										
Milestone #9										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task 1. Identify and contract with Community Health Workers										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
2. Train CHWs in connectivity to healthcare coverage, community healthcare resources and patient education										
Task 3. Train CHWs to conduct PAM survey										
Task 4. Ensure CHWs conduct direct hand-off to navigators and/or the appropriate level of care										
Task 5. Develop ability to track co-hort										
Task 6. Develop process to provide MCO most recent contact information										
Task 7. Develop process to provide member engagement lists to insurance monthly and DOH quarterly										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task 1. Work with PCPs, dental health providers, behavioral health providers and MCOs to identify strategies to expand access to care for UI, NU and LU populations										
Task 2. Work with PCPs, dental health providers, bheavioral health providers and MCOs to implement strategies to expand access to care for UI, NU and LU populations										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	0	0	0	0	0	0	0	0	0	0
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	0	0	0	0	0	0	0	0	0
Task 1. Contract with CBOs for community navigator services, specific to insurance and connection to primary and community-based care										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. Provide training, as needed, to community navigators to ensure seamless connectivity to preferred services (primary and preventive care)										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Policies and procedures for customer service complaints and appeals developed.										
Task 1. Develop policies and procedures for customer service complaints and appeals										
Task 2. Implement policies and procedure for customer service complaints and appeals										
Task 3. Review complaints and appeals to determine process and quality improvement opportunities										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	0	0	0	0	0	0	0	0	0
Task 1. Identify and contract with community navigators										
Task 2. Train navigators in connectivity to healthcare coverage, community healthcare resources and patient education										
Task 3. Train navigators to conduct PAM survey										
Task 4. Ensure navigators conduct direct hand-off to the appropriate level of care										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Develop protocol for hand-offs to identified navigators										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task 1. Include navigator eductaion in workforce education plan										
Task 2. Include information channel for navigators in NCI DSRIP Communication Plan										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task 1. Work with Med Management Committee to identify Safety Net Providers with access for each hot spot										
Task 2. Develop protocol with access standard for navigators to access services target population										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task a. Identify target patients using patient registries										
Task b. Track actively engaged patients for 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 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task 1. Identify CBO's in PPS's geographical area that can engage target populations.										
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas										
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables pertaining to PAM										
Task 4. Partner with and contract CBO's to target population through PAM utilization.										
Task 5. Implement and utilize communications engagement plan to: inform, improve, sustain two-way communications.										
Task 6. NCI provides oversight and ensures sufficient engagement, quality measures and quarterly reporting.										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task 1. Determine ideal agencies and stakeholders to serve as PPS-wide PAM coaches										
Task 2. Identify and train one master PAM coach for the entire PPS										
Task 3. Train PPS-wide training team (PAM coaches) via Insignia Train-the-Trainer sessions										
Task 4. Document names, roles, agencies, and location of PAM coaches										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 5. Archive copies of training materials, sign-in sheets and other documentation										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task 1. Using PQI, Census and other DSRIP health data at the zip code level, identify "hot spot" areas and develop a map delineating regions with large populations of UI, NU and LU										
Task 2. Work with CBOs to develop outreach lists for UI, NU, LU populations and identify outreach strategy in "hot spots"										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task a. Develop data collection instrument to gather feedback on healthcare needs in the region										
Task b. Organize community forums to gather information from residents about healthcare needs in region										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task a. Identify providers in "hot spot" areas										
Task b. Deploy training team to conduct PAM training with PPS providers in "hot spot" areas										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP,										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task a. Obtain lists of PCPs assigned to NU and LU enrollees from Managed Care Organizations										
Task b. Work with MCOs, PCPs and Community Health Workers to reconnect beneficiaries to designated PCPs										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task a. Develop timeline for PAM assessments (baseline, periodic, annual)										
Task b. Work with CBOs to conduct baseline and periodic PAM assessment for each cohort of beneficiaries										
Task c. Analyze data to create a baseline measure for each year's cohort										
Task d. Use Flourish portal to assess project implementation and										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
outreach										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task a. Identify patient members to partcipate in program development and awareness efforts										
Task b. Recruit patient members to development team										
Task c. Establish meeting logistics and goals										
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task 1. Identify and contract with Community Health Workers										
Task 2. Train CHWs in connectivity to healthcare coverage, community healthcare resources and patient education										
Task 3. Train CHWs to conduct PAM survey										
Task 4. Ensure CHWs conduct direct hand-off to navigators and/or the appropriate level of care										
Task 5. Develop ability to track co-hort										
Task 6. Develop process to provide MCO most recent contact information										
Task 7. Develop process to provide member engagement lists to insurance monthly and DOH quarterly										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task 1. Work with PCPs, dental health providers, behavioral health providers and MCOs to identify strategies to expand access to care for UI, NU and LU populations										
Task 2. Work with PCPs, dental health providers, bheavioral health providers and MCOs to implement strategies to expand access to care for UI, NU and LU populations										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	0	0	0	0	0	0	0	0	0	0
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	0	0	0	0	0	0	0	0	0
Task 1. Contract with CBOs for community navigator services, specific to insurance and connection to primary and community-based care										
Task 2. Provide training, as needed, to community navigators to ensure seamless connectivity to preferred services (primary and preventive care)										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Policies and procedures for customer service complaints and appeals developed.										
Task 1. Develop policies and procedures for customer service complaints and appeals										
Task 2. Implement policies and procedure for customer service complaints and appeals										
Task 3. Review complaints and appeals to determine process and quality improvement opportunities										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	0	0	0	0	0	0	0	0	0
Task 1. Identify and contract with community navigators										
Task 2. Train navigators in connectivity to healthcare coverage,										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
community healthcare resources and patient education										
Task 3. Train navigators to conduct PAM survey										
Task 4. Ensure navigators conduct direct hand-off to the appropriate level of care										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	0	0	0	0	0	0	0	0	0	0
Task 1. Develop protocol for hand-offs to identified navigators										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task 1. Include navigator eductaion in workforce education plan										
Task 2. Include information channel for navigators in NCI DSRIP Communication Plan										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task 1. Work with Med Management Committee to identify Safety Net Providers with access for each hot spot										
Task 2. Develop protocol with access standard for navigators to access services target population										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task a. Identify target patients using patient registries										
Task b. Track actively engaged patients for 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
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10).	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 2.d.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

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 3.a.i – Integration of primary care and behavioral health services

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

Instructions :

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

"Risk 1: Disconnect between behavioral health, primary care and social support services (training, referrals and access to care)
Mitigation:
a) NCI's workforce strategy will grow primary care and behavioral health capacity and back up providers so they can operate at the top of their license
b) Team-base model utilized for PCMH aligns providers
c) Utilize EHRs, the HIE and the RHIO to ensure secure, systematic record transfer
d) Increase referrals and utilization of the health home and enhance coordination with community-based organizations to help address the medical or social barriers that often time results in preventable ED visits
e) Train primary care providers to use evidence-based practices in screening (i.e. SBIRT and PHQ-9) for and treating depression, anxiety or other conditions that can be effectively managed in primary care settings

Risk 2: Behavioral health patients have high rates of co-occurring diabetes, cardiac and respiratory diseases
Mitigation:
a) Develop and implement standardized protocols
b) Identify the appropriate supportive services for the patient prior to discharge
c) Incorporate health literacy, cultural competency, motivational interviewing and the teach back method to activate self-care/management
d) Expand the use of tele-health remote monitoring to help patients feel connected to care

Risk 3: Capital Costs - if capital grants are not awarded, the medical village co-location and FQHC/Primary Care clinic colocation project will be significantly impacted
Mitigation:
a) Seek alternative funding sources other options such as Impact Model expansion vs colocation

Risk 4: Regulatory barriers regarding co-location and patient transfers
Mitigation:
a) Waiver requested - awaiting approval"

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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**
DY2,Q4	12,000

