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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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Quarterly Report - Implementation Plan for State University of New York at Stony Brook University Hospital

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

Status By Section

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

Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.b.ix	Implementation of observational programs in hospitals	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	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.d.ii	Expansion of asthma home-based self-management program	Completed
4.a.ii	Prevent Substance Abuse and other Mental Emotional Behavioral Disorders	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

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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	28,680,211	30,563,678	49,425,303	43,765,917	28,680,211	181,115,320
Cost of Project Implementation & Administration	**14,282,745**	**15,220,712**	**24,613,801**	**21,795,427**	**14,282,745**	**90,195,430**
Cost of Project Implementation	11,443,404	12,194,908	19,720,696	17,462,601	11,443,404	72,265,013
Administration	2,839,341	3,025,804	4,893,105	4,332,826	2,839,341	17,930,417
Revenue Loss	**4,302,031**	**4,584,550**	**7,413,796**	**6,564,887**	**4,302,031**	**27,167,295**
Internal PPS Provider Bonus Payments	**7,170,053**	**7,640,920**	**12,356,326**	**10,941,479**	**7,170,053**	**45,278,831**
Cost of non-covered services	**1,462,691**	**1,558,748**	**2,520,690**	**2,232,062**	**1,462,691**	**9,236,882**
Other	**1,462,691**	**1,558,748**	**2,520,690**	**2,232,062**	**1,462,691**	**9,236,882**
Contingency	1,462,691	1,558,748	2,520,690	2,232,062	1,462,691	9,236,882
Total Expenditures	**28,680,211**	**30,563,678**	**49,425,303**	**43,765,917**	**28,680,211**	**181,115,320**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

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

Narrative Text :

PPS lead has created a new line item under 'cost of project implementation and administration' called 'administration' which is associated with our central service organization, which is the business offices for the PPS. This includes the project management office, care management office, and provider & community engagement functions.

12/9/15: As per IA remediation Guide for DY1, Q2, the PPS changed the name of the subcategory from "Cost of Project Implementation and Administration" to "Cost of Project Implementation"

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12/9/15: Added subcategory "Contingency" under the "Other" category. Contingency is defined as an incidental expense that is possible but cannot be predicted with certainty

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.2 - PPS Budget Report (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
28,680,211	181,115,320	24,545,952	176,981,061

Budget Items	Quarterly Amount - Update		Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
	DY1, Q1 ($)	DY1, Q2 ($)				
Cost of Project Implementation & Administration	**1,451,190**	**2,683,069**	**10,148,486**	**71.05%**	**86,061,171**	**95.42%**
Cost of Project Implementation	49,586	1,668,677				
Administration	1,401,604	1,014,392				
Revenue Loss			**4,302,031**	**100.00%**	**27,167,295**	**100.00%**
Internal PPS Provider Bonus Payments			**7,170,053**	**100.00%**	**45,278,831**	**100.00%**
Cost of non-covered services			**1,462,691**	**100.00%**	**9,236,882**	**100.00%**
Other	**0**	**0**	**1,462,691**	**100.00%**	**9,236,882**	**100.00%**
Contingency						
Total Expenditures	**1,451,190**	**2,683,069**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

DY1 Q1 represent expenses from August 2014 through June 2015. Although DY1 started in April 2015, the PPS lead incurred start-up costs during DY0. DY1 Q1 and Q2 expenses represent the administrative costs of the PPS's Central Service Organization and project related costs. The CHS and NSLIJ HUBs expenses will be incorporated in our quarterly report after the funds flow framework has been approved by the Board of Directors

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and after funds have been distributed to the HUBs.

12/9/15: As per IA remediation Guide for DY1, Q2, the PPS changed the name of the subcategory from "Cost of Project Implementation and Administration" to "Cost of Project Implementation" in Module 1.1 and was automatically updated in Module 1.2

12/9/15: Added subcategory "Contingency" under the "Other" category in Module 1.1 and was automatically updated in Module 1.2. Contingency is defined as an incidental expense that is possible but cannot be predicted with certainty

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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Delivery System Reform Incentive Payment Project

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IPQR Module 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	28,680,210.53	30,563,678.11	49,425,303.30	43,765,917.43	28,680,210.53	181,115,320
Practitioner - Primary Care Provider (PCP)	5,965,100	6,356,835	10,279,801	9,102,724	5,965,100	37,669,560
Practitioner - Non-Primary Care Provider (PCP)	1,254,748	1,337,148	2,162,337	1,914,741	1,254,747	7,923,721
Hospital	3,941,397	4,200,232	6,792,303	6,014,558	3,941,396	24,889,886
Clinic	4,139,233	4,411,063	7,133,242	6,316,458	4,139,234	26,139,230
Case Management / Health Home	1,260,988	1,343,798	2,173,090	1,924,263	1,260,987	7,963,126
Mental Health	2,212,080	2,357,351	3,812,132	3,375,628	2,212,080	13,969,271
Substance Abuse	1,263,755	1,346,747	2,177,858	1,928,485	1,263,754	7,980,599
Nursing Home	3,265,223	3,479,655	5,627,039	4,982,722	3,265,224	20,619,863
Pharmacy	17,325	18,462	29,855	26,437	17,324	109,403
Hospice	900	960	1,552	1,375	901	5,688
Community Based Organizations	0	0	0	0	0	0
All Other	5,359,462	5,711,427	9,236,094	8,178,526	5,359,464	33,844,973
Total Funds Distributed	**28,680,211.00**	**30,563,678.00**	**49,425,303.00**	**43,765,917.00**	**28,680,211.00**	**181,115,320**
Undistributed Revenue	**0.00**	**0.11**	**0.30**	**0.43**	**0.00**	**0**

Current File Uploads

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

Narrative Text :

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Delivery System Reform Incentive Payment Project

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.4 - PPS Flow of Funds (Quarterly)

Instructions :

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

Benchmarks

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
28,680,211	181,115,320	24,545,952	176,981,061

Funds Flow Items	Quarterly Amount - Update		Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS												
	DY1 Q1	DY1 Q2	2.a.i	2.b.iv	2.b.ix	2.b.vii	2.d.i	3.a.i	3.b.i	3.c.i	3.d.ii	4.a.ii	4.b.ii		
Practitioner - Primary Care Provider (PCP)			0	0	0	0	0	0	0	0	0	0	0	5,965,100	37,669,560
Practitioner - Non-Primary Care Provider (PCP)			0	0	0	0	0	0	0	0	0	0	0	1,254,748	7,923,721
Hospital			0	0	0	0	0	0	0	0	0	0	0	3,941,397	24,889,886
Clinic	0	82,836	0	0	0	0	2	0	0	0	0	0	0	4,056,397	26,056,394
Case Management / Health Home	0	484,333	11.72	0	0	0	0	0	0	0	0	0	0	776,655	7,478,793
Mental Health			0	0	0	0	0	0	0	0	0	0	0	2,212,080	13,969,271
Substance Abuse			0	0	0	0	0	0	0	0	0	0	0	1,263,755	7,980,599
Nursing Home	0	8,000	0	0	0	.19	0	0	0	0	0	0	0	3,257,223	20,611,863
Pharmacy			0	0	0	0	0	0	0	0	0	0	0	17,325	109,403
Hospice			0	0	0	0	0	0	0	0	0	0	0	900	5,688
Community Based Organizations	0	120,955	0	0	0	0	2.93	0	0	0	0	0	0	-120,955	-120,955
All Other	1,451,190	1,986,945	24.72	0	0	0	0	0	0	0	0	0	0	1,921,327	30,406,838
Total Expenditures	**1,451,190**	**2,683,069**													

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
slin2	Other	16_MDL0118_1_2_20151029061610_DSRIP Funds Flow Reporting Template for OMIG 10.1.14 - 9.30.15.xlsx	OMIG Template 10/1/14-9/30/15	10/29/2015 06:17 AM

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Narrative Text :

DY1 Q1 represent funds flow from August 2014 through June 2015. Although DY1 started in April 2015, the PPS lead distributed funds during DY0 for planning and implementation costs. DY1 Q1 and Q2 funds flow represent the administrative costs of the PPS's Central Service Organization and project related costs. The funds flow framework has not been finalized therefore funds have not been distributed to the CHS and NSLIJ HUBs as of this quarterly report. Out of the total distribution of $4,134,259, $2,415,996 represents administrative costs for the PPS's Central Service Organization (this amount is included in the "all other" category) and $1,718,263 represents costs associated with the projects.

12/14/15: As per IA guidance/email dated December 7, 2015, SCC decided not to respond to the IA communication regarding the "All Other" category in Module 1.3 and 1.4 in this DY1 Q2 remediation submission. SCC will respond in the DY1Q3 submission as per IA guidance.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.5 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Engage key finance Project Stakeholders to include Finance Sub-Committee and Financial Sustainability Team to develop Funds Flow Budget and Distribution Plan	In Progress	Step 1: Engage key finance Project Stakeholders to include Finance Sub-Committee and Financial Sustainability Team to develop Funds Flow Budget and Distribution Plan	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Financial Project Leads to elicit input from DSRIP Project Leads and Project Managers (e.g. may include 1:1 meetings, phone calls, etc.) about the financial needs of each DSRIP project to be used to develop plan (e.g. may include evaluation of project budgets, potential contract relationships with partners known, assessment of financial capabilities of priority sites, discussions with provider network, health system framework considerations, etc.)	In Progress	Step 2: Financial Project Leads to elicit input from DSRIP Project Leads and Project Managers (e.g. may include 1:1 meetings, phone calls, etc.) about the financial needs of each DSRIP project to be used to develop plan (e.g. may include evaluation of project budgets, potential contract relationships with partners known, assessment of financial capabilities of priority sites, discussions with provider network, health system framework considerations, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Financial Project Leads to develop Funds Flow Budget and Distribution Plan based on results from discovery evaluation and input from key Project Stakeholders and partners on a project-by-project basis (will include details of approach on whole PPS and project level	In Progress	Step 3: Financial Project Leads to develop Funds Flow Budget and Distribution Plan based on results from discovery evaluation and input from key Project Stakeholders and partners on a project-by-project basis (will include details of approach on whole PPS and project level distribution/funds).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
distribution/funds).									
Task Step 4: Secure approval of plan from Finance Governance Committee	In Progress	Step 4: Secure approval of plan from Finance Governance Committee	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	General Program Narrative: KPMG has been engaged to assist the SCC to design and put in place a funds flow plan that will help the SCC to ensure financial stability of the PPS. This plan will help to promote and fund required change, reward performance and incentivize behavior and establish the architecture for payment reform. The SCC and KPMG have completed interviewing all the project leads, project managers, Finance Committee members, Board Members, and key stakeholders. After taking all the inputs into consideration, the funds flow framework was developed. Recently, the SCC obtained endorsement for the funds flow framework and guiding principles from the Finance Committee. The SCC and KPMG are currently working on finalizing the funds flow model. The funds flow model will be presented to the Finance Committee for approval in November and the Board of Directors in November/December for their approval.

Milestone Review Status

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

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IPQR Module 1.6 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 1.7 - IA Monitoring

Instructions :