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	2,000	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (2,000)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL3715_1_3_20160127162623_DY1_Q3_Filler_Document.docx	DY1 Q3 Filler Document	01/27/2016 04:28 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	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
Task 1. All participating practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Create a project plan/timeline for each PCP		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task d. Implement the PCMH processes, procedures, protocols and written policies.		Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e. Complete the NCQA Level 3 PCMH submissions		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Recognition Certificates										
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or physicians/practitioners along with their certification documentation		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Working with the NCI 2aii project team, provide list of practitioners and licensure performing services at PCMH and/APCM sites including behavioral health practice schedules		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1.Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones		Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Working in collaboration with the NCI Medical Management and Care Coordination Committees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies		Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Provide meeting schedules, agendas, minutes and list of attendees		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Provide evidence-based practice guidelines as well as		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), 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.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Ensure NCI project workforce is trained to conduct preventive care screenings such as the PHQ2 or 9 and the SBIRT		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide documentation of screening policies and procedures		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
vendor documentation										
Task Provide roster of identified patients receiving screenings at established project sites to include the number of screenings completed		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide EHR documentation demonstrating that a "warm transfer" to behavioral health provider occurred if positive screening result		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating 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 Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	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)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Primary care services are co-located within behavioral Health practices and are available.										
Task 1. All participating Primary care practices achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1.a. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1ai. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1aii. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1aiii. Create a project plan/timeline for each PCP		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1aiv. Implement the PCMH processes, procedures, protocols and written policies		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 1av. Complete the NCQA Level 3 PCMH submissions		Project		In Progress	07/01/2015	12/31/2017	07/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task 1avi. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or APC-approved physicians/practitioners including certification documentation		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Working with NCI 2aii project team, provide list of practitioners and licensure performing services at behavioral health site including behavioral health practice schedules		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
4. Complete site and facility development at Behavioral Health site to accommodate Primary Care										
Task 4a. Ensure regulatory issues are identified and addressed		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4b. Ensure physical plant issues identified and addressed		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones		Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Working in collaboration with the NCI Medical Management and Care Coordination Commitees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide meeting schedules, agendas, minutes and list of attendees		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide evidence-based practice guidelines as well as policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), including medication management and care engagement processes		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 #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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Ensure NCI project workforce is trained to conduct preventive care screenings such as the PHQ2 or 9 and the SBIRT		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide documentation of screening policies and procedures		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR vendor documentation		Project		In Progress	07/02/2015	03/31/2018	07/02/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide roster of identified patients receiving screenings at established project sites to include the number of		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
screenings completed										
Task Provide sample EHR demonstrating that "warm transfer" to behavioral health provider occurred if positive screening result		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	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 PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating 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 Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	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 implemented IMPACT Model at Primary Care Sites.		Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, explore and identify evidence-based IMPACT Model training programs		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Secure IMPACT Model training program		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify appropriate project workforce for IMPACT model training		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Document commitment from project workforce for IMPACT Model training		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop and implement evidence-based strategies for the IMPACT model at identified primary care sites		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Provide quarterly report narrative demonstrating successful implementation of project requirements (IMPACT Model implemented at PCP sites)		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, ensure identified and appropriate workforce are IMPACT Model trained and able to demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings, especially with clinically challenging cases (i.e. persistent depressions and comorbid or psychiatric conditions)		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Provide documentation of evidence-based practice guidelines and protocols to include medication management and care engagement processes to facilitate collaboration between primary care physician and care		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
manager										
Task Provide documentation of evidence-based practice guidelines to include a process for consulting with Psychiatrist		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 100% of practices implementing the IMPACT model have adopted evidence-based care standards and policies and procedures for care engagement		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work with PCP practices to identify and train Depression Care Manager		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with NCI IT team to ensure Depression Care Manager can be identified in the practice's EHR		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide documented evidence of IMPACT model training and implementation		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide sample EHR demonstrating relapse prevention plans, patient coaching and other IMPACT interventions		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify consulting pyschiatrists via telemedicine who will collaborate with PCMH providers and depression care managers to provide evidence-based standards of care including medication management, care engagement processes, and the integreation of depression treatment into Primary Care to improve physical and social functioning		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Work in partnership with NCI IT, Medical Management and PCMH teams to ensure technological infrastructure is in place for private, secure tele-medical consults with a identified psychiatrists		Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Provide documentation related to registration of IMPACT participants and designated Psychiatrist		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide documentation of policies and procedures related to follow up with care of patients		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide EHR documentation identifying Psychiatrist for eligible patients		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide roster of screened patients		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Develop protocols to ensure care managers measure depressive symptoms at the start of a patient's treatment		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
and regularly thereafter using tools such as the PHQ2/9										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Provide documentation of evidence-based practice guidelines for stepped care including implementation plan		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Documentation of treatment adjusted based on clinical outcomes and according to evidence-based algorithms to include things such as medication dosages, a change to a different medication, addition of psyhotherapy, a combination of medication and psychotherapy, or other treatment as suggested by the team psychiatrist		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Working in collaboration with NCI clinical teams, develop targets which aim for a certain percentage (i.e. 50%) in the reduction of symptoms within a certain time period (i.e. 10-12 weeks)		Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	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 PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	0	0
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	0	0
Task 1. All participating practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.										
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task c. Create a project plan/timeline for each PCP										
Task d. Implement the PCMH processes, procedures, protocols and written policies.										
Task e. Complete the NCQA Level 3 PCMH submissions										
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Certificates										
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or physicians/practitioners along with their certification documentation										
Task 3. Working with the NCI 2aii project team, provide list of practitioners and licensure performing services at PCMH and/APCM sites including behavioral health practice schedules										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task 1.Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones										
Task 2. Working in collaboration with the NCI Medical Management and Care Coordination Committees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies										
Task 3. Provide meeting schedules, agendas, minutes and list of attendees										
Task 4. Provide evidence-based practice guidelines as well as policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), 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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Ensure NCI project workforce is trained to conduct preventive care screenings such as the PHQ2 or 9 and the SBIRT										
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)										
Task Provide documentation of screening policies and procedures										
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR vendor documentation										
Task Provide roster of identified patients receiving screenings at established project sites to include the number of screenings completed										
Task Provide EHR documentation demonstrating that a "warm transfer" to behavioral health provider occurred if positive screening result										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	0	0	0	0	0	0	0
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	0	0
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	0	0
Task 1. All participating Primary care practices achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.										
Task 1.a. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.										
Task 1ai. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task 1aii. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task 1aiii. Create a project plan/timeline for each PCP										
Task 1aiv. Implement the PCMH processes, procedures, protocols and written policies										
Task 1av. Complete the NCQA Level 3 PCMH submissions										
Task 1avi. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates										
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or APC-approved physicians/practitioners										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
including certification documentation										
Task 3. Working with NCI 2aii project team, provide list of practitioners and licensure performing services at behavioral health site including behavioral health practice schedules										
Task 4. Complete site and facility development at Behavioral Health site to accommodate Primary Care										
Task 4a. Ensure regulatory issues are identified and addressed										
Task 4b. Ensure physical plant issues identified and addressed										
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 Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones										
Task Working in collaboration with the NCI Medical Management and Care Coordination Commitees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies										
Task Provide meeting schedules, agendas, minutes and list of attendees										
Task Provide evidence-based practice guidelines as well as policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), including medication management and care engagement processes										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT)										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Ensure NCI project workforce is trained to conduct preventive care screenings such as the PHQ2 or 9 and the SBIRT										
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)										
Task Provide documentation of screening policies and procedures										
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR vendor documentation										
Task Provide roster of identified patients receiving screenings at established project sites to include the number of screenings completed										
Task Provide sample EHR demonstrating that "warm transfer" to behavioral health provider occurred if positive screening result										
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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, explore and identify evidence-based IMPACT Model training programs										
Task Secure IMPACT Model training program										
Task Identify appropriate project workforce for IMPACT model training										
Task Document commitment from project workforce for IMPACT Model training										
Task Develop and implement evidence-based strategies for the IMPACT model at identified primary care sites										
Task Provide quarterly report narrative demonstrating successful implementation of project requirements (IMPACT Model implemented at PCP sites)										
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										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Policies and procedures include process for consulting with Psychiatrist.										
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, ensure identified and appropriate workforce are IMPACT Model trained and able to demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings, especially with clinically challenging cases (i.e. persistent depressions and comorbid or psychiatric conditions)										
Task Provide documentation of evidence-based practice guidelines and protocols to include medication management and care engagement processes to facilitate collaboration between primary care physician and care manager										
Task Provide documentation of evidence-based practice guidelines to include a process for consulting with Psychiatrist										
Task 100% of practices implementing the IMPACT model have adopted evidence-based care standards and policies and procedures for care engagement										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task Work with PCP practices to identify and train Depression Care Manager										
Task Work with NCI IT team to ensure Depression Care Manager can be identified in the practice's EHR										
Task Provide documented evidence of IMPACT model training and implementation										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Provide sample EHR demonstrating relapse prevention plans, patient coaching and other IMPACT interventions										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task Identify consulting pyschiatrists via telemedicine who will collaborate with PCMH providers and depression care managers to provide evidence-based standards of care including medication management, care engagement processes, and the integreation of depression treatment into Primary Care to improve physical and social functioning										
Task Work in partnership with NCI IT, Medical Management and PCMH teams to ensure technological infrastructure is in place for private, secure tele-medical consults with a identified psychiatrists										
Task Provide documentation related to registration of IMPACT participants and designated Psychiatrist										
Task Provide documentation of policies and procedures related to follow up with care of patients										
Task Provide EHR documentation identifying Psychiatrist for eligible patients										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Provide roster of screened patients										
Task Develop protocols to ensure care managers measure depressive symptoms at the start of a patient's treatment and regularly thereafter using tools such as the PHQ2/9										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task Provide documentation of evidence-based practice guidelines for stepped care including implementation plan										
Task Documentation of treatment adjusted based on clinical outcomes and according to evidence-based algorithms to include things such as medication dosages, a change to a different medication, addition of psyhotherapy, a combination of medication and psychotherapy, or other treatment as suggested by the team psychiatrist										
Task Working in collaboration with NCI clinical teams, develop targets which aim for a certain percentage (i.e. 50%) in the reduction of symptoms within a certain time period (i.e. 10-12 weeks)										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										

Project 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.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	0	0
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	0	0
Task 1. All participating practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.										
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task b. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task c. Create a project plan/timeline for each PCP										
Task d. Implement the PCMH processes, procedures, protocols and written policies.										
Task e. Complete the NCQA Level 3 PCMH submissions										
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates										
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or physicians/practitioners along with their certification documentation										
Task 3. Working with the NCI 2aii project team, provide list of practitioners and licensure performing services at PCMH and/APCM sites including behavioral health practice schedules										
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										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
processes.										
Task 1.Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones										
Task 2. Working in collaboration with the NCI Medical Management and Care Coordination Committees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies										
Task 3. Provide meeting schedules, agendas, minutes and list of attendees										
Task 4. Provide evidence-based practice guidelines as well as policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), 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
Task Ensure NCI project workforce is trained to conduct preventive care screenings such as the PHQ2 or 9 and the SBIRT										
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Provide documentation of screening policies and procedures										
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR vendor documentation										
Task Provide roster of identified patients receiving screenings at established project sites to include the number of screenings completed										
Task Provide EHR documentation demonstrating that a "warm transfer" to behavioral health provider occurred if positive screening result										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										
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										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
1. All participating Primary care practices achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.										
Task 1.a. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.										
Task 1ai. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.										
Task 1aii. Preform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.										
Task 1aiii. Create a project plan/timeline for each PCP										
Task 1aiv. Implement the PCMH processes, procedures, protocols and written policies										
Task 1av. Complete the NCQA Level 3 PCMH submissions										
Task 1avi. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates										
Task 2. Working with the NCI 2aii project team, provide list of participating NCQA-certified and/or APC-approved physicians/practitioners including certification documentation										
Task 3. Working with NCI 2aii project team, provide list of practitioners and licensure performing services at behavioral health site including behavioral health practice schedules										
Task 4. Complete site and facility development at Behavioral Health site to accommodate Primary Care										
Task 4a. Ensure regulatory issues are identified and addressed										
Task 4b. Ensure physical plant issues identified and addressed										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Collaborate with NCI Behavioral Health Committee, 2aii project team, Medical Management Committee and participating providers to develop strategies for project milestones										
Task Working in collaboration with the NCI Medical Management and Care Coordination Commitees, evaluate existing evidence-based standards of care including medication management and care management processes to determine NCI strategies										
Task Provide meeting schedules, agendas, minutes and list of attendees										
Task Provide evidence-based practice guidelines as well as policies and procedures related to care protocols (as recommended by NCI's Care Coordination Committee), including medication management and care engagement processes										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Ensure NCI project workforce is trained to conduct preventive										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
care screenings such as the PHQ2 or 9 and the SBIRT										
Task Develop strategy for preventive care screenings for all patients including behavioral health screenings (PHQ2 or 9 for those screening positive, SBIRT)										
Task Provide documentation of screening policies and procedures										
Task Provide screenshots or other evidence of notifications of patient identification and screening alerts to include EHR vendor documentation										
Task Provide roster of identified patients receiving screenings at established project sites to include the number of screenings completed										
Task Provide sample EHR demonstrating that "warm transfer" to behavioral health provider occurred if positive screening result										
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 In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, explore and identify										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
evidence-based IMPACT Model training programs										
Task Secure IMPACT Model training program										
Task Identify appropriate project workforce for IMPACT model training										
Task Document commitment from project workforce for IMPACT Model training										
Task Develop and implement evidence-based strategies for the IMPACT model at identified primary care sites										
Task Provide quarterly report narrative demonstrating successful implementation of project requirements (IMPACT Model implemented at PCP sites)										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, ensure identified and appropriate workforce are IMPACT Model trained and able to demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings, especially with clinically challenging cases (i.e. persistent depressions and comorbid or psychiatric conditions)										
Task Provide documentation of evidence-based practice guidelines and protocols to include medication management and care engagement processes to facilitate collaboration between primary care physician and care manager										
Task Provide documentation of evidence-based practice guidelines to										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
include a process for consulting with Psychiatrist										
Task 100% of practices implementing the IMPACT model have adopted evidence-based care standards and policies and procedures for care engagement										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task Work with PCP practices to identify and train Depression Care Manager										
Task Work with NCI IT team to ensure Depression Care Manager can be identified in the practice's EHR										
Task Provide documented evidence of IMPACT model training and implementation										
Task Provide sample EHR demonstrating relapse prevention plans, patient coaching and other IMPACT interventions										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task Identify consulting pyschiatrists via telemedicine who will collaborate with PCMH providers and depression care managers to provide evidence-based standards of care including medication management, care engagement processes, and the integreation of depression treatment into Primary Care to improve physical and social functioning										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Work in partnership with NCI IT, Medical Management and PCMH teams to ensure technological infrastructure is in place for private, secure tele-medical consults with a identified psychiatrists										
Task Provide documentation related to registration of IMPACT participants and designated Psychiatrist										
Task Provide documentation of policies and procedures related to follow up with care of patients										
Task Provide EHR documentation identifying Psychiatrist for eligible patients										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Provide roster of screened patients										
Task Develop protocols to ensure care managers measure depressive symptoms at the start of a patient's treatment and regularly thereafter using tools such as the PHQ2/9										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task Provide documentation of evidence-based practice guidelines for stepped care including implementation plan										
Task Documentation of treatment adjusted based on clinical outcomes and according to evidence-based algorithms to include things such as medication dosages, a change to a different medication, addition of psyhotherapy, a combination of medication and psychotherapy, or other treatment as suggested by the team psychiatrist										
Task Working in collaboration with NCI clinical teams, develop targets										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
which aim for a certain percentage (i.e. 50%) in the reduction of symptoms within a certain time period (i.e. 10-12 weeks)										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records										
Task Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.										