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

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Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1: Create governance structure as outlined in organization application. PPS governance to reflect the clinical (Hospital, CBO, FQHC, etc.) and geographical (Nassau-Suffolk border, Riverhead, North Fork, South Fork, etc.) diversity found in Suffolk County. Additional consideration will be given to the "health system framework" developed across the Suffolk PPS.	Completed	Step 1: Create governance structure as outlined in organization application. PPS governance to reflect the clinical (Hospital, CBO, FQHC, etc.) and geographical (Nassau-Suffolk border, Riverhead, North Fork, South Fork, etc.) diversity found in Suffolk County. Additional consideration will be given to the "health system framework" developed across the Suffolk PPS.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Create and approve charters for each Governance Committee (e.g., Workforce, Finance, Clinical, IT, Compliance, Audit, CNA Outreach & Cultural Competency, PAC and EPAC) within the Governance structure and seek nominations for committee membership	Completed	Step 2: Create and approve charters for each Governance Committee (e.g., Workforce, Finance, Clinical, IT, Compliance, Audit, CNA Outreach & Cultural Competency, PAC and EPAC) within the Governance structure and seek nominations for committee membership	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Board review and approval of sub-committee structure and committee charters	Completed	Step 3: Board review and approval of sub-committee structure and committee charters	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	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 8: Create a Clinical Committee structure organizational chart	Completed	Step 8: Create a Clinical Committee structure organizational chart	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 9: Initiate regular Meetings of Clinical Committee & 11 Project Committees	Completed	Step 9: Initiate regular Meetings of Clinical Committee & 11 Project Committees	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 1: Appoint SCC Medical Director as leadership for Clinical Committee	Completed	Step 1: Appoint SCC Medical Director as leadership for Clinical Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2: SCC Medical Director initiates engagement of Key Project Stakeholders to draft the Clinical Committee Charter	Completed	Step 2: SCC Medical Director initiates engagement of Key Project Stakeholders to draft the Clinical Committee Charter	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 3: Create the charter for the Clinical Committee (The mission of the Clinical Committee shall be to provide guidance in establishing a clear vision for improving the quality of the healthcare services provided by the Company and its Coalition Partners under DSRIP.)	Completed	Step 3: Create the charter for the Clinical Committee (The mission of the Clinical Committee shall be to provide guidance in establishing a clear vision for improving the quality of the healthcare services provided by the Company and its Coalition Partners under DSRIP.)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 4: Present the Clinical Committee Charter to the Board of Directors for approval	Completed	Step 4: Present the Clinical Committee Charter to the Board of Directors for approval	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 5: Establish Project Committees for each 11 DSRIP Projects.Appoint a Project Manager and Project Lead to each of the 11 DSRIP Projects.	Completed	Step 5: Establish Project Committees for each 11 DSRIP Projects.Appoint a Project Manager and Project Lead to each of the 11 DSRIP Projects.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 6: Appoint members to Project Committees from Participating Partners including members of the Project Advisory Committee (PAC).	Completed	Step 6: Appoint members to Project Committees from Participating Partners including members of the Project Advisory Committee (PAC).	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 7. Establish two-way communication for each project committee to the clinical committee,	Completed	Step 7. Establish two-way communication for each project committee to the clinical committee, supported by each Project Manager. Begin to recommend clinical protocols and	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
supported by each Project Manager. Begin to recommend clinical protocols and program deliverables to the SCC Clinical Committee. Monitor performance outcomes and develop corrective action plans as needed reporting findings and recommendations to the SCC Clinical Committee.		program deliverables to the SCC Clinical Committee. Monitor performance outcomes and develop corrective action plans as needed reporting findings and recommendations to the SCC Clinical Committee.							
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	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	YES
Task Step 1: SCC Executive Director to engage Key project stakeholders and the SCC Legal Counsel to create content for bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	Completed	Step 1: SCC Executive Director to engage Key project stakeholders and the SCC Legal Counsel to create content for bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2: Attorneys draft bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	Completed	Step 2: Attorneys draft bylaws, policies and/or committee guidelines (the SCC Operating Agreement and SCC Committee Charters)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 3: Draft the SCC Operating Agreement and SCC Committee Charters	Completed	Step 3: Draft the SCC Operating Agreement and SCC Committee Charters	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 4: Determine an approval process for the SCC Operating Agreement & SCC Committee Charters	Completed	Step 4: Determine an approval process for the SCC Operating Agreement & SCC Committee Charters	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 5: Present final draft of the SCC Operating Agreement & SCC Committee Charters to the Board of Directors	Completed	Step 5: Present final draft of the SCC Operating Agreement & SCC Committee Charters to the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 6: Adoption of SCC Operating Agreement by the Board of Directors	Completed	Step 6: Adoption of SCC Operating Agreement by the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 7: Secure approval of the SCC Committee Charters by the Board of Directors	Completed	Step 7: Secure approval of the SCC Committee Charters by the Board of Directors	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 8: SCC deploys and operationalzies policies and guidelines	Completed	Step 8: SCC deploys and operationalzies policies and guidelines	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Milestone #4 Establish governance structure reporting and monitoring processes	In Progress	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Engage Governance Project Lead and Key Internal Project Stakeholders to brainstorm governance structure reporting and monitoring process	In Progress	Step 1: Engage Governance Project Lead and Key Internal Project Stakeholders to brainstorm governance structure reporting and monitoring process	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop two-way reporting process diagram for all governance committees (Including incorporating two-way feedback from the partners across the PPS, monitoring procedures for governance, and develop criteria to monitor effectiveness of reporting processes)	In Progress	Step 2: Develop two-way reporting process diagram for all governance committees (Including incorporating two-way feedback from the partners across the PPS, monitoring procedures for governance, and develop criteria to monitor effectiveness of reporting processes)	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 3: Aggregate strategy organized from Step 1-2 above to create a Governance System Review Plan that will occur on an annual basis to ensure the current governance structure and function is continuously meeting the needs of the PPS within the changing healthcare environment	In Progress	Step 3: Aggregate strategy organized from Step 1-2 above to create a Governance System Review Plan that will occur on an annual basis to ensure the current governance structure and function is continuously meeting the needs of the PPS within the changing healthcare environment	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Task Step 4: Governance System Review Plan including Governance & Committee Structure document is presented to the Board of Directors	In Progress	Step 4: Governance System Review Plan including Governance & Committee Structure document is presented to the Board of Directors	06/01/2015	12/30/2015	06/01/2015	12/30/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 1: Identify and recruit internal and external project stakeholders including project leaders, project workgroups, and community organizations to create a community engagement plan.	In Progress	Step 1: Identify and recruit internal and external project stakeholders including project leaders, project workgroups, and community organizations to create a community engagement plan.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop a draft community engagement plan (including all work steps on how organizations will be contacted, two-way communication with stakeholders, etc.).	In Progress	Step 2: Develop a draft community engagement plan (including all work steps on how organizations will be contacted, two-way communication with stakeholders, etc.).	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Engage in bidirectional communication on community engagement plan with key PPS stakeholders	In Progress	Step 3: Engage in bidirectional communication on community engagement plan with key PPS stakeholders	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Incorporate appropriate findings into the community engagement plan.	In Progress	Step 4: Incorporate appropriate findings into the community engagement plan.	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Create tracking system that details all community engagement activities and communication for quarterly reporting	In Progress	Step 5: Create tracking system that details all community engagement activities and communication for quarterly reporting	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6: Approval of plan by CNA & Outreach Committee	In Progress	Step 6: Approval of plan by CNA & Outreach Committee	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 5: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project schedule.	In Progress	Step 5: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project schedule.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Finalize and execute agreements and/or contracts with applicable CBO based on DSRIP project schedule.	In Progress	Step 6: Finalize and execute agreements and/or contracts with applicable CBO based on DSRIP project schedule.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Completed	Step 1: Draft full CBO directory of all Suffolk County PPS	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 1: Draft full CBO directory of all Suffolk County PPS partners		partners							
Task Step 2: Create a list of CBOs with which PPS would like to engage/contract related to specific DSRIP projects.	Completed	Step 2: Create a list of CBOs with which PPS would like to engage/contract related to specific DSRIP projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Engage the Executive Director and legal counsel to evaluate CBO agreement/contract applicable to DSRIP projects.	Completed	Step 3: Engage the Executive Director and legal counsel to evaluate CBO agreement/contract applicable to DSRIP projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4: Draft a partnership agreement and/or contract for use with CBOs (e.g., two-way communication between CBOs and PPS; continuing role over time, project delivery, etc.)	Completed	Step 4: Draft a partnership agreement and/or contract for use with CBOs (e.g., two-way communication between CBOs and PPS; continuing role over time, project delivery, etc.)	05/01/2015	09/30/2015	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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.	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 2: Create requirements for Agency Coordination Plan (e.g., may include list of agencies, key contacts, understanding of existing programs/services, etc..) and include how agencies will be contacted.	In Progress	Step 2: Create requirements for Agency Coordination Plan (e.g., may include list of agencies, key contacts, understanding of existing programs/services, etc..) and include how agencies will be contacted.	03/01/2016	09/30/2016	03/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Begin engagements/discussions with those agencies identified by project stakeholders for recruiting based upon DSRIP projects and schedule.	In Progress	Step 3: Begin engagements/discussions with those agencies identified by project stakeholders for recruiting based upon DSRIP projects and schedule.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Develop the Agency Coordination Plan (e.g. may include links between DSRIP projects and agency services, maintaining roles across	In Progress	Step 4: Develop the Agency Coordination Plan (e.g. may include links between DSRIP projects and agency services, maintaining roles across DSRIP projects, etc.)	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
DSRIP projects, etc.)									
Task Step 5: Present plan to appropriate governance committees	In Progress	Step 5: Present plan to appropriate governance committees	08/01/2016	09/30/2016	08/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 1: Engage appropriate project stakeholders to identify state and local agencies to be contacted and recruited for initial discussions on strategy related to Agency Coordination Plan.	In Progress	Step 1: Engage appropriate project stakeholders to identify state and local agencies to be contacted and recruited for initial discussions on strategy related to Agency Coordination Plan.	02/01/2016	06/30/2016	02/01/2016	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).	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 2: Conduct stakeholder engagement and communication assessment.	In Progress	Step 2: Conduct stakeholder engagement and communication assessment.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3: Based on the findings, from step 2 create the requirements for the workforce communication and engagement plan (eg. Define the key messages by audience group, as well as communication channels that can be utilized for stakeholder engagement.	In Progress	Step 3: Based on the findings, from step 2 create the requirements for the workforce communication and engagement plan (eg. Define the key messages by audience group, as well as communication channels that can be utilized for stakeholder engagement.	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Develop the workforce communication and engagement plan (e.g. may include links between DSRIP projects and expected workforce requirements, etc.)	In Progress	Step 4: Develop the workforce communication and engagement plan (e.g. may include links between DSRIP projects and expected workforce requirements, etc.)	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Secure approval of plan by Workforce Governance Committee	In Progress	Step 5: Secure approval of plan by Workforce Governance Committee	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 1: Engage the key Workforce Project Stakeholders including the Workforce Advisory Group to create a workforce communication and engagement plan	In Progress	Step 1: Engage the key Workforce Project Stakeholders including the Workforce Advisory Group to create a workforce communication and engagement plan	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #9	In Progress	Explain your plans for contracting with CBOs and their	04/01/2015	06/30/2018	04/01/2015	06/30/2018	06/30/2018	DY4 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Inclusion of CBOs in PPS Implementation.		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.							
Task Step 1: Identify and engage with CBOs (e.g., health centers, providers, churches, public schools, and/or libraries, etc.) to support the PPS network based on 11 DSRIP projects requirements. CBO key stakeholders are included amongst the 11 DSRIP project committees for initial programmatic planning.	Completed	Step 1: Identify and engage with CBOs (e.g., health centers, providers, churches, public schools, and/or libraries, etc.) to support the PPS network based on 11 DSRIP projects requirements. CBO key stakeholders are included amongst the 11 DSRIP project committees for initial programmatic planning.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: - PPS educates the PAC Committee on the role of a CBO at PAC meetings and provides ongoing education via PPS websites, newsletters, etc.	Completed	Step 2: - PPS educates the PAC Committee on the role of a CBO at PAC meetings and provides ongoing education via PPS websites, newsletters, etc.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project defined scope of work(e.g., project deliverables); and their roles (e.g., services provided, community resources, etc.) to continuously support the activities of the PPS network.	In Progress	Step 3: Begin engagements/discussions with CBOs for participation/contracting based on DSRIP project defined scope of work(e.g., project deliverables); and their roles (e.g., services provided, community resources, etc.) to continuously support the activities of the PPS network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Finalize and execute CBO agreements and/or contracts, which may link funding to the continual achievement of goals, based on defined scope of work in alignment with the 11 DSRIP project schedules.	In Progress	Step 4: Finalize and execute CBO agreements and/or contracts, which may link funding to the continual achievement of goals, based on defined scope of work in alignment with the 11 DSRIP project schedules.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Strategy designed and initiated for contracting/agreements with approximately 38 CBOs across the 11 DSRIP projects and additional CBOs will be on boarded as identified by project requirements and schedule (i.e.,	In Progress	Step 5: Strategy designed and initiated for contracting/agreements with approximately 38 CBOs across the 11 DSRIP projects and additional CBOs will be on boarded as identified by project requirements and schedule (i.e., hotspots, etc.).	08/01/2015	06/30/2018	08/01/2015	06/30/2018	06/30/2018	DY4 Q1	

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hotspots, etc.).									
Task Step 6: Key Project Stakeholders engaged with CBOs (lead by DSRIP Project Managers) to identify opportunities to expand reach and role as 11 DSRIP projects develop (e.g., health forums, linkages to community resources, PPS website linkages, health literacy, or telemedicine, etc.).	In Progress	Step 6: Key Project Stakeholders engaged with CBOs (lead by DSRIP Project Managers) to identify opportunities to expand reach and role as 11 DSRIP projects develop (e.g., health forums, linkages to community resources, PPS website linkages, health literacy, or telemedicine, etc.).	01/01/2016	06/30/2018	01/01/2016	06/30/2018	06/30/2018	DY4 Q1	

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	slin2	Rosters	16_MDL0203_1_2_20151214124000_SCC_Governance_Committee_Membership_2015.12.15_(v-02).xlsx	DOH Governance Committee Membership Template Revised	12/14/2015 12:40 PM
	slin2	Meeting Materials	16_MDL0203_1_2_20151029180959_SCC Meeting Schedule Template - Governance.xlsx	DOH Meeting Schedule Template for Governance Committee	10/29/2015 06:09 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	slin2	Rosters	16_MDL0203_1_2_20151214135308_SCC_Clinical_Gov_Membership_Template_2015.12.15_(v-03).xlsx	The 10 Project Committees listed in this template have responsibilities for facilitating the quality improvement program for the DSRIP Project.	12/14/2015 01:53 PM
	slin2	Other	16_MDL0203_1_2_20151214133926_SCC_Project_Committee_Charter.pdf	The DSRIP Project Committees Charter defines in more detail the expectations and responsibility of the 10 DSRIP Project Committees the SCC has operationalized	12/14/2015 01:39 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	slin2	Other	16_MDL0203_1_2_20151214133312_Communication__Clinical_Committee_Chart.pdf	This chart illustrates the direct reporting relationship between the Clinical Committee (CC) & the BOD as well as the reporting relationship between project committees & the CC	12/14/2015 01:33 PM
	slin2	Other	16_MDL0203_1_2_20151214125516_Performance_Improvement_Planvs5_highlight_Proj_Committees.pdf	Highlighted in this plan is the relationship between project committees and the quality improvement program.	12/14/2015 12:55 PM
	slin2	Other	16_MDL0203_1_2_20151026134824_CLINICAL COMMITTEE CHARTER .pdf	Clinical Committee Charter	10/26/2015 01:48 PM
Inclusion of CBOs in PPS Implementation.	slin2	Meeting Materials	16_MDL0203_1_2_20151026140014_2015.06.30 PAC Meeting DSRIP Presentation FC .pdf	Step 2: Presentation of CBO role to PAC	10/26/2015 02:00 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	The Clinical Committee organization chart illustrates the direct reporting relationship between the Clinical Committee and the Board of Directors as well as the bi-directional reporting relationship between the DSRIP project committees and the Clinical Committee. In addition to the general oversight for the direction and progress, the Committees are responsible for facilitating the quality improvement program for the DSRIP Project. These responsibilities may include but are not limited to: developing patient engagement/performance metrics, recommending clinical guidelines/protocols, monitoring project specific outcome data, assisting partners with developing corrective action plans to improve performance and identifying and sharing best practices. The DSRIP Project Committees Charter defines in more detail the expectations and responsibility of the 10 DSRIP Project Committees the SCC has operationalized.
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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IPQR Module 2.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: The potential that the governance model developed won't be seen as truly representing the PPS providers or their needs Risk Mitigation: The establishment of the BOD as a governing body that is dedicated and unique to the PPS offers several advantages in ensuring the adequate governance and management of the PPS: i) It allows the responsibilities of the BOD to be dedicated and limited to the governance of the PPS. This ensures that the members of the BOD do not have broader responsibilities to any of the PPS participants that could potentially subject them to competing demands for their loyalty. Further, it enables the BOD's members to be held accountable to the PPS's stakeholders solely on their management of the PPS. ii) Moreover, it allows for the presence of representatives from critical stakeholder groups on the actual decision making body of the PPS. Nearly half of the BOD is composed of members who represent a stakeholder group that is critical to the PPS's success, and approximately 20% of the initial BOD is composed of physicians. The inclusion of representatives from such stakeholders will improve BOD's decision making by helping it consider issues from multiple viewpoints. The size of the initial BOD has been limited to 21 directors. This ensures that the BOD will have a sufficient number of positions to include a broad range of stakeholders and other individuals with the skills, experience, and qualities required to effectively manage its workload. The PAC, the PAC Executive Committee, and the 11 Project Committees will help ensure that stakeholders have forums to engage in collaborative decision-making, develop shared goals that drive collaborative activities. Through these committees, the stakeholders will have the means to develop recommendations and effectively influence the BOD's policies on the issues that are most critical to the achievement of the DSRIP goals. PAC meetings are scheduled periodically to allow all PPS partner organizations to provide input, voice concerns, and jointly develop solutions. Issue: The governance structure of the PPS may not remain up-to-date with changing needs of the PPS and thusly limit the ability to create an effective integrated delivery system. Risk mitigation: The BOD will conduct reviews of the performance of the PPS's governance bodies not less than annually. In evaluating the performance of such bodies, the BOD will obtain feedback from the members of such bodies as well as the coalition partners. The performance reviews will evaluate matters such as the governance body's contribution to the achievement of the DSRIP goals, the governance body's effectiveness in making decisions on a timely basis, and the inclusiveness, transparency, and accountability of the governing body's processes. Such performance reviews may indicate that a change in the governance structure is necessary to increase its effectiveness. Issue: Failure of effective communication may limit the ability of PPS providers to adopt new strategies and care processes needed to create the results the PPS requires. Risk mitigation: Multiple mechanisms will be used to engage all key stakeholder and providers on topics important to the PPS: a) Communications Strategies. The BOD will maintain a CNA and Outreach Committee charged with promoting stakeholder engagement, including Medicaid members. The Committee will develop a plan for engaging stakeholders through newsletters, email list serves, webinars, community lectures, and other public meetings and events.(b) Website. The PPS's website will include a webpage dedicated to stakeholder engagement. (c) Participation in Governance. Stakeholders, including patient advocates, will be represented on the PAC, the PAC Executive Committee, and the BOD, where they will have a meaningful voice and function as liaisons with the stakeholder groups they represent.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

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Instructions :

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

All other work streams will need to be successful in the implementation of their respective tasks to enable the PPS Governance system to be successful in the creation of a truly integrated delivery system of care and to . In particular, the financial sustainability and IT work streams are critical to the success of the PPS and will provide the forum for the governance work stream to operate effectively. A key role of the Governance system itself will be to provide clarity of purpose for all work streams and project teams, to provide effective oversight of their efforts and to help remove barriers that they may be facing.

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Provide guidance and oversight of governance structure issues across PPS
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for supporting oversight of clinical workforce components of the of overall Workforce Work stream
PPS Governance Project Lead	Jennifer Jamilkowski/Stony Brook Medicine	Oversight to Governance project plan, work stream, and milestones for PPS
Compliance Officer	Sarah Putney/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
PPS Director, Network Development & Performance	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS
Senior Manager Provider & Community Engagement	Althea Williams/Suffolk Care Collaborative	Responsible for the Community Engagement, CC/HL strategy, Lead of development, management and oversight of all CC/HL deliverables and strategies and implementation plans to ensure completeness, timeliness and effectiveness
Director, Project Management Office	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Board of Directors	Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB,	Ultimate accountability for governance oversight of all PPS functions and governance structure itself

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	CDE	
PPS Sub-Committees (9)	Clinical, Workforce, Finance, CNA Outreach, Cultural Competency & Health Literacy, Audit, Compliance, Health Information Technology, PAC, Executive PAC	Ultimate accountability for governance oversight of their respective committee functions
Rivkin Radler Counsel	George Choriatis	Provide counsel on governance documents, provider agreements, policies and procedures, etc. "
DSRIP Project Leads	Joseph Lamantia, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	CC/HL Project Leads will collaborate with Project Leads across DSRIP portfolio to evaluate CC/HL needs across projects and support implementation.
Project Manager	Laura Siddons	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.
Clinical Project Manager	Ashley Meskill	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.
Project Manager	Amy Solar-Doherty	Project Manager will support communication and reporting requirements outlined in the SCC policies procedures and governance charters.

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Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of deliverables across Suffolk PPS Health System framework
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead and Community Engagement Project Lead	Assure cultural competency and health literacy practices addressed within the communication methods of performance reporting
Kevin Bozza, Director Network Development & Performance, Suffolk Care Collaborative	Workforce Project Lead	Communication lead, Training lead, support management of workforce consultants and contracted deliverables, ensuring provider training occurs in a timely manner, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Human Resources Lead, Workforce Project Lead	Providing subject matter expertise in Human Resources across all workforce deliverables
Workforce Advisory Group	Workforce Advisory and Subject Matter Expertise Support Group	Subject matter experts, provide insight, information related to sources and destinations of redeployed staff, review workforce deliverables, support current and future state assessments
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress, CC/HL materials, and outcomes to meeting financial milestones within arrangement.

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Key Community Based Organizations (CBOs)	Provide feedback to drafts of strategic plan for HL & CC, all 11 DSRIP projects and the CBO engagement programs	Provide information to the PPS on existing disparities and gaps in culturally competent care being provided
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself
External Stakeholders		
Medicaid MCOs	Support of PPS efforts	Collaborate with the PPS to meet requirements related to coordinated care and value-based payment
NYS Office of Mental Health/Agencies	Supportive oversight of PPS	County and State agencies and regulatory bodies with oversight and influence in a number of DSRIP project requirements (ex. waivers or regulatory relief)
NYS DOH	Supportive oversight of PPS	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Engagement in strategies and provide feedback on all output

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IPQR Module 2.7 - IT Expectations

Instructions :

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

As mentioned in the dependencies section, a shared IT infrastructure across the PPS will enhance the role of the governing bodies by supporting the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This will ultimately lead to improved quality, utilization and financial results within this population and will therefore help support the financial success and sustainability of the PPS itself. A key challenge to this infrastructure is the diverse range of current IT capabilities across the PPS and the limited participation in the local RHIO. As the PPS continues to develop its provider network, providing the necessary support to this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

Success will be measured through the development of a robust performance reporting structure that will track, among other metrics, the ability of the PPS to meet the specified milestones on time, monitor the financial performance of the PPS, and track progress toward the goal of 90% value-based provider payments within the PPS. The results of these reports will be communicated back to the key stakeholders in a timely and appropriate manner (e.g., PPS-level, project-level, provider-level, etc.) to facilitate improvement across the PPS.

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Organize the Financial Sustainability Team that will develop the Finance Structure Chart (e.g. develop roles and responsibilities of PPS lead and finance function)	Completed	Step 1: Organize the Financial Sustainability Team that will develop the Finance Structure Chart (e.g. develop roles and responsibilities of PPS lead and finance function)	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Create draft of finance structure chart (e.g., will include interactions with Stony Brook finance department, development of reporting structure, definition of roles and responsibilities, etc.)	In Progress	Step 2: Create draft of finance structure chart (e.g., will include interactions with Stony Brook finance department, development of reporting structure, definition of roles and responsibilities, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Finalize the finance structure chart (e.g., signoff from key stakeholders, and reporting structure to oversight committee.)	In Progress	Step 3: Finalize the finance structure chart (e.g., signoff from key stakeholders, and reporting structure to oversight committee.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Secure board approval of finance structure chart	In Progress	Step 4: Secure board approval of finance structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers;	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- 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							
Task Step 1: Engage the Financial Sustainability Team to perform the financial health current state assessment	In Progress	Step 1: Engage the Financial Sustainability Team to perform the financial health current state assessment	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Define the key elements of the financial health current state assessment (e.g., identification of financially fragile providers within PPS according to key financial ratios, identification of providers who qualified for IAAF funds, etc.)	In Progress	Step 2: Define the key elements of the financial health current state assessment (e.g., identification of financially fragile providers within PPS according to key financial ratios, identification of providers who qualified for IAAF funds, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Revise, as needed, Financial Assessment and Project Impact Assessment document(s) that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for required metrics and provider specific metrics.	In Progress	Step 3: Revise, as needed, Financial Assessment and Project Impact Assessment document(s) that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for required metrics and provider specific metrics.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Analyze key areas of financial concern/risks within PPS based on the current state assessment (e.g., rank ordering of issues by impact and effort to fix; prioritizing gaps across DSRIP projects, etc.)	In Progress	Step 4: Analyze key areas of financial concern/risks within PPS based on the current state assessment (e.g., rank ordering of issues by impact and effort to fix; prioritizing gaps across DSRIP projects, etc.)	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Develop a Financially Fragile & Distressed Provider Watch List (e.g., may include providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially	In Progress	Step 5: Develop a Financially Fragile & Distressed Provider Watch List (e.g., may include 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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects)		projects)							
Task Step 6: Financial Sustainability Team will develop strategy to monitor providers on the Financially Fragile & Distressed Provider Watch List	In Progress	Step 6: Financial Sustainability Team will develop strategy to monitor providers on the Financially Fragile & Distressed Provider Watch List	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Approval of financial sustainability strategy by PPS Finance Governance Committee	In Progress	Step 7: Approval of financial sustainability strategy by PPS Finance Governance Committee	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 York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Engage the PPS Compliance Officer and Team with purpose of finalizing Compliance Plan consistent with New York State Social Services Law 363-d	Completed	Step 1: Engage the PPS Compliance Officer and Team with purpose of finalizing Compliance Plan consistent with New York State Social Services Law 363-d	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Complete review of NY Social Services Law 363-d to 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	Step 2: Complete review of NY Social Services Law 363-d to 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.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: PPS Compliance Team to create definition and finalize components of Compliance Plan (e.g., written policies and procedures, development of requirements, etc.)	In Progress	Step 3: PPS Compliance Team to create definition and finalize components of Compliance Plan (e.g., written policies and procedures, development of requirements, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	In Progress	Step 4: Obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Step 5: Develop requirements to be included in the PPS	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 5: 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.		Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State requirements for a provider.							
Task Step 6: Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement	In Progress	Step 6: Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement	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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Step 1: Develop a Value-based Payment Workgroup for creation of the Value-based Payment Plan (VBPP)	In Progress	Step 1: Develop a Value-based Payment Workgroup for creation of the Value-based Payment Plan (VBPP)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Engage the Value-based Payment Workgroup to perform baseline assessment of value-based payments currently within the PPS	In Progress	Step 2: Engage the Value-based Payment Workgroup to perform baseline assessment of value-based payments currently within the PPS	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Value-based Payment Workgroup to perform the baseline assessment (e.g., surveys to determine preferred compensation modalities for different provider types, current MCO strategies, etc.)	In Progress	Step 3: Value-based Payment Workgroup to perform the baseline assessment (e.g., surveys to determine preferred compensation modalities for different provider types, current MCO strategies, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Analyze PPS strengths and weaknesses of current value-based payment strategy based on baseline assessment	In Progress	Step 4: Analyze PPS strengths and weaknesses of current value-based payment strategy based on baseline assessment	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Develop an education and communication strategy to disseminate value-based payment ideas among PPS members (e.g., survey of PPS Members, creation of online	In Progress	Step 5: Develop an education and communication strategy to disseminate value-based payment ideas among PPS members (e.g., survey of PPS Members, creation of online chat forum, etc.)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
chat forum, etc.)									
Task Step 6: Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.	In Progress	Step 6: Conduct stakeholder engagement sessions with MCOs to understand potential contracting options and the requirements (workforce, infrastructure, knowledge, legal support, etc.) necessary to conduct and finalize plan negotiations.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Value-based Payment Workgroup to present components of Value-based Payment Plan to PPS board for signoff	In Progress	Step 7: Value-based Payment Workgroup to present components of Value-based Payment Plan to PPS board for signoff	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8: PPS Board of Directors approval of Value-based Payment Plan	In Progress	Step 8: PPS Board of Directors approval of Value-based Payment Plan	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task Step 1: Value-based Payment Workgroup to initiate monthly meetings with relevant MCO partners and PPS providers	In Progress	Step 1: Value-based Payment Workgroup to initiate monthly meetings with relevant MCO partners and PPS providers	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Develop a prioritization criteria and framework for types of providers and value-based arrangement that will be executed by PPS providers	In Progress	Step 2: Develop a prioritization criteria and framework for types of providers and value-based arrangement that will be executed by PPS providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Develop an education and communication strategy to disseminate goals of value-based payment plan and prioritized list of providers among PPS members (e.g., format may include survey of PPS Members)	In Progress	Step 3: Develop an education and communication strategy to disseminate goals of value-based payment plan and prioritized list of providers among PPS members (e.g., format may include survey of PPS Members)	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Create a monitoring process to learn about new value-based payment initiatives being	In Progress	Step 4: Create a monitoring process to learn about new value-based payment initiatives being rolled out by commercial payers, Medicare and Medicaid that might impact	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
rolled out by commercial payers, Medicare and Medicaid that might impact the VBP Plan		the VBP Plan							
Task Step 5: Value-based Payment Workgroup and MCOs to develop roadmap for transition from current state of value-based payments to achieving 90% value-based payments across network by year 5 of DSRIP initiative (e.g., improvement to provider-specific payment modalities, definition of benchmark quality metrics, timeline for strategy and key project stakeholders to be engaged, etc.)	In Progress	Step 5: Value-based Payment Workgroup and MCOs to develop roadmap for transition from current state of value-based payments to achieving 90% value-based payments across network by year 5 of DSRIP initiative (e.g., improvement to provider-specific payment modalities, definition of benchmark quality metrics, timeline for strategy and key project stakeholders to be engaged, etc.)	01/31/2016	12/31/2016	01/31/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 6: Secure approval of Value-based Payment Plan by PPS Board.	In Progress	Step 6: Secure approval of Value-based Payment Plan by PPS Board.	01/31/2016	12/31/2016	01/31/2016	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	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	On Hold		04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize PPS finance structure, including reporting structure	slin2	Templates	16_MDL0303_1_2_20151214160510_SCC_Meeting_Schedule_Template_-_Financial_Sustainability_&_Funds_Flow.xlsx	Please note this milestone is not due until 12/31/2015,	12/14/2015 04:05 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	General Program Narrative: The Financial Sustainability Team has been formed. They are currently working on developing the Finance Structure Chart. The goal is to get the chart signed off by the Finance Committee in November and secure board approval by November/December. The Financial Sustainability Team is also planning on performing the network financial health current state assessment and developing a financial sustainability strategy to address key issues. A survey is being developed to perform these tasks. The Value-Based Payment Workgroup is planning on performing the baseline assessment of value-based payments currently within the PPS. This workgroup has been in contact with the MCOs. 12/14/15: At the request of the IA, the PPS has returned the Meeting Schedule Template for Funds Flow, documenting governance meetings period ending 9/30/2015. Please note this milestone is not due until 12/31/2015, which is why the template was not submitted in the DY 1 Q2 report. The PPS plans to submit all required documentation, including the Meeting Schedule Template for Funds Flow, when this milestone is completed, in the DY1 Q3 report.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	This milestone has been on hold since the DY 1 Q 1 NYS DOH Quarterly Report because the Suffolk Care Collaborative has not received any guidance from the NYS DOH on end dates for this milestone. Upon receipt of guidance or further instruction we will then be able to move this milestone into "In progress."
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	This milestone has been on hold since the DY 1 Q 1 NYS DOH Quarterly Report because the Suffolk Care Collaborative has not received any guidance from the NYS DOH on end dates for this milestone. Upon receipt of guidance or further instruction we will then be able to move this milestone into "In progress."
>=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	This milestone has been on hold since the DY 1 Q 1 NYS DOH Quarterly Report because the Suffolk Care Collaborative has not received any guidance from the NYS DOH on end dates for this milestone. Upon receipt of guidance or further instruction we will then be able to move this milestone into "In progress."