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.	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone Review Status

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

1.)Risk: Changing the behavior of Medicaid patients.
Mitigation: a.) Establishing a schedule for community outreach and creating awareness on services and supports available. b.) Providing health literacy and competency training for members providing care, c. coordinating with PHIP activities to ensure the people residing in high-risk hotspots are engaged at the neighborhood and community level.
2.) Risk: Adding clinical decision support into EMR systems
Mitigation: a.)A plan has been established to not turn on all CDS, just those that impact the evidence based guidelines chosen. b.) HIT implementation specialist will work with office to assist in the proper use of CDS
3.) Risk: Adoption of PCMH 2014 standards
Mitigation: a.) PCMH certified content experts will be deployed to assist offices in obtaining PCMH level 3 2014 certification.
4.) Risk: Access to Blood Pressure screenings and variation in screening techniques
Mitigation: Automated blood pressure cuffs for easy screening have been identified by the Medical Management Committee of the PPS with input from the regions cardiologists. This has been included in capital request to ensure uniformity and access to screening.
5.) Risk: Existing provider gaps and access to care issues
Mitigation: a.) The workforce committee has established a plan for recruitment and retainment of new provider's b.) Enhancements to GME program c.) Care coordination to assist the chronically ill with access to care.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	7,645

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	382	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (382)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL4215_1_3_20160127153455_DY1_Q3_Filler_Document.docx	DY1 Q3 Filler Document	01/27/2016 03:35 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess and Stratify population into risk categories.	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Asses and Stratify population lifestyle approaches to prevent CVD.	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Determine other CVD risk-reducing interventions and categorize by priority based on class recommendation.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop a program to improve CVD that utilizes evidence-based strategies and stratified data in the ambulatory setting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop a program to improve CVD that utilizes evidence-based strategies and stratified data in community care setting.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Conducting CVD training and awareness for population, ambulatory and community based organizations	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 7. Implement program to improve CVD management using evidence-based strategies in the ambulatory and community based setting.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 8. Monitor and control CVD program management in the	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
ambulatory and community based settings.									
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.									
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Perform a post-go-live gap analysis and a plan with budget to	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
address the identified needs									
Task 7. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify targeted patient population through data collection	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Track / Monitor actively engaged patients utilizing designated tracking systems	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Report actively engaged patients against milestone completion	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Routinely Measure outcomes through quality assessment	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess EMR systems limitations and capabilities for incorporation of 5A's	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 2. Promote direct conversation of 5A's between patient /clinician	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify and Stratify population into tobacco use and non-tobacco categories.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Formulate data collection to create patient tobacco use listings	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Train staff to incorporate EHR to prompt the use of 5A's of tobacco control	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Implement an automated or work driver scheduling system to facilitate tobacco control protocols.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Practioners and Clinics document in EHR system patient tobacco use status	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Identify patients who have repeated elevated blood pressure readings in their medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Provide training to ensure attainment of correct blood	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

Samaritan Medical Center (PPS ID:45)

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
pressure measurements									
Task 6. Conduct pre-visit planning to ensure blood pressure is a focus of patient visits	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 7. Incorporate coaching and self-management into patient educations and follow-up visits	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8. Practices will adopt treatment protocols that align with national guidelines: US Preventive Task Force (USPSTF) or National Cholesterol Education Program (NCEP)	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Validate Care coordination processes are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. All participating providers will have a Clinically Interoperable System in place	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Provide patient training to ensure attainment of correct blood pressure measurements	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Incorporate coaching and self-management into patient educations and follow-up visits	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	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 protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Conduct training to ensure attainment of correct blood pressure measurements	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Document blood pressure readings in EMR system	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Conduct annual assessment and attestation of health care staffs understanding of correct blood pressure measurement techniques and equipment.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct pre-visit planning to ensure blood pressure is a focus of patient visits	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	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 protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Encourage patients to use medication reminders.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Ensure patients understand their risks if they do not take medications as directed.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Confirm medication benefits with patients.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Educate patients on the use of medication reminders.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Implement protocols for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Provide once daily regimens or fixed-dosed combination pills when appropriate.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 7. Conduct frequent / routine follow-ups with patients	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Print visit summaries and follow-up guidance for patients.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 3. Provide patients who have hypertension with a written self-management plan at the end of each office visit.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Encourage or provide patient support groups.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Use all staff interactions with patients as opportunities to assist in self-management goal-setting and practices	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
1. Establish agreements with community-based organizations.									
Task 2. Conduct periodic training to staff on warm referral and follow-up process.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 3. Establish a process to facilitate feedback to and from community organizations.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 4. Develop a referral and follow-up process.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Ensure adherence to CBO referral process.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. When applicable utilize electronic referrals to CBO's from primary care offices.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Medical Management Committee to review and select nationally recognized protocols for blood pressure monitoring.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Provide regular customized support and advice (e.g., medication titration, lifestyle modifications) based on patient blood pressure readings.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Implement clinical support protocols / systems that incorporate regular transmission of patients' home blood pressure readings and customized clinician feedback into patient care.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
4. Train staff to administer specific clinical support interventions as available (e.g., telemonitoring, patient portals, counseling, Web sites).									
Task 5. Incorporate regular transmission of patient home blood pressure readings through patient portals, telemonitoring, log books to clinicians and EHR systems.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Print visit summaries and follow-up guidance for patients.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Implement an automated or work driver scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a referral and follow-up process and that adheres to the 5A's process	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Refer Smokers to NYS Smokers Quit line through EHR/FAX	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Post smoking cessation information in waiting rooms	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. Providers will establish and conduct follow-up visits	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Implement EHRs that will require providers to ask and advise patients about smoking	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess and Stratify population into categories.	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop improvement processes and plans that address top health disparities and improve workflow	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Establish linkages to health homes for targeted patient populations	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Baseline and stratify data for home blood pressure monitoring.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Adopt strategies and implement policies and procedures that reflect the selected principles and initiatives of the Million Hearts Campaign.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct routine data assessments and produce periodic updates that demonstrate an increase in home blood pressure monitoring	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	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 agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 2. Documented evidence of agreements	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Utilize FDRHPO Communications Committee to support communication needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP transformation.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Identify PCP's and gain commitment to achieve metrics associated with 3.b.i	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.b.i	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Leverage technological infrastructure to overcome geographical distances between participating providers and to facilitate collaboration	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task 1. Assess and Stratify population into risk categories.										
Task 2. Asses and Stratify population lifestyle approaches to prevent CVD.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 3. Determine other CVD risk-reducing interventions and categorize by priority based on class recommendation.										
Task 4. Develop a program to improve CVD that utilizes evidence-based strategies and stratified data in the ambulatory setting.										
Task 5. Develop a program to improve CVD that utilizes evidence-based strategies and stratified data in community care setting.										
Task 6. Conducting CVD training and awareness for population, ambulatory and community based organizations										
Task 7. Implement program to improve CVD management using evidence-based strategies in the ambulatory and community based setting.										
Task 8. Monitor and control CVD program management in the ambulatory and community based settings.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 6. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 7. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Track / Monitor actively engaged patients utilizing designated tracking systems										
Task 3. Report actively engaged patients against milestone completion										
Task 4. Routinely Measure outcomes through quality assessment										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 1. Assess EMR systems limitations and capabilities for										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
incorporation of 5A's										
Task 2. Promote direct conversation of 5A's between patient /clinician										
Task 3. Identify and Stratify population into tobacco use and non-tobacco categories.										
Task 4. Formulate data collection to create patient tobacco use listings										
Task 5. Train staff to incorporate EHR to prompt the use of 5A's of tobacco control										
Task 6. Implement an automated or work driver scheduling system to facilitate tobacco control protocols.										
Task 7. Practioners and Clinics document in EHR system patient tobacco use status										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task 1. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients										
Task 3. Identify patients who have repeated elevated blood pressure readings in their medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task 4. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task 5. Provide training to ensure attainment of correct blood pressure measurements										
Task 6. Conduct pre-visit planning to ensure blood pressure is a focus of patient visits										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 7. Incorporate coaching and self-management into patient educations and follow-up visits										
Task 8. Practices will adopt treatment protocols that align with national guidelines: US Preventive Task Force (USPSTF) or National Cholesterol Education Program (NCEP)										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers.										
Task 2. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task 3. Validate Care coordination processes are in place.										
Task 4. All participating providers will have a Clinically Interoperable System in place										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	0	0	0	0	0	0	0	0	0	0
Task 1. Provide patient training to ensure attainment of correct blood pressure measurements										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
2. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task 3. Incorporate coaching and self-management into patient educations and follow-up visits										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. Conduct training to ensure attainment of correct blood pressure measurements										
Task 2. Document blood pressure readings in EMR system										
Task 3. Conduct annual assessment and attestation of health care staffs understanding of correct blood pressure measurement techniques and equipment.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients										
Task 3. Conduct pre-visit planning to ensure blood pressure is a focus										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
of patient visits										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 1. Encourage patients to use medication reminders.										
Task 2. Ensure patients understand their risks if they do not take medications as directed.										
Task 3. Confirm medication benefits with patients.										
Task 4. Educate patients on the use of medication reminders.										
Task 5. Implement protocols for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 6. Provide once daily regimens or fixed-dosed combination pills when appropriate.										
Task 7. Conduct frequent / routine follow-ups with patients										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task 1. Print visit summaries and follow-up guidance for patients.										
Task 2. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.										
Task 3. Provide patients who have hypertension with a written self-management plan at the end of each office visit.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 4. Encourage or provide patient support groups.										
Task 5. Use all staff interactions with patients as opportunities to assist in self-management goal-setting and practices										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task 1. Establish agreements with community-based organizations.										
Task 2. Conduct periodic training to staff on warm referral and follow-up process.										
Task 3. Establish a process to facilitate feedback to and from community organizations.										
Task 4. Develop a referral and follow-up process.										
Task 5. Ensure adherence to CBO referral process.										
Task 6. When applicable utilize electronic referrals to CBO's from primary care offices.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task 1. Medical Management Committee to review and select nationally recognized protocols for blood pressure monitoring.										
Task 2. Provide regular customized support and advice (e.g., medication titration, lifestyle modifications) based on patient blood pressure readings.										
Task 3. Implement clinical support protocols / systems that incorporate regular transmission of patients' home blood pressure readings and customized clinician feedback into patient care.										
Task 4. Train staff to administer specific clinical support interventions as available (e.g., telemonitoring, patient portals, counseling, Web sites).										
Task 5. Incorporate regular transmission of patient home blood pressure readings through patient portals, telemonitoring, log books to clinicians and EHR systems.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task 1. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.										
Task 2. Print visit summaries and follow-up guidance for patients.										
Task 3. Implement an automated or work driver scheduling system to facilitate scheduling of targeted hypertension patients.										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task 1. Develop a referral and follow-up process and that adheres to										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the 5A's process										
Task 2. Refer Smokers to NYS Smokers Quit line through EHR/FAX										
Task 3. Post smoking cessation information in waiting rooms										
Task 4. Providers will establish and conduct follow-up visits										
Task 5. Implement EHRs that will require providers to ask and advise patients about smoking										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. Assess and Stratify population into categories.										
Task 2. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).										
Task 3. Develop improvement processes and plans that address top health disparities and improve workflow										
Task 4. Establish linkages to health homes for targeted patient populations										
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).										
Task 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0
Task 1. Baseline and stratify data for home blood pressure monitoring.										
Task 2. Adopt strategies and implement policies and procedures that reflect the selected principles and initiatives of the Million Hearts Campaign.										
Task 3. Conduct routine data assessments and produce periodic updates that demonstrate an increase in home blood pressure monitoring										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 2. Documented evidence of agreements										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 1. Utilize FDRHPO Communications Committee to support communication needs										
Task 2. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP transformation.										
Task 3. Identify PCP's and gain commitment to achieve metrics associated with 3.b.i										
Task 4. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.										
Task 5. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.b.i										
Task 6. Leverage technological infrastructure to overcome geographical distances between participating providers and to facilitate collaboration										
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task 1. Assess and Stratify population into risk categories.										
Task 2. Asses and Stratify population lifestyle approaches to prevent CVD.										
Task 3. Determine other CVD risk-reducing interventions and categorize by priority based on class recommendation.										
Task 4. Develop a program to improve CVD that utilizes evidence-										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
based strategies and stratified data in the ambulatory setting.										
Task 5. Develop a program to improve CVD that utilizes evidence-based strategies and stratified data in community care setting.										
Task 6. Conducting CVD training and awareness for population, ambulatory and community based organizations										
Task 7. Implement program to improve CVD management using evidence-based strategies in the ambulatory and community based setting.										
Task 8. Monitor and control CVD program management in the ambulatory and community based settings.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task PPS uses alerts and secure messaging functionality.										
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 4. During the implementation phase and all phases that follow,										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.										
Task 2. Perform a gap analysis and a plan with budget to address the identified needs										
Task 3. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.										
Task 4. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.										
Task 5. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 6. Perform a post-go-live gap analysis and a plan with budget to address the identified needs										
Task 7. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.										
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Track / Monitor actively engaged patients utilizing designated tracking systems										
Task 3. Report actively engaged patients against milestone completion										
Task 4. Routinely Measure outcomes through quality assessment										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 1. Assess EMR systems limitations and capabilities for incorporation of 5A's										
Task 2. Promote direct conversation of 5A's between patient /clinician										
Task 3. Identify and Stratify population into tobacco use and non-										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
tobacco categories.										
Task 4. Formulate data collection to create patient tobacco use listings										
Task 5. Train staff to incorporate EHR to prompt the use of 5A's of tobacco control										
Task 6. Implement an automated or work driver scheduling system to facilitate tobacco control protocols.										
Task 7. Practioners and Clinics document in EHR system patient tobacco use status										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task 1. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients										
Task 3. Identify patients who have repeated elevated blood pressure readings in their medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task 4. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task 5. Provide training to ensure attainment of correct blood pressure measurements										
Task 6. Conduct pre-visit planning to ensure blood pressure is a focus of patient visits										
Task 7. Incorporate coaching and self-management into patient educations and follow-up visits										
Task 8. Practices will adopt treatment protocols that align with national										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
guidelines: US Preventive Task Force (USPSTF) or National Cholesterol Education Program (NCEP)										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers.										
Task 2. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task 3. Validate Care coordination processes are in place.										
Task 4. All participating providers will have a Clinically Interoperable System in place										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	0	0	0	0	0	0	0	0	0	0
Task 1. Provide patient training to ensure attainment of correct blood pressure measurements										
Task 2. Practices will provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task 3. Incorporate coaching and self-management into patient educations and follow-up visits										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. Conduct training to ensure attainment of correct blood pressure measurements										
Task 2. Document blood pressure readings in EMR system										
Task 3. Conduct annual assessment and attestation of health care staffs understanding of correct blood pressure measurement techniques and equipment.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task 2. Make hypertension control a priority in practices and health systems and identify the protocol's in achieving control of blood pressure for hypertensive patients										
Task 3. Conduct pre-visit planning to ensure blood pressure is a focus of patient visits										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 1. Encourage patients to use medication reminders.										
Task 2. Ensure patients understand their risks if they do not take medications as directed.										
Task 3. Confirm medication benefits with patients.										
Task 4. Educate patients on the use of medication reminders.										
Task 5. Implement protocols for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 6. Provide once daily regimens or fixed-dosed combination pills when appropriate.										
Task 7. Conduct frequent / routine follow-ups with patients										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task 1. Print visit summaries and follow-up guidance for patients.										
Task 2. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.										
Task 3. Provide patients who have hypertension with a written self-management plan at the end of each office visit.										
Task 4. Encourage or provide patient support groups.										
Task 5. Use all staff interactions with patients as opportunities to assist in self-management goal-setting and practices										
Milestone #13										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task 1. Establish agreements with community-based organizations.										
Task 2. Conduct periodic training to staff on warm referral and follow-up process.										
Task 3. Establish a process to facilitate feedback to and from community organizations.										
Task 4. Develop a referral and follow-up process.										
Task 5. Ensure adherence to CBO referral process.										
Task 6. When applicable utilize electronic referrals to CBO's from primary care offices.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task 1. Medical Management Committee to review and select nationally recognized protocols for blood pressure monitoring.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 2. Provide regular customized support and advice (e.g., medication titration, lifestyle modifications) based on patient blood pressure readings.										
Task 3. Implement clinical support protocols / systems that incorporate regular transmission of patients' home blood pressure readings and customized clinician feedback into patient care.										
Task 4. Train staff to administer specific clinical support interventions as available (e.g., telemonitoring, patient portals, counseling, Web sites).										
Task 5. Incorporate regular transmission of patient home blood pressure readings through patient portals, telemonitoring, log books to clinicians and EHR systems.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task 1. Generate lists of patients with hypertension who have missed recent appointments. Send phone, mail, e-mail, or text reminders.										
Task 2. Print visit summaries and follow-up guidance for patients.										
Task 3. Implement an automated or work driver scheduling system to facilitate scheduling of targeted hypertension patients.										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task 1. Develop a referral and follow-up process and that adheres to the 5A's process										
Task 2. Refer Smokers to NYS Smokers Quit line through EHR/FAX										
Task 3. Post smoking cessation information in waiting rooms										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
4. Providers will establish and conduct follow-up visits										
Task 5. Implement EHRs that will require providers to ask and advise patients about smoking										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. Assess and Stratify population into categories.										
Task 2. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).										
Task 3. Develop improvement processes and plans that address top health disparities and improve workflow										
Task 4. Establish linkages to health homes for targeted patient populations										
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).										
Task 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 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 Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	0	0
Task 1. Baseline and stratify data for home blood pressure monitoring.										
Task 2. Adopt strategies and implement policies and procedures that reflect the selected principles and initiatives of the Million Hearts Campaign.										
Task 3. Conduct routine data assessments and produce periodic updates that demonstrate an increase in home blood pressure monitoring										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 2. Documented evidence of agreements										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	0	0	0
Task 1. Utilize FDRHPO Communications Committee to support communication needs										
Task 2. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
transformation.										
Task 3. Identify PCP's and gain commitment to achieve metrics associated with 3.b.i										
Task 4. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.										
Task 5. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.b.i										
Task 6. Leverage technological infrastructure to overcome geographical distances between participating providers and to facilitate collaboration										
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Engage a majority (at least 80%) of primary care providers 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	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Ongoing	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