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Milestone Review Status

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

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IPQR Module 3.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: The redesign of the reimbursement system will require a substantive shift in provider behavior as payments will be performance and value driven. This will disrupt the historical fee-for-service system that rewards volume. This will require providers to redesign their business models to adjust to the new paradigm.
Risk mitigation: Through learning collaborative, the PPS will engage providers across the spectrum of care to provide assistance as the healthcare system transforms. Additionally, the PPS Finance Committee will monitor member's financial reports to ensure that the PPS will be able to meet its goals. In the event that a provider becomes financially unstable, a corrective action plan will be established and the PPS will support such provider(s) as needed.

Issue: Providers within the PPS, particularly in underserved, rural areas, already face challenges maintaining their availability in this changing healthcare financing environment.
Risk Mitigation: To ensure that the DSRIP goals are met, the Finance Committee of the PPS is developing a provider financial reporting system for operating and financial statistics which, on a quarterly basis, will be a key performance indicator of the financial health of providers in the PPS. The survey will be required for providers across the continuum-of-care, as providers overall are instrumental in achieving the DSRIP metrics and milestones. Any providers who are unable to meet the financial metrics will be required to submit a plan of correction to ensure financial stability. These providers will also be eligible to receive support from the PPS in order to implement their turn-around plan. The PPS has not identified any providers that are in need of financial restructuring at this time.

The funds flow design has been structured to support those providers that are essential to achieving the PPS' DSRIP goals. In addition to project related costs and incentive payments, financially fragile providers will be eligible for special situation / contingency funds. The Suffolk PPS will monitor the financial condition of all providers that are critical to the success of the DSRIP projects. The PPS will work with any provider(s) whose financial condition deteriorates to implement a corrective action plan that will ensure that the necessary resources remain in place to meet the PPS' DSRIP goals.

Issue: The potential that Medicaid MCOs will not be amenable to piloting new value-based payment methodologies.
Risk mitigation: Issue already raised within multiple DOH venues as to how Medicaid MCOs will be accountable for ensuring that new payment methodologies will be developed. Plan to keep open lines of communications with all MCOs, provide evidence that the PPS can bring value through actually delivering tangible results over the course of the DSRIP program. Keep DOH apprised of MCO efforts or lack of effort.

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

An effective IT/data warehouse solution with analytics run off of that stored PPS data will be important to ensure that comprehensive data/trend monitoring processes are in place. The PPS will need to effectively track all utilization trends that ultimately impact financial results to ensure that adverse trends are reopened to quickly and effectively. An effective PPS Governance structure will be required to ensure that all participating PPS Providers have an opportunity to benefit from the PPS Integrated Delivery System model, and thereby support the sustainability of the peps as a whole. A Performance Reporting model will be a key component of efforts to create and maintain financial stability of the PPS, through a comprehensive monitoring process that includes corrective action processes as needed in case of adverse trends or adverse provider performance.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joe Lamantia/Suffolk Care Collaborative	Responsible for oversight of overall Financial Sustainability Work stream
Business Manager for DSRIP Operations	Neil Shah/Suffolk Care Collaborative	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
PPS Finance Project Lead	Bernie Cooke/Stony Brook Medicine	Ultimate accountability for governance oversight of the Finance strategy to include accounts payable, treasury/banking, general ledger, reporting, audit
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for supporting oversight of clinical components of the of overall DSRIP Portfolio. Support financial sustainability monitoring across clinical projects and programs.
Compliance Team	Key PPS Compliance Project Stakeholders	Oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined.
Compliance Officer	Sarah Putney/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
Financial Sustainability Team	Key PPS Finance Project Stakeholders	Lead development of Financial Sustainability Milestones including Budget and Funds Flow milestones
MCO Relations Team Lead	Steven Feldman MD/Stony Brook Medicine	Lead Communication Channel to MCO Partners
MCO/Value Based Payment Workgroup	Steven Feldman MD, Bernie Cooke, Linda Efferen MD & Joseph Lamantia	Will oversee the development and implementation of the VBP Roadmap as well as lead negotiations with MCO partners
Director, Project Management Office	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
PPS Director, Network Development & Performance	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Management structure for the PPS

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IPQR Module 3.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of deliverables across Suffolk PPS Health System framework
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include project budgets
Gary Bie, Bernard Cooke, Jerry Hirsch, James Sinkoff, Robert Power, Robert Detor	PPS Finance Committee Members	Support of Finance strategy development
Financial representatives of all Engaged/Contracted PPS partners	Financial representatives of all Engaged/Contracted PPS partners	Primary contact and communication channel for the PPS finance project stakeholders to engage in conducting DSRIP related financial responsibilities.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and financial milestones within arrangement.
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS,	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
FACHE,CPHQ, James Bernasko MB, CHB, CDE		
External Stakeholders		
Medicaid MCOs	Support and oversight in development of value-based proposals	Support of value-based contracting proposals
NYS DOH	NYS DOH defines the DSRIP requirements	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
External Auditor	External Auditor	Performing External Audits
Community Based Organizations	Community Based Organizations	Engage via communication strategies regarding DSRIP status, outcomes and will be a priority to maintain their contribution and influence.
Agencies / Regulators	Agencies / Regulators	County and State agencies and regulatory bodies with oversight and influence in a number of DSRIP project requirements (ex. waivers or regulatory relief)

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IPQR Module 3.7 - IT Expectations

Instructions :

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

A shared IT infrastructure across the PPS will support this workstream by tracking financial performance and sharing that data across the PPS. Through this monitoring process, progress toward achieving the financial milestones laid out above will also be tracked and reported back to key stakeholders. In addition to monitoring the financial health of the PPS, a shared IT infrastructure will support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This will ultimately lead to improved quality, utilization and financial results within this population and will therefore help support the financial success and sustainability of the PPS itself. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The PPS PMO will establish a robust performance reporting structure to track the progress of the PPS towards the specified milestones. This monitoring process will be aided by the creation of a Financially Fragile & Distressed Provider list to help the PPS more efficiently allocate its resources to support struggling PPS partners and improve financial performance. If identified as eligible to be place on the Financially Fragile list, the PMO team will communicate with the appropriate PPS partner in a timely and appropriate manner. Finally, the performance reporting structure will monitor key financial performance indicators, such as progress across the PPS towards developing 90% value-based provider payment contracts.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1: Recruit and engage the Cultural Competency & Health Literacy Advisory Group that will create a Cultural Competency and Health Literacy (CCHL) strategic plan.	Completed	Step 1: Recruit and engage the Cultural Competency & Health Literacy Advisory Group that will create a Cultural Competency and Health Literacy (CCHL) strategic plan.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Build on information obtained from CNA, surveys and other data analyses to identify those priority groups who face the greatest heath disparities as well as cultural competency and health literacy gaps.	In Progress	Step 2: Build on information obtained from CNA, surveys and other data analyses to identify those priority groups who face the greatest heath disparities as well as cultural competency and health literacy gaps.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Gather information through engagement with project leads, community based organizations and community members identify providers and partners in our network with capacity to provide supportive services for those identified priority groups experiencing health disparities.	In Progress	Step 3: Gather information through engagement with project leads, community based organizations and community members identify providers and partners in our network with capacity to provide supportive services for those identified priority groups experiencing health disparities.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Collect information to create a PPS-wide definition for cultural competency/health literacy and standard for culturally and linguistically appropriate services in collaboration with the Community Needs Assessment & Outreach Committee	In Progress	Step 4: Collect information to create a PPS-wide definition for cultural competency/health literacy and standard for culturally and linguistically appropriate services in collaboration with the Community Needs Assessment & Outreach Committee	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: In collaboration with PPS will engage in two-way communication with the population and community groups on cultural competence and health literacy issues including project workgroups and committees; community based organizations, community health forums, PAC meetings, website and newsletter.	In Progress	Step 5: In collaboration with PPS will engage in two-way communication with the population and community groups on cultural competence and health literacy issues including project workgroups and committees; community based organizations, community health forums, PAC meetings, website and newsletter.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6: In collaboration with Clinical committee will review, the cultural competency assessments and tools to assist patient with self-management.	In Progress	Step 6: In collaboration with Clinical committee will review, the cultural competency assessments and tools to assist patient with self-management.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7: Define the key metrics and process to evaluate and monitor the impact of the Cultural Competency and Health Literacy Strategy	In Progress	Step 7: Define the key metrics and process to evaluate and monitor the impact of the Cultural Competency and Health Literacy Strategy	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 8: Create initial draft of a Cultural Competency and Health Literacy strategic plan for the PPS including key factors to improve access to quality primary, behavioral health, and	In Progress	Step 8: Create initial draft of a Cultural Competency and Health Literacy strategic plan for the PPS including key factors to improve access to quality primary, behavioral health, and preventive health care	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
preventive health care									
Task Step 9: Approval of finalized strategic plan by Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee and Board of Directors	In Progress	Step 9: Approval of strategic plan by Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee and Board of Directors	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1: Engage Cultural Competency and Health Literacy workgroup, project leads and appropriate organizational leads to identify potential Cultural Competency training needs based on the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment)	In Progress	Step 1: Engage Cultural Competency and Health Literacy workgroup, project leads and appropriate organizational leads to identify potential Cultural Competency training needs based on the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment)	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Identify current training practices for PPS participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate clinical project leads and project teams.	In Progress	Step 2: Identify current training practices for PPS participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate clinical project leads and project teams.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3. Identify current training practices for participating CBOs and non-clinician segments collaboration with appropriate project leads and project teams.	In Progress	Step 3. Identify current training practices for participating CBOs and non-clinician segments collaboration with appropriate project leads and project teams.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Identify current CC and HL training resources (e.g. training programs) within the participating group of PPS providers and external vendors	In Progress	Step 4: Identify current CC and HL training resources (e.g. training programs) within the participating group of PPS providers and external vendors	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Explore possibility of engaging external training vendors with expertise and content related to Cultural Competency and Health Literacy (e.g., may include motivational interviewing for Care Managers, etc.)	In Progress	Step 5: Explore possibility of engaging external training vendors with expertise and content related to Cultural Competency and Health Literacy (e.g., may include motivational interviewing for Care Managers, etc.)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Develop training plans for participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate project leads and clinical project teams.	In Progress	Step 6: Develop training plans for participating clinicians (e.g., evidence-based research for addressing health disparities, PCMH compliance, etc.) in collaboration with appropriate project leads and clinical project teams.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7: Develop training plans for participating CBOs and non-clinician segments in collaboration with appropriate project leads and clinical project teams.	In Progress	Step 7: Develop training plans for participating CBOs and non-clinician segments in collaboration with appropriate project leads and clinical project teams.	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8: Develop PPS Training Strategy to be presented for recommendation to the Board of Directors by the CNA & Outreach Committee	In Progress	Step 8: Develop PPS Training Strategy to be presented for recommendation to the Board of Directors by the CNA & Outreach Committee	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9: Develop an implementation schedule and create a process to monitor the effectiveness of the PPS Training strategy (e.g. may include tracking of participation rates, etc.)	In Progress	Step 9: Develop an implementation schedule and create a process to monitor the effectiveness of the PPS Training strategy (e.g. may include tracking of participation rates, etc.)	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 10: Approval of the training strategy by PPS Board	In Progress	Step 10: Approval of the training strategy by PPS Board	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	General Program Narrative: The Cultural Competency and Health Literacy Advisory Workgroup developed and finalized PPS-wide definitions for cultural competency and health literacy. The definitions were submitted to and approved by the CNA, Outreach, and Cultural Competency and Health Literacy Committee. Education on the definitions as well as a Workgroup progress report was presented at the quarterly PAC meeting, October 6, 2015. The SCC Contracting & On-boarding plan, which includes selected education requirements across the DSRIP portfolio also includes CC & HL education. We've also expanded our survey efforts in CC & HL by incorporating our questions into the Workforce survey which will be distributed to our PPS partners in the next quarter.
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 & Ongoing	
Milestone #2	Pass & Ongoing	