IPQR Module 3.c.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

1.)Risk: Changing the behavior of Medicaid patients.
Mitigation: a.) Establishing a schedule for community outreach and creating awareness on services and supports available. b.) Providing health literacy and competency training for members providing care.
2.) Risk: Adding clinical decision support into EMR systems
Mitigation: a.)A plan has been established to not turn on all CDS, just those that impact the evidence based guidelines chosen. b.) HIT implementation specialist will work with office to assist in the proper use of CDS
3.) Risk: Adoption of PCMH 2014 standards
Mitigation: a.) PCMH certified content experts will be deployed to assist offices in obtaining PCMH level 3 2014 certification.
4) Risk: Only three Certified Diabetes Educators (CDEs) across entire PPS geography and remote clinic locations
Mitigation: The PPS has included Telemedical equipment to deployed across the PPS Provider is the Capital Application to ensure remote video access to CDE for PCMH Teams
5.) Risk: Existing provider gaps and access to care issues
Mitigation: a.) The workforce committee has established a plan for recruitment and retainment of new provider's b.) Enhancements to GME program c.) Care coordination to assist the chronically ill with access to care.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	2,800

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
879	1,077	170.68%	-446	38.46%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
cc123456	Documentation/Certification	45_PMDL4415_1_3_20160127123759_Q3_3ci_Patient_Engagement.xlsx	DY1 Q3 3ci Patient Engagement numbers	01/27/2016 12:41 PM

Narrative Text :

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

The uploaded document contains 3ci patient engagement exceeding DY1 Q3 committed.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop/Select Evidence-based strategies for the management and control of diabetes for all participating providers.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Develop training materials and conduct staff training for disease management	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 3. Develop and Implement protocols for disease management.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. Implement Evidence-based strategies for the management and control of diabetes for all participating providers.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.c.i	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 2. Utilize FDRHPO Communications Committee to support communication needs	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP transformation.	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Indentify PCP's and gain commitment to achieve metrics associated with 3.c.i	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Leverage technological infrastructure to overcome geographical distances between particapating providers and to facliltate collaboration	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Home care managers.									
Task 2. All participating providers will have a Clinically Interoperable System in place	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Validate Care coordination processes are in place.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop improvement processes and plans that address top health disparities and improve workflow	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Assess and Stratify population into risk categories.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Establish linkages to health homes for targeted patient populations	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 2. Documented evidence of agreements	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify and Stratify targeted patients and track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Establish and utilize a recall system that allows staff to report which patients are overdue for which preventive services and track when and how patients were notified of needed services.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Compile sample data collection of recall system and EHR completeness report to track project implementation and progress. (Recall Rosters, Roster of Identified Patients,	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
Screenshots of Recall System)									
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. EHR meets Meaningful Use Stage 2 CMS requirements (NOTE: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. PPS has achieved NCQA 2014 level 3 PCMH standards and/or APCM.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. EHR meets connectivity to RHIO/SHIN-NY requirements.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task 1. Develop/Select Evidence-based strategies for the management and control of diabetes for all participating providers.										
Task 2. Develop training materials and conduct staff training for disease management										
Task 3. Develop and Implement protocols for disease management.										
Task 4. Implement Evidence-based strategies for the management and control of diabetes for all participating providers.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	0	0	0
Task 1. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.c.i										
Task 2. Utilize FDRHPO Communications Committee to support communication needs										
Task 3. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP transformation.										
Task 4. Indentify PCP's and gain commitment to achieve metrics associated with 3.c.i										
Task 5. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.										
Task 6. Leverage technological infrastructure to overcome geographical distances between particapating providers and to facliltate collaboration										
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.										
Milestone #3										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers.										
Task 2. All participating providers will have a Clinically Interoperable System in place										
Task 3. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task 4. Validate Care coordination processes are in place.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. Develop improvement processes and plans that address top health disparities and improve workflow										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. Assess and Stratify population into risk categories.										
Task 3. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).										
Task 4. Establish linkages to health homes for targeted patient populations										
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).										
Task 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 2. Documented evidence of agreements										
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task 1. Identify and Stratify targeted patients and track actively engaged patients for project milestone reporting.										
Task 2. Establish and utilize a recall system that allows staff to report										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
which patients are overdue for which preventive services and track when and how patients were notified of needed services.										
Task 3. Compile sample data collection of recall system and EHR completeness report to track project implementation and progress. (Recall Rosters, Roster of Identified Patients, Screenshots of Recall System)										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task 1. EHR meets Meaningful Use Stage 2 CMS requirements (NOTE: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task 2. PPS has achieved NCQA 2014 level 3 PCMH standards and/or APCM.										
Task 3. EHR meets connectivity to RHIO/SHIN-NY requirements.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease										

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
management are developed and training of staff is completed.										
Task 1. Develop/Select Evidence-based strategies for the management and control of diabetes for all participating providers.										
Task 2. Develop training materials and conduct staff training for disease management										
Task 3. Develop and Implement protocols for disease management.										
Task 4. Implement Evidence-based strategies for the management and control of diabetes for all participating providers.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	0	0	0
Task 1. Evaluate organizational infrastructure and resources required to achieve metrics associated with project 3.c.i										
Task 2. Utilize FDRHPO Communications Committee to support communication needs										
Task 3. Utilize Medical Management Committee to support the engagement of PPS providers in achieving DSRIP transformation.										
Task 4. Indentify PCP's and gain commitment to achieve metrics associated with 3.c.i										
Task 5. Implement and Utilize practioner communications engagement plan to: inform, improve, sustain two-way communications.										
Task 6. Leverage technological infrastructure to overcome geographical distances between particapating providers and to facliltate collaboration										
Task 7. Generate lists of total PCP's in PPS and engage at-least 80% to participate in project.										
Milestone #3 Develop care coordination teams (including diabetes educators,										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task 1. Form care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers.										
Task 2. All participating providers will have a Clinically Interoperable System in place										
Task 3. Implement care coordination teams that include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task 4. Validate Care coordination processes are in place.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. Develop improvement processes and plans that address top health disparities and improve workflow										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 2. Assess and Stratify population into risk categories.										
Task 3. Asses and Stratify data collection population based on (Race, Ethnicity, and Language) (REAL).										
Task 4. Establish linkages to health homes for targeted patient populations										
Task 5. Implement Stanford model through partnerships with community based organizations (CBO's).										
Task 6. Conduct training on high risk populations, Stanford Model for chronic diseases and linkages to health homes.										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Establish agreement's with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 2. Documented evidence of agreements										
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task 1. Identify and Stratify targeted patients and track actively engaged patients for project milestone reporting.										
Task 2. Establish and utilize a recall system that allows staff to report										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
which patients are overdue for which preventive services and track when and how patients were notified of needed services.										
Task 3. Compile sample data collection of recall system and EHR completeness report to track project implementation and progress. (Recall Rosters, Roster of Identified Patients, Screenshots of Recall System)										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task 1. EHR meets Meaningful Use Stage 2 CMS requirements (NOTE: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task 2. PPS has achieved NCQA 2014 level 3 PCMH standards and/or APCM.										
Task 3. EHR meets connectivity to RHIO/SHIN-NY requirements.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

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

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 3.c.ii – Implementation of evidence-based strategies to address chronic disease - primary and secondary prevention projects (adults only)

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

Instructions :

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

"The NCI PPS intends to implement the National Diabetes Prevention Program (NDPP) by leveraging existing partnerships with community-based organizations and by utilizing Electronic Health Records (EHRs) to identify and track pre-diabetic patients and individuals at risk of developing diabetes. Successful project implementation will therefore be contingent upon our partners and upon EHR functionality.

1.) Risk: Risks to implementation presented by our partners include their capacity to offer the class to the high number of regional residents that require intervention, their ability to offer the class at satellite locations (to overcome existing transportation challenges), and the financial sustainability of each program.

Mitigation: NCI is committed to the sustained delivery of the NDPP and will therefore mitigate the outlined risks by using DSRIP funds to offset the cost of expanding the programs and delivering them at the scope required to achieve measurable health improvement.

2.) Risk The region is characterized by a wide variety of EHR platforms, each with unique functionalities and challenges. One major EHR-based risk to implementation is the flexibility of a particular platform to add functionality allowing providers to seamlessly identify and refer high-risk and pre-diabetic patients to existing community-based prevention programming.

Mitigation: Our PPS has decided to mitigate that risk by conducting a comprehensive assessment of EHR functionality and developing a systematic plan to provide technical assistance to practices requiring added functionality to ensure that the target patient population is sufficiently identified, referred to services and tracked.

3.) Risk: Regional healthcare is currently provided in separate silos with limited ability to share records or care plans. Patients with chronic, complex conditions often have multiple and contradictory care plans with little to no communication between providers and settings. There are no agreed upon protocols for care transitions and little care management across the continuum. Due to the rural geography and transience of many high-risk patients once they leave the "teaching/engaging" moment at the hospital, the Health Home care managers are unable to find them to engage them in outpatient services and active participation in their care plans that would prevent future hospitalizations and ED use. In addition, there is a PC workforce shortage that requires a focused cross-system effort to increase capacity in order that we may serve those with chronic disease burdens. Because CBOs have little to no interaction with inpatient settings or PCPs, there is often a gap in leveraging community support services such as the NDPP. Patients need facilitated, smooth transitions and communication across all settings.

Mitigation: Implementation of a regional care transition project (2biv), regional delivery system integration (2ai) and a strategy to improve PCMH status (2aii)."

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY2,Q4	80

Patients Engaged to Date in Current DY	DY1,Q3 Patient Update	% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
0	0	0.00%	40	0.00%

Warning: Please note that your DY1,Q3 Patient update does not meet your committed amount (40)

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
hsanchez	Documentation/Certification	45_PMDL4515_1_3_20160127150445_DY1_Q3_Filler_Document.docx	DY1 Q3 Filler Document	01/27/2016 03:05 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 3.c.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 Center for Disease Control (CDC)-recognized National Diabetes Prevention Programs (NDPP) and/or create partnerships with community sites to refer patients to CDC-recognized programs.	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 implemented CDC-recognized National Diabetes Prevention Programs (NDPP) and/or create linkages with community program delivery sites to refer patients to CDC - recognized programs in the community such as the National Diabetes Prevention Program (NDPP), Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Education (DSME).	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify CBO's in PPS's geographical area that offer evidence-based programs and assess service capacity.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables pertaining to chronic disease	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Partner with and contract CBO's in diabetes prevention programs.	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Incoporate communication of DPP into NCI DSRIP communications plan to: inform, improve, sustain two-way	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1

Samaritan Medical Center (PPS ID:45)

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
communications.									
Task 6. Utilize existing CBO expertise to prevent overgrowth or duplication of existing services	Project		In Progress	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Provide prevention information to CBO's about DPP, recognition process and training opportunities (include in NCI DSRIP Communication Plan	Project		In Progress	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8. Identify appropriate public sector agencies at the state and local level in the NCI service area	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 9. Develop an action plan for coordinating supporting agency activities within the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities in advocating early identification of pre-diabetes.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify targeted patient population through data collection	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Track / Monitor actively engaged patients utilizing designated tracking systems	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Report actively engaged patients against milestone completion	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Routinely measure outcomes through quality assessment	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Identify high-risk patients (including those at risk for onset of diabetes or with pre-diabetes) and establish referral process to institutional or community NDPP delivery sites.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS has identified patients and referred them to either institutional or community NDPP delivery sites.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Implement and utilize NCI DSRIP communications plan to: inform, improve, sustain two-way communications. Where appropriate and accepted utilize electronic referrals processes.	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Showcase our regions DPP programs, while building support of these programs through introductions of key personnel and sharing of critical information needed to embrace these programs	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Enhance and leverage current systems to include identification of pre-diabetes and referral to recognized Diabetes Prevention Program	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4.Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for NDPP.	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Support local media campaigns aimed at identified priority populations to increase awareness of pre-diabetes and encourage participation in NDPP.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Ensure collaboration with PCPs and program sites to monitor progress and provide ongoing recommendations.	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 trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	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 trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically	Provider	Practitioner - Non-Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).									
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Develop population registries / metrics that demonstrate stratification by risk, conditions, or other criteria important to chronic disease management	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Collaborative & on-going consultations via PCP's method of choice (phone, note, secure email, conversation).	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 3. Maintain positive and collaborative working relationships with network practitioners and providers	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 4. Demonstrate a capacity to use health IT to link services that facilitate communication among healthcare team members: the patient, and family caregivers; and provide feedback to practices, as appropriate.	Project		In Progress	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 5. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Establish lifestyle modification programs including diet, tobacco use, and exercise and medication compliance.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Lifestyle modification programs that focus on lifestyle	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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
modification are created and implemented as part of care plan. Program recommendations are consistent with community resources.									
Task 1. Strategic use of health communication and marketing tools to raise awareness chronic diseases:	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Enhance public awareness of lifestyle change programs and how to enroll in these lifestyle programs	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Educate employers and wellness professionals utilizing CBO's body of knowledge of wellness lifestyles	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Utilize Social Media to promote healthy lifestyle programs	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Partner with care coordinators on development of lifestyle modification programs as to assist in the involvement of all key stakeholders and patient advocates	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 6. Educate patients on medication usage and control	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Ensure coordination with Medicaid Managed Care organizations and Health Homes for eligible/involved patients.	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 agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Implement a care coordination model to increase clinical-community linkage with local health departments, home care agencies and other community organization to promote self management support"	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Geograpically determine current Health Homes: range of care, limitations, and ability to provide coordination of care (existing care relationships, care coordination experience, health IT systems and networks).	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 3. Integrate Community Health Workers into the system of care.	Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Partner with local health departments and identify and engage Community Health Worker networks.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Promote DSRIP focusing on improving care for populations with chronic disease to MCOs	Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.	Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 7. Utilize VBP plans to strategically involve the MCO's in our plans and strategies around DPP programs.	Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement Center for Disease Control (CDC)-recognized National Diabetes Prevention Programs (NDPP) and/or create partnerships with community sites to refer patients to CDC-recognized programs.										
Task PPS has implemented CDC-recognized National Diabetes Prevention Programs (NDPP) and/or create linkages with community program delivery sites to refer patients to CDC - recognized programs in the community such as the National Diabetes Prevention Program (NDPP), Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Education (DSME).										
Task 1. Identify CBO's in PPS's geographical area that offer evidence-based programs and assess service capacity.										
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables pertaining to chronic disease										
Task 4. Partner with and contract CBO's in diabetes prevention programs.										
Task 5. Incoporate communication of DPP into NCI DSRIP communications plan to: inform, improve, sustain two-way communications.										
Task 6. Utilize existing CBO expertise to prevent overgrowth or duplication of existing services										
Task 7. Provide prevention information to CBO's about DPP, recognition process and training opportunities (include in NCI DSRIP Communication Plan										
Task 8. Identify appropriate public sector agencies at the state and local level in the NCI service area										
Task 9. Develop an action plan for coordinating supporting agency activities within the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities in advocating early identification of pre-diabetes.										
Milestone #2 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).										
Task 3. Track / Monitor actively engaged patients utilizing designated tracking systems										
Task 4. Report actively engaged patients against milestone completion										
Task 5. Routinely measure outcomes through quality assessment										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 Identify high-risk patients (including those at risk for onset of diabetes or with pre-diabetes) and establish referral process to institutional or community NDPP delivery sites.										
Task PPS has identified patients and referred them to either institutional or community NDPP delivery sites.										
Task 1. Implement and utilize NCI DSRIP communications plan to: inform, improve, sustain two-way communications. Where appropriate and accepted utilize electronic referrals processes.										
Task 2. Showcase our regions DPP programs, while building support of these programs through introductions of key personnel and sharing of critical information needed to embrace these programs										
Task 3. Enhance and leverage current systems to include identification of pre-diabetes and referral to recognized Diabetes Prevention Program										
Task 4.Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for NDPP.										
Task 5. Support local media campaigns aimed at identified priority populations to increase awareness of pre-diabetes and encourage participation in NDPP.										
Milestone #4 Ensure collaboration with PCPs and program sites to monitor progress and provide ongoing recommendations.										
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	0	0	0	0	0	0	0	0	0	0
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the	0	0	0	0	0	0	0	0	0	0

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).										
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	0	0	0	0	0	0	0	0	0	0
Task 1. Develop population registries / metrics that demonstrate stratification by risk, conditions, or other criteria important to chronic disease management										
Task 2. Collaborative & on-going consultations via PCP's method of choice (phone, note, secure email, conversation).										
Task 3. Maintain positive and collaborative working relationships with network practitioners and providers										
Task 4. Demonstrate a capacity to use health IT to link services that facilitate communication among healthcare team members: the patient, and family caregivers; and provide feedback to practices, as appropriate.										
Task 5. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.										
Milestone #5 Establish lifestyle modification programs including diet, tobacco use, and exercise and medication compliance.										
Task Lifestyle modification programs that focus on lifestyle modification are created and implemented as part of care plan. Program recommendations are consistent with community resources.										
Task 1. Strategic use of health communication and marketing tools to raise awareness chronic diseases:										
Task 2. Enhance public awareness of lifestyle change programs and how to enroll in these lifestyle programs										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 3. Educate employers and wellness professionals utilizing CBO's body of knowledge of wellness lifestyles										
Task 4. Utilize Social Media to promote healthy lifestyle programs										
Task 5. Partner with care coordinators on development of lifestyle modification programs as to assist in the involvement of all key stakeholders and patient advocates										
Task 6. Educate patients on medication usage and control										
Milestone #6 Ensure coordination with Medicaid Managed Care organizations and Health Homes for eligible/involved patients.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Implement a care coordination model to increase clinical-community linkage with local health departments, home care agencies and other community organization to promote self management support"										
Task 2. Geograpically determine current Health Homes: range of care, limitations, and ability to provide coordination of care (existing care relationships, care coordination experience, health IT systems and networks).										
Task 3. Integrate Community Health Workers into the system of care.										
Task 4. Partner with local health departments and identify and engage Community Health Worker networks.										
Task 5. Promote DSRIP focusing on improving care for populations with chronic disease to MCOs										
Task 6. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 7. Utilize VBP plans to strategically involve the MCO's in our plans and strategies around DPP programs.										