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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: The PPS will face a number of key challenges in assuring cultural competency (CC) across all providers. These include: 1) Limited knowledge of current PPS member performance & capability in CC; 2) Difficulties in operationalizing CC; 3) An unclear connection between a person's cultural bias & everyday decision making; & 4) lack of diversity in the workforce & staff turnover requiring ongoing training. Risk mitigation: To address these challenges, we will fully engage & educate key leaders & stakeholders in each PPS agency on an ongoing basis. The strategic plan will focus on: 1) Maintain an understand community needs & demographic groups: This will elucidate the cultural issues, demographic trends, & service gaps. Ongoing PPS-wide surveys (leveraging PPS-wide resources) will be conducted to evaluate the need for performance improvement & to establish specific training needs. 2) Assure information exchange relative to CC throughout the PPS: This is aimed at improving CC & informing the policies & procedures of the PPS. The PPS will host quarterly town hall meetings in-person & via webinar to inform staff of program milestones, population health trends, changing patient demographics & available resources. To provide PPS members with readily available information, EMR modules on the customs of diverse cultures will also be created. 3) Improve the delivery of both existing/new services geared towards these groups: The Committee will evaluate quality of care, patient satisfaction surveys & complaints, & recommend necessary corrective actions to ensure CC. 4) Develop recruitment, hiring & retention procedures of bilingual/bicultural staff, as well as training existing staff in CC. This will create an inclusive working environment by recruiting & promoting a racially, culturally & linguistically diverse workforce across all organizational levels & functions. Training programs will be specific to the needs of the populations served, using CLAS standards. All providers & agency staff will be trained by the end of DY3. Issue: Potential limited ability to engage CBOs in Suffolk in this program Risk mitigation: In the long-term, we will seek to build CC & HL training into the service delivery model of CBOs so that case managers & providers will routinely help clients improve their health literacy as part of their jobs. With a diverse population composed of multiple ethnicities throughout the county, we will pay particularly focus on CBOs that work with low income, low literacy, & limited-English proficient communities. For decades, CBOs have played a vital role in providing culturally competent services to racial & ethnic minorities. This segment of the Medicaid population will rely on CBOs as a primary option for social, preventive & behavioral health services. Such CBOs are more likely to have higher levels of bilingual staff; extensive knowledge of cultural values & norms for target populations; experience integrating cultural practices that promote trust & confidence among patients/clients; & knowledge & access to informal, culturally-based social networks within communities that can support families. In building stronger partnerships & contracts with CBOs, the PPS will link funding levels to the provision of culturally competent care; increase funding to CBOs that provide preventive services; provide incentives for CBOs to assist in increasing the pipeline of bilingual providers; & develop & promulgate CC standards & metrics while also providing assistance to help CBOs achieve these standards. Issue: Limited data sources on Race, Ethnicity & Language (REAL) & the disparities associated with these differences. Risk Mitigation: The PPS will work to more effectively collect REAL data & will also work very closely with community providers & CBOs to obtain information on local disparities & how the PPS might fill identified gaps.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

An effective IT/data warehouse solution with associated analytics will be important to ensure that data on REAL disparities is available to the PPS for action. An effective PPS Governance structure will be key to ensuring that the issues of CC and HL are continually brought to the forefront in prioritizing efforts and resources. The CNA Governance Committee will be important to ensure that a body of key stakeholders produces effective oversight of the CC/HL PPS strategy and that it is effectively implemented. A key area of alignment will be with the Workforce work stream to ensure that key components of CC/HL training are effectively implemented for all new and redeployed PPS staff. Another area of alignment will be with Population Health Management to address the CC/HL needs of target populations and their disparities. An effective clinical integration strategy will support the ability to disseminate the key concepts of cultural competency throughout the integrated PPS and provide focused efforts to engage the provider network in cultural competency training.

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IPQR Module 4.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Responsible for oversight of overall Cultural Competency and Health Literacy (CC/HL) Work stream
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Group of PPS partner clinicians responsible for developing CC and HL training programs for clinicians
PPS Project Lead for Cultural Competency & Senior Manager Provider & Community Engagement	Althea Williams/Suffolk Care Collaborative	Responsible for the CC/HL strategy, Lead of development, management and oversight of all CC/HL deliverables and strategies and implementation plans to ensure completeness, timeliness and effectiveness
PPS Project lead for Cultural Competency	Cordia Beverley, MD/Stony Brook Medicine	Responsible for the CC/HL strategy, Oversight of all CC/HL strategies and implementation plans to ensure completeness, timeliness and effectiveness. Liaison between Cultural Competency & Health Literacy Advisory Group and the Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee
Director of Network Development & Performance for the Suffolk Care Collaborative	Kevin Bozza/Stony Brook Medicine	Overall guidance of the Partner/Community Engagement, Performance Reporting Plan, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
DSRIP Project Leads	Joseph Lamantia, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	CC/HL Project Leads will collaborate with Project Leads across DSRIP portfolio to evaluate CC/HL needs across projects and support implementation.
Cultural Competency and Health Literacy Advisory Group	Althea Williams, Cordia Beverley, MD, Robbye Kinkade, Anthony Romano, Catherina Messina, Eileen McManys, Adam Gonzalez, Aldustus Jordan, Katherine Brieger, Marvin Colson, Roberta Leiner, Elinor Schoenfeld, Yvonna Spreckles	A group of representatives from cross-functional resources (e.g. CBO's, patient representative groups, DSRIP project leads, , etc.) responsible for drafting CC and HL Strategic Planand collaborators to project deliverables and activities, (including recruitment and training), for Board approval
Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee	Cordia Beverley, MD, Karen O'Kane, Drew Pallas, Roberta Leiner, Lori Andrade, Kristie Golden, Elaine Economopoulos, Randi Shubin-Dresner, Juliet Frodella, Lucy Kenny, Nancy Copperman, Ronald McManus	The charge of the committee shall be to provide guidance in identifying community health needs and ensuring that the projects and other initiatives are effective in addressing such needs.
Director, Project Management Office	Alyssa Correale, Suffolk Care Collaborative	Project Management Office will champion consistent project

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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IPQR Module 4.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	PPS Executive Lead	Responsible for oversight of overall Cultural Competency and Health Literacy Work stream
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise CC/HL strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of CC/HL deliverables across Suffolk PPS Health System framework
Linda Efferen, MD	PPS Medical Director	Overall leadership and guidance related to the Clinical Program Portfolio
Kevin Bozza, Director Network Development & Performance, Suffolk Care Collaborative	Workforce Project Lead	Communication lead, Training lead, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Key Community Based Organizations	Provide feedback to drafts of strategic plan for HL & CC	Provide information to the PPS on existing disparities and gaps in culturally competent care being provided
Cultural Competency and Health Literacy Advisory Group	CC/HL Advisory and Subject Matter Expertise Group	Subject matter experts, provide insight, review CC/HL deliverables, support current and future state assessments
Community Needs Assessment, Outreach & Cultural Competency & Health Literacy Committee	CC/HL Governance Body	Approval of all CC/HL deliverables and support communications of deliverables
Alyssa Correale	Director Project Management Office	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)		progress, CC/HL materials, and outcomes to meeting financial milestones within arrangement.
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Board of Directors	Ultimate accountability for governance oversight of all CC/HL PPS functions and governance structure itself
External Stakeholders		
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
Cultural Competency Training Vendors	CC/HL training vendors to provide development of technical training curriculum, recruiting support	Training vendors will be identified for CC/HL training across the DSRIP project implementation and workforce
Medicaid MCOs	Feedback, coordination of effort	Work with the PPS to ensure information is made available on existing disparities in care and support a coordinated effort to address these
NYS DOH	Constructive oversight of the process	Provide direction and set expectations

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IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

The shared IT infrastructure across the PPS will help capture important patient-related data (including REAL) that will help support efforts by project teams and the PPS to address gaps in care. Specifically, the IT infrastructure will help identify hotspots and areas of high patient utilization which will help prioritize cultural competency and health literacy training.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

The success of the CC/HL strategy will be measured initially through process measure that include completion of the identified milestones as outlined, as well as by the tracking and assessment of effectiveness of the training provided to providers, PPS staff and other key stakeholders. In addition the PPS will track its effectiveness in the collection of REAL data which can then be used through analytics to identify areas where disparities in care are more pronounced and need to be addressed. Finally, ongoing analytics will continue to track how well clinical disparities in care are being addressed in specific geographies or in specific cultural or ethnic populations

IPQR Module 4.9 - IA Monitoring

Instructions :

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Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Establish PPS IT Task Force (e.g. include representatives from analytics, external vendors, etc.)	In Progress	Step 1: Establish PPS IT Task Force (e.g. include representatives from analytics, external vendors, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: PPS IT Task Force to complete initial IT capability survey of all key PPS providers and communicate key findings to partners (e.g. format of capability assessment may include surveys, interviews, meetings, etc. to evaluate RHIO, EMR, etc.)	In Progress	Step 2: PPS IT Task Force to complete initial IT capability survey of all key PPS providers and communicate key findings to partners (e.g. format of capability assessment may include surveys, interviews, meetings, etc. to evaluate RHIO, EMR, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Identify and prioritize the key PPS providers that need to be assessed for PCMH, Meaningful Use, and RHIO connectivity readiness.	In Progress	Step 3: Identify and prioritize the key PPS providers that need to be assessed for PCMH, Meaningful Use, and RHIO connectivity readiness.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Conduct assessment of EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable	In Progress	Step 4: Conduct assessment of EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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IT platforms, etc.)									
Task Step 5: Analyze results of needs assessments and identify key gap area	In Progress	Step 5: Analyze results of needs assessments and identify key gap area	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Prepare summarized report of findings (e.g. include IT architecture diagrams for PPS, data flows, security considerations, etc.)	In Progress	Step 6: Prepare summarized report of findings (e.g. include IT architecture diagrams for PPS, data flows, security considerations, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage PPS IT Task Force to develop IT Change Management Strategy	In Progress	Step 1: Engage PPS IT Task Force to develop IT Change Management Strategy	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: PPS IT Task Force to identify key stakeholders and jointly define approach to change management governance process (e.g. include guiding principles, oversight process, development of workflows for authorizing , escalating and implementing IT changes, etc.)	In Progress	Step 2: PPS IT Task Force to identify key stakeholders and jointly define approach to change management governance process (e.g. include guiding principles, oversight process, development of workflows for authorizing , escalating and implementing IT changes, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: PPS IT Task Force performs impact / risk assessment of IT change process (e.g. include financial analysis, impact on workforce, etc.)	In Progress	Step 3: PPS IT Task Force performs impact / risk assessment of IT change process (e.g. include financial analysis, impact on workforce, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: PPS IT Task Force to collaborate with PPS Provider Engagement Team to develop a two-way communication plan for IT change management (e.g., include setting and	In Progress	Step 4: PPS IT Task Force to collaborate with PPS Provider Engagement Team to develop a two-way communication plan for IT change management (e.g., include setting and monitoring expectations of PPS providers, etc.) .	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring expectations of PPS providers, etc.) .									
Task Step 5: PPS IT Task Force to design an IT education / training plan to appropriately educate and train PPS provider (e.g., include prioritization of PPS partners, standardized training framework to be applied, etc.)	In Progress	Step 5: PPS IT Task Force to design an IT education / training plan to appropriately educate and train PPS provider (e.g., include prioritization of PPS partners, standardized training framework to be applied, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5a. Engage with priortized providers to discuss resourcing requirements based on the current state assessment. Allocate aplicable resources to providers using timefames and milestones defined in a standard on-boardning project plan.	In Progress	Step 5a. Engage with priortized providers to discuss resourcing requirements based on the current state assessment. Allocate aplicable resources to providers using timefames and milestones defined in a standard on-boardning project plan.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5b. PPS On-boarding team works with provider to test and validate all new interfaces prior to cutting over to the live production environment.	In Progress	Step 5b. PPS On-boarding team works with provider to test and validate all new interfaces prior to cutting over to the live production environment.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Secure approval of IT Change Management strategy by PPS Board of Directors	In Progress	Step 6: Secure approval of IT Change Management strategy by PPS Board of Directors	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).							
Task Step 1: PPS IT Task Force will create a definition/requirements for clinical data sharing roadmap (e.g. include timelines, key sub steps, dependencies and risks, contingencies etc.)	In Progress	Step 1: PPS IT Task Force will create a definition/requirements for clinical data sharing roadmap (e.g. include timelines, key sub steps, dependencies and risks, contingencies etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: The PPS IT Task Force will collaborate with Provider Engagement Team and complete initial outreach to providers (e.g. setting expectations about data exchange agreements, etc.)	In Progress	Step 2: The PPS IT Task Force will collaborate with Provider Engagement Team and complete initial outreach to providers (e.g. setting expectations about data exchange agreements, etc.)	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: PPS IT Task Force to develop data governance framework for interoperability and clinical data sharing within the IT infrastructure as well as across all engaged PPS providers.	In Progress	Step 3: PPS IT Task Force to develop data governance framework for interoperability and clinical data sharing within the IT infrastructure as well as across all engaged PPS providers.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: PPS IT Task Force to create a detailed training plan to support the implementation of new processes and platforms across the PPS IT infrastructure (e.g., technical standards and implementation guidance for sharing and using a common clinical dataset, etc.).	In Progress	Step 4: PPS IT Task Force to create a detailed training plan to support the implementation of new processes and platforms across the PPS IT infrastructure (e.g., technical standards and implementation guidance for sharing and using a common clinical dataset, etc.).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4a: PPS IT Task Force to develop and enforce the usage of a standard message specification that can be used by internal components within the IT infrastructure as well as by the PPS providers and RHIO.	In Progress	Step 4a: PPS IT Task Force to develop and enforce the usage of a standard message specification that can be used by internal components within the IT infrastructure as well as by the PPS providers and RHIO.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: PPS IT Task Force to consult with PPS legal counsel to draft data exchange agreements between all PPS providers (e.g., care management records, contracts with CBOs, including BAAs, DURSAs, and DEAAs, etc.).	In Progress	Step 5: PPS IT Task Force to consult with PPS legal counsel to draft data exchange agreements between all PPS providers (e.g., care management records, contracts with CBOs, including BAAs, DURSAs, and DEAAs, etc.).	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	Step 6: Obtain evaluation of business continuity, and data	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Step 6: Obtain evaluation of business continuity, and data privacy controls from PPS IT Governance Committee		privacy controls from PPS IT Governance Committee							
Task Step 7: Consolidate individual deliverables into a clinical data sharing roadmap	In Progress	Step 7: Consolidate individual deliverables into a clinical data sharing roadmap	07/01/2015	03/31/2016	07/01/2015	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.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1: Engage PPS IT Task Force to collaborate with Cultural Competency Team to create a draft plan for IT support to engage attributed members.	In Progress	Step 1: Engage PPS IT Task Force to collaborate with Cultural Competency Team to create a draft plan for IT support to engage attributed members.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2: PPS IT Task Force and Cultural Competency Team to create plan for IT support to engage attributed members (e.g. patient engagement strategies such as web-based tools, etc.)	In Progress	Step 2: PPS IT Task Force and Cultural Competency Team to create plan for IT support to engage attributed members (e.g. patient engagement strategies such as web-based tools, etc.)	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3: Teams to seek feedback via meetings & workshops held with key stakeholders (e.g. CBO's, provider staff, patient groups, PAC, etc.).	In Progress	Step 3: Teams to seek feedback via meetings & workshops held with key stakeholders (e.g. CBO's, provider staff, patient groups, PAC, etc.).	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3a: Assure best practice engagement methodologies are used to facilitate stakeholder engagement.	In Progress	Step 3a: Assure best practice engagement methodologies are used to facilitate stakeholder engagement.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3b: Create final plan based on stakeholder input, input from the from Cultural Competency Team, and the findings from the IT Current State Assessment.	In Progress	Step 3b: Create final plan based on stakeholder input, input from the from Cultural Competency Team, and the findings from the IT Current State Assessment.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 4: Establish new patient engagement channels that potentially leverage technology (e.g., patient portal)	In Progress	Step 4: Establish new patient engagement channels that potentially leverage technology (e.g., patient portal)	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 5: Define key patient performance metrics that can be used for performance monitoring	In Progress	Step 5: Define key patient performance metrics that can be used for performance monitoring	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6: Present final plan to IT Governance Committee and Board of Directors for approval.	In Progress	Step 6: Present final plan to IT Governance Committee and Board of Directors for approval.	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage PPS IT Task Force and representatives from PPS compliance team to develop a draft data security and confidentiality plan	In Progress	Step 1: Engage PPS IT Task Force and representatives from PPS compliance team to develop a draft data security and confidentiality plan	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Create definition of "ideal state" of data security and confidentiality across PPS network	In Progress	Step 2: Create definition of "ideal state" of data security and confidentiality across PPS network	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: PPS IT Task Force to perform current state assessment of data sharing and confidentiality across PPS network.	In Progress	Step 3: PPS IT Task Force to perform current state assessment of data sharing and confidentiality across PPS network.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3a: Assure that all data sharing across wide area networks is performed over secure channels in compliance with DOH data security, confidentality and where applicable non-repudation requirements.	In Progress	Step 3a: Assure that all data sharing across wide area networks is performed over secure channels in compliance with DOH data security, confidentality and where applicable non-repudation requirements.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3b: Complete identiy assessment based on user access roles (i.e. both internal and exteral PPS Providers). Identity assessment includes analysis of all transactions and associated risks. Define which users and transaction types require	In Progress	Step 3b: Complete identiy assessment based on user access roles (i.e. both internal and exteral PPS Providers). Identity assessment includes analysis of all transactions and associated risks. Define which users and transaction types require 2 factor authentication.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
2 factor authentication.									
Task Step 3c: Assure that all PHI data at rest is excrypted commensurate with applicable DOH data confidentality requirements.	In Progress	Step 3c: Assure that all PHI data at rest is excrypted commensurate with applicable DOH data confidentality requirements.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3d: Assure that Data Center environmet is hardend with access limited to authorized personnel.	In Progress	Step 3d: Assure that Data Center environmet is hardend with access limited to authorized personnel.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: PPS IT Task Force to create data security and confidentiality plan (e.g. monitoring, reporting and analysis of security risks, development of risk mitigation strategies, ongoing security controls, etc.)	In Progress	Step 4: PPS IT Task Force to create data security and confidentiality plan (e.g. monitoring, reporting and analysis of security risks, development of risk mitigation strategies, ongoing security controls, etc.)	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5: Present final plan to IT Governance Committee and Board of Directors for approval.	In Progress	Step 5: Present final plan to IT Governance Committee and Board of Directors for approval.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a data security and confidentiality plan.	slin2	Other	16_MDL0503_1_2_20151211150717_SSP_System_and_Communication_Protection_Remediation_Response.docx	SSP System and Communication Protection Remediation Response	12/11/2015 03:07 PM
	slin2	Other	16_MDL0503_1_2_20151211150530_SSP_Identification_and_Authentication_Remediation_Response.docx	SSP Identification and Authentication Remediation Response	12/11/2015 03:05 PM
	slin2	Other	16_MDL0503_1_2_20151211150452_SSP_Configuration_Mgmt_Remediation_Response.docx	SSP Configuration Mgmt Remediation Response	12/11/2015 03:04 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	slin2	Other	16_MDL0503_1_2_20151211150416_SSP_Access_Control_Remediation_Response.docx	SSP Access Control Remediation Response	12/11/2015 03:04 PM
	slin2	Other	16_MDL0503_1_2_20151211135153_OHIP_System_Security_Plan_Overview.docx	OHIP System Security Plan Overview	12/11/2015 01:51 PM
	slin2	Other	16_MDL0503_1_2_20151211135115_Initial_Enterprise_Identity_Assurance_Assessment_signature_page.pdf	Initial Enterprise Identity Assurance Assessment signature page	12/11/2015 01:51 PM
	slin2	Other	16_MDL0503_1_2_20151211134849_Initial_Enterprise_Identity_Assurance_Assessment_Policy.docx	Initial Enterprise Identity Assurance Assessment Policy	12/11/2015 01:48 PM
	slin2	Other	16_MDL0503_1_2_20151211134737_Current_System_Configuration_for_Overview.pdf	Current System Configuration for Overview	12/11/2015 01:47 PM
	slin2	Other	16_MDL0503_1_2_20151211134602_Current_State_Summary.docx	Current State Summary Response	12/11/2015 01:46 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	General Program Narrative: An IT task force has been assembled and has been meeting on a regular basis since August, 2015. The IT task force is organized based on the set of work streams that were previously outlined and submitted in the DY1 Q1 quarterly report. Since the previous quarterly report several key technical meetings where held on topics such as Population Management, Data Acquisition, User Experience, Data Security and User Authentication. The output of the meetings are being used to further refine the system architecture, data security, data acquisition and on-boarding strategies. In addition, the IT team has held a series of IT specific meetings with the clinical project teams in an effort to identify the functional requirements that will be developed within the HealtheRegistries application. The HealtheRegistry application is a tool which is designed to report how well a given organization or provider is scoring against the DSRIP Domain 2 & 3 Measures. Some progress has been made on the IT capability survey across Key PPS providers with additional work on-going. Preliminary data acquisition kick-off meetings have been held with a select set of PPS Partners. At the moment the provider specific data acquisition meetings are focusing on connectivity, test data analysis and the definition of interfaces required for technical integration with the providers EMR.
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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	This milestone is Pass and Ongoing pending final review of security workbooks by DOH.

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IPQR Module 5.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: PPS does not control RHIO/SHIN-NY timelines or the incremental costs to connect to the RHIO/SHIN-NY.
Risk Mitigation: PPS to work with the Department of Health to mitigate risks from slippage of timeline or escalation of costs.
Issue: Concern on the part of PPS Participating providers as to the security and confidentiality of data sharing efforts.
Risk Mitigation: Access to identifiable data will be limited to PPS providers and other authorized individuals responsible for clinical care, administration, DSRIP project and quality of care oversight through role-based access. De-identified and aggregate data will be available to appropriate members of the PPS as required to meet the objectives of the DSRIP project(s). For members requesting access to data an application and signed PPS Confidentiality Agreement is submitted to the IT Governance for approval. The PPS partners will sign three (3) agreements:
1) PPS Participant Agreement identifies the terms of the partnership and defines the policies and procedures related to data sharing;
2) PPS Business Associate Agreement;
3) PPS Data Use Agreements to further define the restrictions and requirements for data use, disclosure and protection.
Issue: Ability of the PPS IT system to handle already existing disparate EMR and case management systems, potentially limiting the ability to get to a fully interconnected IT system for patient care and coordination.
Risk mitigation: Perform a thorough baseline assessment of all current systems that exist across the PPS. Offer easy to implement solutions for those PPS providers who have no particular preference so that the maximum number of providers can be on systems that easily align. The PPS will leverage two different technologies to provide access to relevant patient information to the appropriate individuals noted above. When data is needed by a PPS provider for patient care the provider will utilize the State RHIO for access to real-time clinical data. The established processes available through the RHIO including but not limited to patient consent, role-based access, integration with EMR's and patient locator service all ensure that confidentiality is maintained and access to the correct patient information by medical, behavioral and psychosocial healthcare providers is achieved. The PPS will ensure the PPS provider is signed up to the RHIO and adequately trained to exchange real-time patient information. When data is needed for care management the PPS partners will utilize the Care Management IT platform which leverages the same consent and role-based access processes as the RHIO to ensure compliance with federal and state regulations. Additionally, the Care Management IT platform is compliant with the CMS Data Use Agreement requirements to house Medicare Shared Savings Program data for its clients that are participating in ACO's. For PPS providers and other authorized individuals as noted above that do not have full EMR capabilities we will use the DIRECT product. Direct is a compliant web-based exchange which facilitates access to real-time patient information in the absence of an EMR.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

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An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model with IT support and connectivity. An effective financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in their EMR systems and with interconnectivity through the RHIO. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand the support offered as well as to follow-through with obtaining that support. Additional considerations include the obtaining input from key clinical stakeholders to include in the development of the PPS wide IT infrastructure.