Project 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 Center for Disease Control (CDC)-recognized National Diabetes Prevention Programs (NDPP) and/or create partnerships with community sites to refer patients to CDC-recognized programs.										
Task PPS has implemented CDC-recognized National Diabetes Prevention Programs (NDPP) and/or create linkages with community program delivery sites to refer patients to CDC - recognized programs in the community such as the National Diabetes Prevention Program (NDPP), Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Education (DSME).										
Task 1. Identify CBO's in PPS's geographical area that offer evidence-based programs and assess service capacity.										
Task 2. Establish linkages with CBO's in the PPS's geographical targeted population areas										
Task 3. Develop engagement plan that outlines numbers of CBO's required, service requirements and alignment of CBO 's specific roles and responsibilities in achieving DSRIP deliverables pertaining to chronic disease										
Task 4. Partner with and contract CBO's in diabetes prevention programs.										
Task 5. Incoporate communication of DPP into NCI DSRIP communications plan to: inform, improve, sustain two-way communications.										
Task 6. Utilize existing CBO expertise to prevent overgrowth or duplication of existing services										
Task 7. Provide prevention information to CBO's about DPP, recognition process and training opportunities (include in NCI DSRIP Communication Plan										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 8. Identify appropriate public sector agencies at the state and local level in the NCI service area										
Task 9. Develop an action plan for coordinating supporting agency activities within the PPS for discussion, review, and adoption by the Agencies and Municipal Authorities in advocating early identification of pre-diabetes.										
Milestone #2 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify targeted patient population through data collection										
Task 2. Integrate clinical decision support functions based on evidence-based guidelines into EHR (i.e., order sets, alerts).										
Task 3. Track / Monitor actively engaged patients utilizing designated tracking systems										
Task 4. Report actively engaged patients against milestone completion										
Task 5. Routinely measure outcomes through quality assessment										
Milestone #3 Identify high-risk patients (including those at risk for onset of diabetes or with pre-diabetes) and establish referral process to institutional or community NDPP delivery sites.										
Task PPS has identified patients and referred them to either institutional or community NDPP delivery sites.										
Task 1. Implement and utilize NCI DSRIP communications plan to: inform, improve, sustain two-way communications. Where appropriate and accepted utilize electronic referrals processes.										
Task 2. Showcase our regions DPP programs, while building support of these programs through introductions of key personnel and sharing of critical information needed to embrace these programs										
Task										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
3. Enhance and leverage current systems to include identification of pre-diabetes and referral to recognized Diabetes Prevention Program										
Task 4.Plan and execute strategic data-driven actions through a network of partners and local organizations to build support for NDPP.										
Task 5. Support local media campaigns aimed at identified priority populations to increase awareness of pre-diabetes and encourage participation in NDPP.										
Milestone #4 Ensure collaboration with PCPs and program sites to monitor progress and provide ongoing recommendations.										
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	0	0	0	0	0	0	0	0	0	0
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	0	0	0	0	0	0	0	0	0	0
Task PPS has trained staff to facilitate referrals to NDPP delivery sites and provide supports and follow-up to patients. PPS periodically conducts audits to ensure that referrals are made and patients are being treated with evidence-based strategies in the community to assist them with primary and secondary prevention strategies to reduce risk factors for diabetes and other co-occurring chronic diseases. (adult only).	0	0	0	0	0	0	0	0	0	0
Task 1. Develop population registries / metrics that demonstrate stratification by risk, conditions, or other criteria important to chronic disease management										
Task 2. Collaborative & on-going consultations via PCP's method of choice (phone, note, secure email, conversation).										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task 3. Maintain positive and collaborative working relationships with network practitioners and providers										
Task 4. Demonstrate a capacity to use health IT to link services that facilitate communication among healthcare team members: the patient, and family caregivers; and provide feedback to practices, as appropriate.										
Task 5. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.										
Milestone #5 Establish lifestyle modification programs including diet, tobacco use, and exercise and medication compliance.										
Task Lifestyle modification programs that focus on lifestyle modification are created and implemented as part of care plan. Program recommendations are consistent with community resources.										
Task 1. Strategic use of health communication and marketing tools to raise awareness chronic diseases:										
Task 2. Enhance public awareness of lifestyle change programs and how to enroll in these lifestyle programs										
Task 3. Educate employers and wellness professionals utilizing CBO's body of knowledge of wellness lifestyles										
Task 4. Utilize Social Media to promote healthy lifestyle programs										
Task 5. Partner with care coordinators on development of lifestyle modification programs as to assist in the involvement of all key stakeholders and patient advocates										
Task 6. Educate patients on medication usage and control										
Milestone #6 Ensure coordination with Medicaid Managed Care organizations and Health Homes for eligible/involved patients.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and										

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
other preventive services relevant to this project.										
Task 1. Implement a care coordination model to increase clinical-community linkage with local health departments, home care agencies and other community organization to promote self management support"										
Task 2. Geograpically determine current Health Homes: range of care, limitations, and ability to provide coordination of care (existing care relationships, care coordination experience, health IT systems and networks).										
Task 3. Integrate Community Health Workers into the system of care.										
Task 4. Partner with local health departments and identify and engage Community Health Worker networks.										
Task 5. Promote DSRIP focusing on improving care for populations with chronic disease to MCOs										
Task 6. Collect and report on data to evaluate the success of increased care coordination and chronic disease management in terms of clinical outcomes, patient experience, and quality of care.										
Task 7. Utilize VBP plans to strategically involve the MCO's in our plans and strategies around DPP programs.										

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 Center for Disease Control (CDC)-recognized National Diabetes Prevention Programs (NDPP) and/or create partnerships	

Samaritan Medical Center (PPS ID:45)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
with community sites to refer patients to CDC-recognized programs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Identify high-risk patients (including those at risk for onset of diabetes or with pre-diabetes) and establish referral process to institutional or community NDPP delivery sites.	
Ensure collaboration with PCPs and program sites to monitor progress and provide ongoing recommendations.	
Establish lifestyle modification programs including diet, tobacco use, and exercise and medication compliance.	
Ensure coordination with Medicaid Managed Care organizations and Health Homes for eligible/involved patients.	

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	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 3.c.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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

As evidenced by the CNA, mental illness is the single largest cause of Medicaid hospitalization and emergency room visits in the region, and the leading cause of all avoidable hospitalizations.
1.) Risk: The diagnosis of mental health and substance abuse disorders is sufficiently widespread presenting the risk that project resource allocation may become diluted.

Mitigation: The diversity of causal factors and the existence of several comorbidities prompted the PPS to focus the project 4.a.iii. on two specific areas: 1) school-aged youth, and 2)identified geographic pockets where poverty is co-localized with high rates of avoidable hospital use.

2.) Risk: The existing isolation of services and lack of coordination that plague regional prevention efforts, will present another critical risk to implementation. A strong and integrated mental health and substance abuse infrastructure requires efficient coordination of services. The PPS will partner with the North Country Behavioral Healthcare Network (NCBHN) to address the stated risk.

3.) Risk: Another risk to the successful implementation of project 4.a.iii is our reliance on stakeholders to adopt evidence-based practices and to align programming with regional needs.

Mitigation: To mitigate this risk and move our partners along in the process the PPS will coordinate this effort with project 3.a.i.

4.) Risk: Culture change will be one of our biggest challenges. Currently the region's prevention efforts are often provided in isolation of one another on a county by county basis. Services are not necessarily tied to the regional health assessment data. As a result efforts are not routinely targeted to the highest priority MEB need nor are they to the geographic areas of greatest need. Tying programming to regional needs data will be a significant change for many stakeholder agencies. Likewise agencies will need to adopt evidence based practices and commit to monitoring effectiveness over time. Geography and the associated travel time for meetings may also be a barrier.

Mitigation: Expanded use of web based meeting and video conferencing technology will be utilized. An administrative service agency will also need to be designated that can dedicate staff to implementing the project and keeping stakeholders engaged.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Participate in Mental, Emotional and Behavioral (MEB) health promotion and MEB disorder prevention partnerships	In Progress	Participate in Mental, Emotional and Behavioral (MEB) health promotion and MEB disorder prevention partnerships	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Collaborate with key MEB influencers (local health departments, local government, community stakeholders) to clarify roles in MEB infrastructure	Completed	Collaborate with key MEB influencers (local health departments, local government, community stakeholders) to clarify roles in MEB infrastructure	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task b. Leverage 2013 and 2014 community needs assessments to identify specific MEB issues to be addressed	Completed	Leverage 2013 and 2014 community needs assessments to identify specific MEB issues to be addressed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task c. Identify key stakeholders to serve on an interdisciplinary team to address identified MEB issues	Completed	Identify key stakeholders to serve on an interdisciplinary team to address identified MEB issues	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task d. Develop interdisciplinary team charter (that includes rationale, assets, challenges, goals, objectives, baseline data, interventions to be implemented)	Completed	Develop interdisciplinary team charter (that includes rationale, assets, challenges, goals, objectives, baseline data, interventions to be implemented)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task e. Implement interventions, track progress, make improvements as needed	In Progress	Implement interventions, track progress, make improvements as needed	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 2. Collaborative care in primary care settings	In Progress	Collaborative care in primary care settings	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Implement IMPACT Model (Collaborative Care) at Primary Care Sites.	In Progress	Implement IMPACT Model (Collaborative Care) at Primary Care Sites.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task i. In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, explore and identify evidence-based IMPACT (Collaborative Care) Model training programs	Completed	In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, explore and identify evidence-based IMPACT (Collaborative Care) Model training programs	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task ii. Secure IMPACT Model training program	Completed	Secure IMPACT Model training program	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task iii. Identify appropriate project workforce for IMPACT model training	In Progress	Identify appropriate project workforce for IMPACT model training	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task iv. Document commitment from project workforce for IMPACT Model training	In Progress	Document commitment from project workforce for IMPACT Model training	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task v. Develop and implement evidence-based strategies for the IMPACT model at identified primary care sites	In Progress	Develop and implement evidence-based strategies for the IMPACT model at identified primary care sites	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task vi. Provide quarterly report narrative demonstrating successful implementation of project requirements (IMPACT Model implemented at PCP sites)	In Progress	Provide quarterly report narrative demonstrating successful implementation of project requirements (IMPACT Model implemented at PCP sites)	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task b. Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	In Progress	Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task i. In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, ensure identified and appropriate workforce are IMPACT Model trained and able to demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings, especially with clinically challenging cases (i.e.	In Progress	In collaboration with NCI Workforce, Care Coordination and Medical Management Committees, ensure identified and appropriate workforce are IMPACT Model trained and able to demonstrate practical, evidence-based approaches to recognizing and treating depression in a variety of clinical settings, especially with clinically challenging cases (i.e. persistent depressions and comorbid or psychiatric conditions)	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
persistent depressions and comorbid or psychiatric conditions)								
Task ii. Provide documentation of evidence-based practice guidelines and protocols to include medication management and care engagement processes to facilitate collaboration between primary care physician and care manager	In Progress	Provide documentation of evidence-based practice guidelines and protocols to include medication management and care engagement processes to facilitate collaboration between primary care physician and care manager	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task iii. Provide documentation of evidence-based practice guidelines to include a process for consulting with Psychiatrist	In Progress	Provide documentation of evidence-based practice guidelines to include a process for consulting with Psychiatrist	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task c. Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	In Progress	Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task i. Work with PCP practices to identify and train Depression Care Manager	In Progress	Work with PCP practices to identify and train Depression Care Manager	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task ii. Work with NCI IT team to ensure Depression Care Manager can be identified in the practice's EHR	In Progress	Work with NCI IT team to ensure Depression Care Manager can be identified in the practice's EHR	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task iii. Provide documented evidence of IMPACT model training and implementation	In Progress	Provide documented evidence of IMPACT model training and implementation	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task iv. Provide sample EHR demonstrating relapse prevention plans, patient coaching and other IMPACT interventions	In Progress	Provide sample EHR demonstrating relapse prevention plans, patient coaching and other IMPACT interventions	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task d. Designate a Psychiatrist meeting requirements of the IMPACT Model.	In Progress	Designate a Psychiatrist meeting requirements of the IMPACT Model.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task i. Identify consulting psychiatrists via telemedicine who will collaborate with PCMH providers and depression care managers to	In Progress	Identify consulting psychiatrists via telemedicine who will collaborate with PCMH providers and depression care managers to provide evidence-based standards of care including medication management, care engagement processes, and the integration of	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provide evidence-based standards of care including medication management, care engagement processes, and the integration of depression treatment into Primary Care to improve physical and social functioning		depression treatment into Primary Care to improve physical and social functioning						
Task ii. Work in partnership with NCI IT, Medical Management and PCMH teams to ensure technological infrastructure is in place for private, secure telemedical consults with a identified psychiatrists	In Progress	Work in partnership with NCI IT, Medical Management and PCMH teams to ensure technological infrastructure is in place for private, secure telemedical consults with a identified psychiatrists	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task iii. Provide documentation related to registration of IMPACT participants and designated Psychiatrist	In Progress	Provide documentation related to registration of IMPACT participants and designated Psychiatrist	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task iv. Provide documentation of policies and procedures related to follow up with care of patients	In Progress	Provide documentation of policies and procedures related to follow up with care of patients	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task v. Provide EHR documentation identifying Psychiatrists for eligible patients	In Progress	Provide EHR documentation identifying Psychiatrists for eligible patients	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task e. Measure outcomes as required in the IMPACT Model.	In Progress	Measure outcomes as required in the IMPACT Model.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task i. Provide roster of screened patients	In Progress	Provide roster of screened patients	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task ii. Develop protocols to ensure care managers measure depressive symptoms at the start of a patient's treatment and regularly thereafter using tools such as the PHQ2/9	In Progress	Develop protocols to ensure care managers measure depressive symptoms at the start of a patient's treatment and regularly thereafter using tools such as the PHQ2/9	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task f. Provide "stepped care" as required by the IMPACT Model.	In Progress	Provide "stepped care" as required by the IMPACT Model.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task i. Provide documentation of evidence-based	In Progress	Provide documentation of evidence-based practice guidelines for stepped care including implementation plan	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practice guidelines for stepped care including implementation plan								
Task ii. Documentation of treatment adjusted based on clinical outcomes and according to evidence-based algorithms to include things such as medication dosages, a change to a different medication, addition of psychotherapy, a combination of medication and psychotherapy, or other treatment as suggested by the team psychiatrist	In Progress	Documentation of treatment adjusted based on clinical outcomes and according to evidence-based algorithms to include things such as medication dosages, a change to a different medication, addition of psychotherapy, a combination of medication and psychotherapy, or other treatment as suggested by the team psychiatrist	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task iii. Working in collaboration with NCI clinical teams, develop targets which aim for a certain percentage (i.e. 50%) in the reduction of symptoms within a certain time period (i.e. 10-12 weeks)	In Progress	Working in collaboration with NCI clinical teams, develop targets which aim for a certain percentage (i.e. 50%) in the reduction of symptoms within a certain time period (i.e. 10-12 weeks)	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task g. Use EHRs or other technical platforms to track all patients engaged in this project.	In Progress	Use EHRs or other technical platforms to track all patients engaged in this project.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task i. In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records	In Progress	In collaboration with NCI's IT team and participating providers, track engaged patients in this project using EHR documentation demonstrating integration of medical and behavioral health record within individual patient records	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task ii. Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.	In Progress	Working in collaboration with NCI's IT, data and clinical team, gather data and track target patients by using EHR reports.	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone 3. Cultural and linguistic training on MEB health promotion, prevention and treatment	In Progress	Cultural and linguistic training on MEB health promotion, prevention and treatment	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task a. Conduct assessment to understand community and provider characteristics,	In Progress	Conduct assessment to understand community and provider characteristics, including an understanding of MEB promotion	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
including an understanding of MEB promotion								
Task b. Conduct an assessment of cultural competency among regional providers	In Progress	Conduct an assessment of cultural competency among regional providers	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task c. Train providers to deliver evidence-based care that is integrated with MEB promotion and disorder prevention	In Progress	Train providers to deliver evidence-based care that is integrated with MEB promotion and disorder prevention	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task d. Identify and deliver curricula for children and youth to enhance their social skills, emotional competence, and conflict resolution and coping skills	In Progress	Identify and deliver curricula for children and youth to enhance their social skills, emotional competence, and conflict resolution and coping skills	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task e. Identify and deliver curricula to members of partnership on MEB health promotion, prevention and treatment using the Institute of Medicine Intervention Spectrum framework	In Progress	Identify and deliver curricula to members of partnership on MEB health promotion, prevention and treatment using the Institute of Medicine Intervention Spectrum framework	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone 4. Share data and information on MEB health promotion and MEB disorder prevention and treatment	In Progress	Share data and information on MEB health promotion and MEB disorder prevention and treatment	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task a. Collaborate with key influencers to identify data sources that can be used to share information on MEB issues within the community	In Progress	Collaborate with key influencers to identify data sources that can be used to share information on MEB issues within the community	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task b. Include MEB data and information sharing in NCI DSRIP Communication Plan	In Progress	Include MEB data and information sharing in NCI DSRIP Communication Plan	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task c. At least quarterly share MEB data and information using DSRIP Communication Channels	In Progress	At least quarterly share MEB data and information using DSRIP Communication Channels	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Participate in Mental, Emotional and Behavioral (MEB) health promotion and MEB disorder prevention partnerships	
2. Collaborative care in primary care settings	
3. Cultural and linguistic training on MEB health promotion, prevention and treatment	
4. Share data and information on MEB health promotion and MEB disorder prevention and treatment	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

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

Instructions :

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

Our PPS intends to promote prevention services related to chronic obstructive pulmonary disease (COPD) and colorectal cancer by leveraging existing partnerships with community-based organizations and by utilizing Electronic Health Records (EHRs) to identify and track high-risk patients. Successful project implementation will therefore be contingent upon our partners and upon EHR functionality.

Some risks to implementation presented by our partners include their capacity to offer programming to the high number of regional residents that require intervention, their ability to offer interventions at satellite locations (to overcome existing transportation challenges), and the financial sustainability of each program. Our PPS is committed to the sustained delivery of these programs and will therefore mitigate the outlined risks by leveraging resources to assist our partners to deliver programming at the scope required to achieve measurable health improvement.

1.) Risk: The region is characterized by a wide variety of EHR platforms, each with unique functionalities and challenges. One major EHR-based risk to implementation is the flexibility of a particular platform to add functionality allowing providers to seamlessly identify and refer high-risk patients to existing community-based prevention programming.

Mitigation: Our PPS has decided to mitigate that risk by conducting a comprehensive assessment of EHR functionality and developing a systematic plan to provide technical assistance to practices requiring added functionality to ensure that the target patient population is sufficiently identified, referred to services and tracked. This will be done in conjunction with 2.a.i and 2.a.ii.

2.) Risk: Prevention programs such as tobacco cessation are not covered services and are not receiving referrals.

Mitigation: NCI will utilize DSRIP funds to pay for prevention services for identified chronic diseases with a high incidence in the PPS service area. NCI will connect patients to community-based preventive services and adopt and use certified EHRs, especially those with clinical decision supports and registry functionally to send reminders to patients for preventive and follow-up care, including the identification of community resources to support disease self-management.

3.) Risk: Several practices do not have spirometry equipment to diagnose COPD.

Mitigation: There are financial incentives (a reimbursable service) to purchasing spirometry equipment. NCI will encourage providers to purchase equipment, thereby ensuring the sustainability of spirometry screening programs which are proven to increase the accuracy of COPD diagnosis and the accuracy of management of COPD.

4.) Risk: 60% of PCPs have either never attempted APC/PCMH certification, or have allowed 2008 standards to lapse. All participating PCPs will have to re-apply to be recognized under the 2014 NCQA standards by DY3.

Mitigation: The strategies to address this challenge incorporated in Project 2.a.ii. will be duplicated here for non-safety net PCPs

5.) Risk: Resources are generally available in high density population centers. While approximately 28% of the region's total population lives within these communities, almost 60% of the Medicaid population lives in high population density regions. The remaining individuals must travel long distances to access care, a situation exacerbated by the average annual snowfall of over 200 inches.

Mitigation: The NCI will train, hire and resource care managers and CHWs to meet patients "where they are" through engagement, outreach and shared decision-making.