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joe Lamantia	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS
PPS IT Project Lead	Jim Murry	Ultimate accountability for governance oversight of the IT strategy
PPS Data Security (IT) Officer	Stephanie Musso	Oversight on all data / system security
PPS Compliance Officer	Sarah Putney	Oversight on all data / system security/ compliance
Chief Medical Information Officer	Dr Gerald Kelly	Responsible for ensuring our IT builds map to current workflows. Leading IT product evaluations in clincial settings. Deliverables include IT functions that meet the needs of the project/clinician and program
PPS Medical Director	Dr. Linda Efferen	Roll-out of communication plan to PPS participating providers, support of PCMH work in PCP practices
PPS Cultural Competency Project lead	Dr. Cordia Beverley & Althea Williams	Roll-out of communication plan to attributed members and providing input for patient engagement strategies
PPS IT Project Team / Task Force	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting, etc.
Legal Counsel	George Choriatis	Development of data sharing agreement contracts, general legal counsel
PPS IT Team PMO Director	Belmira Milosevich	Project Management of IT development plan
Director, Project Management Office	Alyssa Correale	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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IPQR Module 5.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	Overall PPS Leadership	Ultimate accountability for PPS
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Representatives (SCC PMO, NSLIJ PMO, CHS PMO)	Provide feedback to the design of the process and fully participate in the performance management process. Manage, communicate performance reporting plans and deliverables across Suffolk PPS Health System framework
Hospital Partner Network CIO Representatives	Support for collecting baseline info and then for implementation	Feedback on all IT plans created. Implementation of IT plan components within respective Hospital
Health System CIO Leads	Support for collecting baseline info and then for implementation	Within the Suffolk PPS Health System framework, ensure that all data/connectivity is in place to create a unified patient care process and reporting capability for the PPS
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within the communication methods of perforamnce reporting
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
External Stakeholders		
Patients & Families	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
RHIOs	Program support	Ensure that the PPS has met all their requirements for sharing data

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		and connectivity
Medicaid MCOs	Program support and coordinated efforts	Ensure that the PPS can connect with the MCO data and information systems necessary to support patient are across the continuum.
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring
NYS-OMH-OASAS	Constructive oversight across applicable projects	Coordination and alignment on strategy to engage attributed members in qualifying entities.
Suffolk County Health and Mental Health Department	Constructive oversight across applicable projects	Coordination and alignment on strategy to engage attributed members in qualifying entities

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

The ability of the PPS to meet the specified milestones on time will be tracked, monitored, reported, and communicated via an IT project plan. The PPS IT plan will be tracked monthly to ensure completion of all tasks within the specified timeframes outlined in this implentation plan and goverening DRSIP requirement documents. The Prokect plan will be supplemented with quarterly by reports on how well the other associated work streams have been supported in their efforts by the PPS IT plan. The IT task force will also use a Requirements Traceability Matrix (RTM) which will assure that all DSRIP IT requriements are acurately tracked from both DOH source documents and Operational Project plans creatred by the PPS Population Health PMO team.

The Performance Monitoring system will track performance compared to target on the ability of participating PPS providers to meet requirements that are IT related. These requirements include progress toward Electronic Medical Record implementation, PCMH Level 3 certification, patient engagement, etc. Oversight of this process will occur within the PPS Governance Committee structure, IT Committee.

IPQR Module 5.8 - IA Monitoring

Instructions :

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Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Completed	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	06/01/2015	03/31/2016	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO
Task Step 1: Establish PPS Performance Evaluation and Management team who will report to the Clinical Governance Committee	Completed	Step 1: Establish PPS Performance Evaluation and Management team who will report to the Clinical Governance Committee	06/22/2015	09/30/2015	06/22/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: PPS Performance Evaluation and Management team to develop Performance Reporting and Communications process (e.g. Definition of reporting structure, reporting process, rapid-cycle evaluation process, and modes of communication to PPS Providers, etc.)	Completed	Step 2: PPS Performance Evaluation and Management team to develop Performance Reporting and Communications process (e.g. Definition of reporting structure, reporting process, rapid-cycle evaluation process, and modes of communication to PPS Providers, etc.)	07/01/2015	12/31/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: PPS Performance Evaluation and Management team to define key performance metrics and process needed to manage the Performance Reporting and Communications process (eg. Develop system to manage medical record-based measures, patient engagement measures, PPS outcome measures)	Completed	Step 3: PPS Performance Evaluation and Management team to define key performance metrics and process needed to manage the Performance Reporting and Communications process (eg. Develop system to manage medical record-based measures, patient engagement measures, PPS outcome measures)	07/01/2015	12/31/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Performance Evaluation and Management team to develop the method for conducting the performance reporting plan, define the reporting schedule, and define reporting responsibilities by health system and individual provider and how the metrics will be collected, monitored and evaluated.	Completed	Step 4: Performance Evaluation and Management team to develop the method for conducting the performance reporting plan, define the reporting schedule, and define reporting responsibilities by health system and individual provider and how the metrics will be collected, monitored and evaluated.	08/01/2015	12/31/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 5: Performance Evaluation and Management team to analyze performance data periodically and share key findings with executive and governance bodies (e.g. plan for short term solution to communicate state provided data, plan for creation of clinical quality & project performance dashboards, plan for two-way reporting structure to govern the monitoring of performance data etc.)	Completed	Step 5: Performance Evaluation and Management team to analyze performance data periodically and share key findings with executive and governance bodies (e.g. plan for short term solution to communicate state provided data, plan for creation of clinical quality & project performance dashboards, plan for two-way reporting structure to govern the monitoring of performance data etc.)	08/01/2015	03/31/2016	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 6: Performance Reporting and Communications Strategy presented to the Clinical Governance Committee for review with final approval by the PPS Board	Completed	Step 6: Performance Reporting and Communications Strategy presented to the Clinical Governance Committee for review with final approval by the PPS Board	01/01/2016	03/31/2016	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
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.	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Performance Evaluation and Management team to collaborate with PPS Provider Engagement Team to create Performance Reporting training program for Participating PPS Providers	In Progress	Step 1: Performance Evaluation and Management team to collaborate with PPS Provider Engagement Team to create Performance Reporting training program for Participating PPS Providers	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Identify potential Performance Reporting training needs based on the proposed DSRIP projects, PPS organizational strategy, etc. (e.g., a skills survey for capability assessment, etc.)	In Progress	Step 2: Identify potential Performance Reporting training needs based on the proposed DSRIP projects, PPS organizational strategy, etc. (e.g., a skills survey for capability assessment, etc.)	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 3: Identify current Performance Reporting training resources (e.g. training programs, etc.) across the PPS	In Progress	Step 3: Identify current Performance Reporting training resources (e.g. training programs, etc.) across the PPS	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Identify methods for Performance Reporting training (i.e. tutorial, technology-based, lecture etc.)	In Progress	Step 4: Identify methods for Performance Reporting training (i.e. tutorial, technology-based, lecture etc.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Create and implement a training plan/strategy	In Progress	Step 5: Create and implement a training plan/strategy	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Create a process to monitor the effectiveness of the PPS training strategy ensuring that training met its intended impact (e.g. tracking of participation rates, improved quality reporting and outcomes)	In Progress	Step 6: Create a process to monitor the effectiveness of the PPS training strategy ensuring that training met its intended impact (e.g. tracking of participation rates, improved quality reporting and outcomes)	02/01/2016	03/31/2016	02/01/2016	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
Establish reporting structure for PPS-wide performance reporting and communication.	slin2	Other	16_MDL0603_1_2_20151029181848_2015 05 26 SCC PMO Metrics Matrix (v-17) (002).xlsx	SCC PMO Metrics Matrix	10/29/2015 06:18 PM
	slin2	Other	16_MDL0603_1_2_20151028130320_SCC DSRIP Patient Engagement Report Schedule (v-03).pdf	Presentation of 8/14/15 Data Request Webinar	10/28/2015 01:03 PM
	slin2	Other	16_MDL0603_1_2_20151028105545_SBCN Resolutions (October 2015).pdf	BOD approval of plans	10/28/2015 10:55 AM
	slin2	Other	16_MDL0603_1_2_20151028105059_CC Meeting minutes Sep21-15 -Plan endorsement.pdf	Clinical Governance Committee minutes - endorse plan to BOD	10/28/2015 10:50 AM
	slin2	Policies/Procedures	16_MDL0603_1_2_20151028104709_SCC Reporting Plan 8.24.2015.pdf	SCC Reporting Plan	10/28/2015 10:47 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	slin2	Policies/Procedures	16_MDL0603_1_2_20151028104510_Performance Improvement Planvs5.pdf	Performance Improvement Plan	10/28/2015 10:45 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	General Program Narrative: The Performance Evaluation and Management Workgroup held monthly meetings throughout the DY1 Q2 reporting period. The Committee finalized the patient engagement definitions with guidance from the SCC Project Management Office (PMO). On August 14, 2015 SCC hosted its first patient engagement data collection webinar educating partners regarding the Domain 1 patient engagement definitions and data needs. Throughout the months of August and September partners began generating reports to assist SCC with forecasting anticipated patient engagement volume in preparation for the October 31, 2015 report. Concurrent with the data request process, SCC began executing Business Associate Agreements with partners so that Protected Health Information (PHI) could be collected during the month of October. During the DY1 Q2 reporting period, the SCC Project Management Office established a secure protocol and process so that partners could begin sending PHI data effective the week of 10/12/2015. In addition, the SCC Reporting Plan and the SCC Performance Reporting and Improvement Plan were approved by the Board of Directors on October 8, 2015. Both documents reflect the intellect of the SCC Performance Evaluation and Management Workgroup, were shared with all three HUBs and were endorsed by the SCC Clinical Governance Committee. Both documents collectively, establishes the PPS reporting structure for performance reporting and communication and were uploaded to MAPP to fulfill the Milestone 1 requirement.
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 & Complete	
Milestone #2	Pass & Ongoing	

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IPQR Module 6.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: Potential lack of focus on performance management processes due to incomplete reporting structure.
Risk Mitigation: The organizational units responsible for reporting results and recommending actions are the PPS Informatics Unit and the PPS Executive Unit. The Executive Unit is the population health administrative department that will oversee project implementation, management and evaluation. The PPS Informatics Unit is responsible for data collection, synthesis and interpretation, while the Executive Unit will focus on action as a result of that analysis. Both units will have active participation from clinicians and informaticists and will also work closely with and report to the PPS IT, Clinical and Financial Governance Bodies (subcommittees of the main Governing Body with delegated authority.). Progress updates will be made to governance bodies on the status of the development of the IT infrastructure, which is responsible for facilitating performance reporting across the PPS.

Additionally, dedicated time in governance meetings for RCE discussions will be reserved to ensure strong governance. For important and urgent decisions, the Executive Unit will have access to key decision makers in the governance bodies. At-least one representative on the three governance bodies will be from this unit. This unit interacts with individual Project Teams and PPS providers on a pre-scheduled basis so actionable results can be communicated to front line resources and feedback can be received.

Issue: Potential lack of PPS provider participation in the Rapid-Cycle Evaluation process to help drive performance improvement - due to lack of alignment of incentives for the creation of value-based results.
Risk Mitigation: Provide all PPS providers with easily accessible data and information to help set them up for success in improving their performance. Scorecards will be developed for the PPS. These will be shared transparently within the PPS and incentives and improvement plans will be linked. Quality scorecards at project level will be shared transparently with project teams and partners. Areas of variation in clinical results or PPS provider performance will be addressed initially at the project level. Oversight of this process will be the responsibility of the Clinical Governance Body. The financial sustainability plan will tie-in Provider performance to future value-based contracting efforts to ensure that incentives are aligned.

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.)

An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. An effective Financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in all clinical, utilization

and satisfaction results. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand the Performance Evaluation and Management process and how they can obtain support for their own improvement. The development of comprehensive IT systems, and accompanying processes, will be critical to the success of this work stream. The ability to track patients, and therefore create and track data, as they move through the PPS system will be essential to the success of the DSRIP initiative and will rely on the IT systems being developed. Furthermore, secure storage of this patient data will be essential so that the Project Management Office has a location that they can access in order to acquire and create the necessary reporting structure and deliverables.

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IPQR Module 6.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS
PPS Medical Director	Linda Efferen MD/Suffolk Care Collaborative	Ultimate accountability for governance oversight of Clinical Quality, Clinical Performance metrics and monitoring, utilization and Patient Satisfaction performance
PPS Finance Project Lead	Bernie Cooke/Stony Brook Medicine	Ultimate accountability for governance oversight of financial performance
Performance Reporting Project Lead (Director of Network Development & Performance for the Suffolk Care Collaborative)	Kevin Bozza/Suffolk Care Collaborative	Overall guidance of the Performance Reporting Plan, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
Compliance Officer	Sarah Putney/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
PPS IT Project Lead	Jim Murry /Stony Brook Medicine	Creation of PPS wide IT system to track and store patient data
PPS IT Project Team / Task Force	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting. Including members of the biomedical informatics group.
Performance Evaluation and Management team	Chris Chewens, North Shore-LIJ, Ariel Hayes, North Shore-LIJ, Jessica Wyman, CHS, Corrinne Tramontana, CHS, Linda Efferen, MD, Stony Brook, Althea Williams, Stony Brook, Sam Lin, Stony Brook, Ned Micelli, Stony Brook, Janos Hajagos, Stony Brook, Alyssa Correale, Stony Brook	Development of Performance Evaluation and Reporting strategy addressing the PPS approach to Rapid Cycle Evaluation, creation and use of performance dashboards and performance reporting training.
Practitioner Engagement Team	Practitioner Engagement Team (TBD)	The Practitioner Engagement Team will develop a training/education plan about DSRIP and the PPS quality improvement agenda.
Director of PPS PMO	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		scope requirements within multiple projects.