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Establish or enhance reimbursement and incentive models to increase delivery of high-quality chronic disease prevention and management services	In Progress	Establish or enhance reimbursement and incentive models to increase delivery of high-quality chronic disease prevention and management services	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Coordinate with Medical Management Committee to develop PPS-wide approach to incentivize clinicians to refer to preventive services	In Progress	Coordinate with Medical Management Committee to develop PPS-wide approach to incentivize clinicians to refer to preventive services	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task b. Work with Medical Management Committee to identify opportunities to incorporate referral to preventive services in VBP planning	In Progress	Work with Medical Management Committee to identify opportunities to incorporate referral to preventive services in VBP planning	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task c. Work with VBP workgroup to incorporate referral to preventive services in VBP planning	In Progress	Work with VBP workgroup to incorporate referral to preventive services in VBP planning	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone 2. Offer recommended clinical preventive services	In Progress	Offer recommended clinical preventive services	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Incorporate focused cancer screening policies/protocols into PPS primary care partners workflow during PCMH implementations, where appropriate, including standing orders that address the ordering, review, and follow-up or evidence-based cancer screening tests	In Progress	Incorporate focused cancer screening policies/protocols into PPS primary care partners workflow during PCMH implementations, where appropriate, including standing orders that address the ordering, review, and follow-up or evidence-based cancer screening tests	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task b. Increase provider/care team knowledge	Completed	Increase provider/care team knowledge of screening protocols and clinical practice guidelines by incorporating into NCI DSRIP	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
of screening protocols and clinical practice guidelines by incorporating into NCI DSRIP Communication Plan		Communication Plan						
Task c. Increase provider/care team knowledge of screening protocols and clinical practice guidelines by incorpation into PPS Primary Care workforce training plan	Completed	Increase provider/care team knowledge of screening protocols and clinical practice guidelines by incorpation into PPS Primary Care workforce training plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task d. Increase provider/care team knowledge of screening protocols and clinical practice guidelines by implementing communication and workforce training plan	In Progress	Increase provider/care team knowledge of screening protocols and clinical practice guidelines by implementing communication and workforce training plan	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 3. Incorporate Prevention Agenda goals and objectives into hospital Community Service Plans, and coordinate implementation with local health departments and community partners	In Progress	Incorporate Prevention Agenda goals and objectives into hospital Community Service Plans, and coordinate implementation with local health departments and community partners	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task a. Conduct meta-analysis of existing Community Service Plans to identify PPS-wide strategies to address preventive screening rates	In Progress	Conduct meta-analysis of existing Community Service Plans to identify PPS-wide strategies to address preventive screening rates	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Revise plans to include Prevention Agenda goals regarding preventive services	In Progress	Revise plans to include Prevention Agenda goals regarding preventive services	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone 4. Adopt and use certified electronic health records, especially those with clinical decision supports and registry functionality. Send reminders to patients for preventive and follow-up care, and identify community resources available to patients to support disease self-management	In Progress	Adopt and use certified electronic health records, especially those with clinical decision supports and registry functionality. Send reminders to patients for preventive and follow-up care, and identify community resources available to patients to support disease self-management	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct an assessment of the current	In Progress	Conduct an assessment of the current practices and clinics to determine the needed infrastructure, training and implementation	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.		required to ensure all providers are fully utilizing EHRs to provide coordinated care across the PPS.						
Task 2. Perform a gap analysis and a plan with budget to address the identified needs	In Progress	Perform a gap analysis and a plan with budget to address the identified needs	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	In Progress	Begin implementations with prioritization based on attributed Medicaid population and provider engagement.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	In Progress	During the implementation phase and all phases that follow, prepare a report to the governance committee to ensure that all risks, & issues are communicated and a plan is in place to address them.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Perform a post-go-live gap analysis and a plan with budget to address the identified needs	In Progress	Perform a post-go-live gap analysis and a plan with budget to address the identified needs	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	In Progress	Facilitate the practice's connection with the HealtheConnections RHIO and the regional PHM platform to ensure they have access to all information the patient has consented to in order to provide efficient, effective and high-quality care.	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.	In Progress	Perform a pre-MU and PCMH assessment of the current practices and clinics to determine the needed infrastructure, training and implementation required to ensure all providers are utilizing the EHR and operating as a PCMH in order to attest for MU and apply for NCQA PCMH by DSRIP DY3.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 8. Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	In Progress	Begin MU attestations & PCMH recognitions with prioritization based on attributed Medicaid population and provider engagement.	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 9. Establish PPS-wide approaches for alerting providers/care team about patients due for screenings and about follow-up on test results	In Progress	Establish PPS-wide approaches for alerting providers/care team about patients due for screenings and about follow-up on test results	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 10. Establish PPS-wide approaches for reminding patients they are due for screening or in need of follow-up	In Progress	Establish PPS-wide approaches for reminding patients they are due for screening or in need of follow-up	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 5. Adopt medical home or team-based care models	In Progress	Adopt medical home or team-based care models	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.	In Progress	Assess all participating PCPs to determine their preparedness for NCQA 2014 Level 3 PCMH.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task i. Phase 1 PCPs complete	Completed	Phase 1 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task ii. Phase 2 PCPs complete	Completed	Phase 2 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Perform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.	In Progress	Perform a gap analysis on the results to determine the scope of work/needed assistance for each PCP.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task i. Phase 1 PCPs complete	Completed	Phase 1 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task ii. Phase 2 PCPs complete	Completed	Phase 2 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Create a project plan/timeline for each PCP	In Progress	Create a project plan/timeline for each PCP	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task i. Phase 1 PCPs complete	Completed	Phase 1 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task ii. Phase 2 PCPs complete	Completed	Phase 2 PCPs complete	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task d. Implement the PCMH processes, procedures, protocols and written policies.	In Progress	Implement the PCMH processes, procedures, protocols and written policies.	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task i. Phase 1 PCPs complete	In Progress	Phase 1 PCPs complete	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task ii. Phase 2 PCPs complete	In Progress	ii. Phase 2 PCPs complete	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task e. Complete the NCQA Level 3 PCMH submissions	In Progress	Complete the NCQA Level 3 PCMH submissions	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task i. Phase 1 PCPs complete	In Progress	Phase 1 PCPs complete	04/01/2015	06/30/2017	04/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task ii. Phase 2 PCPs complete	In Progress	ii. Phase 2 PCPs complete	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task f. All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates	In Progress	All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. Receive the NCQA Level 3 PCMH Recognition Certificates	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task i. Phase 1 PCPs complete	In Progress	Phase 1 PCPs complete	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task ii. Phase 2 PCPs complete	In Progress	Phase 2 PCPs complete	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task iii. Phase 3 PCPs complete	In Progress	Phase 3 PCPs complete	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 6. Create linkages with and connect patients to community prevention resources	In Progress	Create linkages with and connect patients to community prevention resources	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	In Progress	Identify and contract with Community Health Workers	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
a. Identify and contract with Community Health Workers								
Task b. Train CHWs in connectivity to community healthcare resources and patient education	In Progress	Train CHWs in connectivity to community healthcare resources and patient education	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task c. Deploy CHWs to "hot spot" areas to identify underserved residents and establish linkages to preventive care	In Progress	Deploy CHWs to "hot spot" areas to identify underserved residents and establish linkages to preventive care	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task d. Ensure CHWs conduct direct hand-off to navigators and/or the appropriate level of care	In Progress	Ensure CHWs conduct direct hand-off to navigators and/or the appropriate level of care	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone 7. Provide feedback to clinicians around clinical benchmarks and incentivize quality improvement efforts	In Progress	Provide feedback to clinicians around clinical benchmarks and incentivize quality improvement efforts	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task a. Establish PPS-wide approach to monitor and share screening performance results with all care team members as outlined in organizational section practitioner engagement plan	In Progress	Establish PPS-wide approach to monitor and share screening performance results with all care team members as outlined in organizational section practitioner engagement plan	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 8. Reduce or eliminate out-of-pocket costs for clinical and community preventive services	In Progress	Reduce or eliminate out-of-pocket costs for clinical and community preventive services	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task a. Identify and coordinate with insurance navigators to connect patients to coverage for clinical preventive services	In Progress	Identify and coordinate with insurance navigators to connect patients to coverage for clinical preventive services	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task b. Provide at no cost and/or link to no/low cost community based prevention services that target regional high rates of chronic disease as identified in the CNA - specifically Tobacco Cessation, Colorectal cancer screening and DPP	In Progress	Provide at no cost and/or link to no/low cost community based prevention services that target regional high rates of chronic disease as identified in the CNA - specifically Tobacco Cessation, Colorectal cancer screening and DPP	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Establish or enhance reimbursement and incentive models to increase delivery of high-quality chronic disease prevention and management services	
2. Offer recommended clinical preventive services	
3. Incorporate Prevention Agenda goals and objectives into hospital Community Service Plans, and coordinate implementation with local health departments and community partners	
4. Adopt and use certified electronic health records, especially those with clinical decision supports and registry functionality. Send reminders to patients for preventive and follow-up care, and identify community resources available to patients to support disease self-management	
5. Adopt medical home or team-based care models	
6. Create linkages with and connect patients to community prevention resources	
7. Provide feedback to clinicians around clinical benchmarks and incentivize quality improvement efforts	
8. Reduce or eliminate out-of-pocket costs for clinical and community preventive services	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

Instructions :

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 'Samaritan Medical Center', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.**

Primary Lead PPS Provider:	SAMARITAN MEDICAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	Thomas H Carman
Submission Date:	03/16/2016 04:36 PM

Comments:	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q3	Adjudicated	Thomas H Carman	sacolema	03/31/2016 05:15 PM
DY1, Q3	Submitted	Thomas H Carman	tc306529	03/16/2016 04:36 PM
DY1, Q3	Returned	Thomas H Carman	sacolema	03/01/2016 05:15 PM
DY1, Q3	Submitted	Thomas H Carman	tc306529	02/03/2016 03:42 PM
DY1, Q3	In Process		ETL	01/03/2016 08:01 PM

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The IA has adjudicated the DY1, Q3 Quarterly Report.	sacolema	03/31/2016 05:15 PM
Returned	The IA is returning the DY1, Q3 Quarterly Report to the PPS for Remediation.	sacolema	03/01/2016 05:15 PM

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section	Module Name	Status
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section	Module Name	Status
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IT Requirements	Completed
	IPQR Module 10.6 - Performance Monitoring	Completed
	IPQR Module 10.7 - Community Engagement	Completed

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section	Module Name	Status
	IPQR Module 10.8 - IA Monitoring	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending	Completed
	IPQR Module 11.2 - Prescribed Milestones	Completed
	IPQR Module 11.3 - PPS Defined Milestones	Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 11.6 - Roles and Responsibilities	Completed
	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	Completed
	IPQR Module 11.11 - IA Monitoring	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

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 (with Exception) & Ongoing	IA
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Ongoing	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Ongoing	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Pass & Ongoing	
	Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section	Module Name / Milestone #	Review Status	
	Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Pass & Ongoing	
	Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Ongoing	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Ongoing	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Section	Module Name / Milestone #	Review Status	
Section 11	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Ongoing	
	Milestone #5 Develop training strategy.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
	Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing	
2.a.ii	Module 2.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.ii.3 - Prescribed Milestones		
	Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Pass & Ongoing	
	Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Ensure 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 direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Pass & Ongoing	
	Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Pass & Ongoing	
	Milestone #9 Implement open access scheduling in all primary care practices.	Pass & Ongoing	
2.a.iv	Module 2.a.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.iv.3 - Prescribed Milestones		
	Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Pass & Ongoing	
	Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
	Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Ongoing	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Ongoing	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Ongoing	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.d.i	Module 2.d.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.d.i.3 - Prescribed Milestones		
	Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Pass & Ongoing	
	Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Pass & Ongoing	
	Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Pass & Ongoing	
	Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Pass & Ongoing	
	Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Pass & Ongoing	
	Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	Pass & Ongoing	
	Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Pass & Ongoing	
	Milestone #8 Include beneficiaries in development team to promote preventive care.	Pass & Ongoing	
	Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
	• If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.		
	Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Pass & Ongoing	
	Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Pass & Ongoing	
	Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Pass & Ongoing	
	Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Pass & Ongoing	
	Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Pass & Ongoing	
	Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Pass & Ongoing	
	Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Pass & Ongoing	
	Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Ongoing	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Ongoing	
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass & Ongoing	

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

DSRIP Implementation Plan Project

Samaritan Medical Center (PPS ID:45)

Project ID	Module Name / Milestone #	Review Status	
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Ongoing	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Ongoing	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Ongoing	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Ongoing	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Ongoing	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Ongoing	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Ongoing	
3.c.i	Module 3.c.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.i.3 - Prescribed Milestones		
	Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Pass & Ongoing	
	Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Pass & Ongoing	
	Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Pass & Ongoing	
	Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Pass & Ongoing	
	Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Pass & Ongoing	
	Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for	Pass & Ongoing	

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

DSRIP Implementation Plan Project

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Project ID	Module Name / Milestone #	Review Status	
	EHR systems used by participating safety net providers.		
3.c.ii	Module 3.c.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.c.ii.3 - Prescribed Milestones		
	Milestone #1 Implement Center for Disease Control (CDC)-recognized National Diabetes Prevention Programs (NDPP) and/or create partnerships with community sites to refer patients to CDC-recognized programs.	Pass & Ongoing	
	Milestone #2 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #3 Identify high-risk patients (including those at risk for onset of diabetes or with pre-diabetes) and establish referral process to institutional or community NDPP delivery sites.	Pass & Ongoing	
	Milestone #4 Ensure collaboration with PCPs and program sites to monitor progress and provide ongoing recommendations.	Pass & Ongoing	
	Milestone #5 Establish lifestyle modification programs including diet, tobacco use, and exercise and medication compliance.	Pass & Ongoing	
	Milestone #6 Ensure coordination with Medicaid Managed Care organizations and Health Homes for eligible/involved patients.	Pass & Ongoing	
4.a.iii	Module 4.a.iii.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.2 - PPS Defined Milestones	Pass & Ongoing	