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IPQR Module 6.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	PPS Executive Lead	Responsible for the creation of the Performance Evaluation, reporting, and Management structure for the PPS
Jim Murry	PPS IT Lead	Ensure that IT infrastructure supports Performance Reporting process
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Representatives (SCC PMO, NSLIJ PMO, CHS PMO)	Provide feedback to the design of the process and fully participate in the performance management process. Manage, communicate performance reporting plans and deliverables across Suffolk PPS Health System framework
DSRIP Project Leads: Joseph Lamantia, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	Develop measures, recipient of outcomes for continued performance improvement efforts	Help work with the PPS to ensure that the performance reporting deliverables are effectively rolled-out and meets the needs identified. Responsible for project leaders
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce (including all PPS unit level provider types)	Provide clinical insight and input on methodologies to improve performance reporting across PPS; Contractual commitments to timely quarterly reportin
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within the communication methods of performance reporting
PPS Clinical Governance Committees	Evaluation and approval of Performance Reporting Deliverables prior to Board Review	Recipient of meaningful performance data from the Performance Evaluation and Management Team to facilitate the PPS' quality agenda

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
PPS Board of Directors	Final evaluation and approval of Performance Reporting Deliverables	Approves Performance Reporting and Communications Strategy
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around outcomes
Medicaid MCOs	Support and alignment of P4P incentives for providers	Align PPS Performance evaluation and management with already existing Medicaid MCOs P4P programs and ultimately with value-based contracts
Training Vendors	Training Vendors: Act as training support for PPS workforce	Develop technical and clinical training curriculum
NYS DOH	Constructive oversight of the process	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process

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IPQR Module 6.7 - IT Expectations

Instructions :

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

A PPS IT system that attempts to optimize the completeness and accuracy of clinical data acquisition will be very important to the success of all performance evaluation and improvement efforts for the PPS. The PPS will need to consider and address the variance that exists across the IT capabilities of PPS providers. In addition, will use results of audit and compliance reviews supporting data and procedural integrity and compliance. Additionally, simple Medicaid claims data will not be sufficient to detect emerging performance trends in a timely manner or to fully address all clinical parameters and results that are not available on claims. An approach to implementation that gets maximum access to data from participating providers and their electronic systems will be developed to ensure that all information used for performance reporting and RCE is robust. This approach will need to account for the diverse situations (e.g., geography, affiliation, infrastructure, etc.) that PPS providers are facing and the PPS will need to maintain flexibility throughout the development of this approach.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

Progress will be measured through the development of a robust performance reporting structure that will track the ability of the PPS to meet specific milestones on time, monitor and improve the financial and clinical performance of the PPS as well as achieving gap to goal performance improvement for the Domain 2 and 3 measures. A collaborative progress reporting structure of this size has not been built in Suffolk County and oversight of this process will need input from all key stakeholders as it occurs within the overall PPS Governance structure, as well as the IT, Clinical and Finance Committee.

IPQR Module 6.9 - IA Monitoring

Instructions :

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Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Create a PPS Practitioner Engagement Team to lead development of a Practitioner Communication & Engagement plan	Completed	Step 1: Create a PPS Practitioner Engagement Team to lead development of a Practitioner Communication & Engagement plan	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: PPS Practitioner Engagement Team will identify and recruit practitioner "champions" to act as educators and promoters of the DSRIP program, to represent peer-groups on PPS Committees and to act as representatives and spokespeople for other practitioners (eg. Physicians, nurses, behavioral health specialists, community health workers etc.).	In Progress	Step 2: PPS Practitioner Engagement Team will identify and recruit practitioner "champions" to act as educators and promoters of the DSRIP program, to represent peer-groups on PPS Committees and to act as representatives and spokespeople for other practitioners (eg. Physicians, nurses, behavioral health specialists, community health workers etc.).	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: PPS Practitioner Engagement Team to begin identifying and building relationships with key professional groups	In Progress	Step 3: PPS Practitioner Engagement Team to begin identifying and building relationships with key professional groups	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Step 4: Create draft plan for Practitioner Communication and	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 4: Create draft plan for Practitioner Communication and Engagement (e.g. structures and processes for two-way communication between front-line practitioners and the PPS, process for managing grievances rapidly and effectively, development of professional groups, establishing expectations of providers, etc.)		Engagement (e.g. structures and processes for two-way communication between front-line practitioners and the PPS, process for managing grievances rapidly and effectively, development of professional groups, establishing expectations of providers, etc.)							
Task Step 5: Obtain feedback from key stakeholders on draft plan (Leverage professional networks and champions)	In Progress	Step 5: Obtain feedback from key stakeholders on draft plan (Leverage professional networks and champions)	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Practitioner Communication and Engagement Plan presented to the Clinical Committee for review with final approval by the PPS Board	In Progress	Step 6: Practitioner Communication and Engagement Plan presented to the Clinical Committee for review with final approval by the PPS Board	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Engage Practitioner Engagement Team to help develop Practitioner Training/Education Plan.	Completed	Step 1: Engage Practitioner Engagement Team to help develop Practitioner Training/Education Plan.	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Develop training/education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and SCC's quality improvement agenda. This plan will include material to be delivered online and in-person (eg. goals of DSRIP program, services available to providers and practices, population health management education, review of 11 DSRIP projects, various aspects of IT/Data Sharing infrastructure development and how this will impact on	In Progress	Step 2: Develop training/education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and SCC's quality improvement agenda. This plan will include material to be delivered online and in-person (eg. goals of DSRIP program, services available to providers and practices, population health management education, review of 11 DSRIP projects, various aspects of IT/Data Sharing infrastructure development and how this will impact on practitioners day-to-day etc.)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
practitioners day-to-day etc.)									
Task Step 3: Practitioner Engagement Team to catalog training needs across the PPS (e.g., "DSRIP 101", PPS quality improvement agenda and processes, etc.)	In Progress	Step 3: Practitioner Engagement Team to catalog training needs across the PPS (e.g., "DSRIP 101", PPS quality improvement agenda and processes, etc.)	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Create a process to monitor the execution of the Practitioner Training/Education Plan (e.g. tracking of participation rates, training outcomes, etc.)	In Progress	Step 4: Create a process to monitor the execution of the Practitioner Training/Education Plan (e.g. tracking of participation rates, training outcomes, etc.)	01/01/2016	03/31/2016	01/01/2016	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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	General Program Narrative: The Practitioner Engagement Workgroup held their kick-off meeting on September 21, 2015. The workgroup is chaired by Dr. Maria Basile, Assistant Vice President for Medical Staff Affairs at John T. Mather Memorial Hospital. The Committee discussed a framework for the Practitioner Engagement and Communication Plan and reviewed the SCC onboarding material and education plan. In lieu of a finalized funds flow model, SCC held pre-contracting meetings with partners throughout the DY1 Q2 reporting period to re-educate members about DSRIP and the anticipated next steps. SCC expects to begin contracting with partners in December. In addition, SCC identified potential providers to engage during the open enrollment period. SCC is finalizing an outreach strategy with each HUB to solicit and enroll new providers.

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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IPQR Module 7.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Through a baseline assessment that was part of the CNA and through targeted interviews of higher volume PCP groups, physicians in the Suffolk PPS have been willing to engage in discussions regarding the need to redesign patient care processes and payment mechanisms to better serve the population and improve outcomes. In general, a true willingness exists to participate in all DSRIP projects; but engagement will be enhanced if current barriers are addressed. The PPS has identified the following challenges that stand in the way of successful implementation of this organizational component:

Issue: Potential lack of the full alignment of PPS providers needed to create an engaged set of participants in an integrated system of care (e.g., technology challenges, workforce-related risks, etc.). Lack of alignment driven by other competing priorities, current FFS reimbursement model with lack of financial alignment, limited resources, and expanding competition for services.
Risk mitigation: A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management, particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services.
Issue: Limited primary care resources in the County, particularly in more rural areas with make it harder to engage providers and produce results.

Risk Mitigation: Create a dedicated focus on improving access to primary care services through PPS efforts to redesign PCP practices to improve their efficiency as well as through targeted recruitment efforts in geographies with high need.

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.)

For physician engagement to occur effectively several other work streams will need to contribute significant support. Starting with the Governance system of the PPS, physicians will need to have a voice in how the PPS functions and how its policies and processes affect their practices. The Clinical Committee in particular will need to be an effective venue to address and approve all key interventions, policies, and guidelines that will have to be implemented across all physician practices to ensure that all measure targets are met. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR functionality will also play a key role. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain

full physician engagement over the life of the DSRIP program and beyond.

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IPQR Module 7.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Responsible for overall guidance of Practitioner Engagement work stream
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Develop the Provider Communication Education & Engagement plan. Roll-out of communication plan to PPS participating providers, support of PCMH work in PCP practices
Practitioner Engagement Project Lead (Director of Network Development & Performance for the Suffolk Care Collaborative)	Kevin Bozza/Suffolk Care Collaborative	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects
Practitioner Engagement Team	Multi-functional Representation across PPS partner network	The Practitioner Engagement Team will develop the provider engagement and communications plan. Develop a training strategy to educate PPS partners and professional groups about DSRIP and the PPS Quality Improvement Agenda.
Practitioner Champions	PPS Partner Network	Represent practitioners on the Practitioner Engagement Team to support the development of all deliverables (eg. Physicians, Nurses, Behavioral Health Specialists, Community Care Champions)
PPS IT Project Lead	Jim Murry/Stony Brook Medicine	Ultimate accountability for governance oversight of the IT strategy which will support physician engagement
MCO Relations Team Lead	Steven Feldman MD/Stony Brook Medicine	Support communications with MCOs, (ex. to define provider bonus payments). Collaborate with Provider Engagement Team to ensure these bonus payment structures are clear within provider community
Director of PPS PMO	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
All PPS Coalition Partners (All unit level provider	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)		development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.

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IPQR Module 7.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Kevin Bozza	Practitioner Engagement Project Lead (Director of Network Development & Performance for the Suffolk Care Collaborative)	Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the practitioner engagement milestones to include linkages across 11 DSRIP projects
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Performance Reporting Compliance to schedule and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Joseph Lamantia, Jim Murry, Steven Feldman, Eric Niegelberg, Bob Heppenheimer, Dianne Zambori, RN, Gwen O'Shea, Peg Duffy, Kristie Golden, Margaret Duffy, Josh Miller, MD, Ellen Miller, Susmita Pati, MD, Ernie Conforti	DSRIP Project Leads	Help work with the PPS to ensure that the physician communication and engagement plan is effectively rolled-out and meets the needs identified.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Provide clinical care and input on practitioner engagement best practices
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Recipient of communications in the future around

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid MCOs	Support and oversight in development of value-based proposals	The PPS will align with current MCO efforts to engage physicians in practice redesign, medical home and P4P
NY State and County Medical Society	Provide clinical guidance and oversight	Provide support as needed for physician practices to redesign patient care and business processes
Care Management Vendor	Care Management Vendor	Provide support for PHM, Clinical Integration and Practitioner Engagement milestones, needed to engage providers in CM platform. Support development of content for communications for Population Health Management.

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IPQR Module 7.7 - IT Expectations

Instructions :

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

To mitigate any challenges caused by the cultural and geographical diversity across Suffolk County, a shared IT infrastructure will be developed by the PPS to support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. This shared infrastructure will allow for a base level of standardization reaching from the Nassau-Suffolk border to the East End of Suffolk County. Through consistent tracking of performance, this infrastructure will ultimately lead to physician engagement as well as improved quality, utilization and financial results within this population. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results and support individual physicians in their ability to be successful in a value-based payment model.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

Progress will be measured based on the PPS' ability to meet the specific milestones on time and meeting the engagement strategy. Executed partner participation agreements, idenitfying practitioner "champions" to act as educators and promotors of our PPS, providing practitioner education regarding the SCC quality improvement agenda, building relationships with key professional groups will all be measures of success. The PPS Executive Team and the Provider Engagement team will play a key role in implementation and ongoing monitoring.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Establish the Population Health Operating Workgroup -driven by PPS Care Management staff and PPS Provider Engagement staff	Completed	Step 1: Establish the Population Health Operating Workgroup -driven by PPS Care Management staff and PPS Provider Engagement staff	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task Step 2: Create a definition/requirements for Population Health roadmap (e.g. timelines, key sub steps, dependencies and risks, contingencies etc.)	In Progress	Step 2: Create a definition/requirements for Population Health roadmap (e.g. timelines, key sub steps, dependencies and risks, contingencies etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Establish PPS PCMH Certification Working Group – to be 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 providers	In Progress	Step 3: Establish PPS PCMH Certification Working Group – to be 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 providers	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 4: Create the approach for developing the Population Health roadmap (e.g., defining target populations and plans for addressing their health disparities; collaborative discussions with PPS IT team about IT infrastructure, etc.)	In Progress	Step 4: Create the approach for developing the Population Health roadmap (e.g., defining target populations and plans for addressing their health disparities; collaborative discussions with PPS IT team about IT infrastructure, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Engage the Population Health Operating Workgroup to create population health roadmap (e.g., perform current state readiness assessment of practices, identify best practices for transition to PCMH, definition of targeted future state, gap analysis, etc.)	In Progress	Step 5: Engage the Population Health Operating Workgroup to create population health roadmap (e.g., perform current state readiness assessment of practices, identify best practices for transition to PCMH, definition of targeted future state, gap analysis, etc.)	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6: Secure approval of roadmap by PPS Board of Directors	In Progress	Step 6: Secure approval of roadmap by PPS Board of Directors	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1: Engage the Population Health Operating Workgroup - driven by participating PPS hospitals including behavioral health facilities	In Progress	Step 1: Engage the Population Health Operating Workgroup - driven by participating PPS hospitals including behavioral health facilities	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 2: Set up cadence of Population Health Operating Workgroup working sessions to create the approach for developing Bed Reduction plan (e.g., create methodology for bed reduction, prioritization framework to be applied, associated compensation/incentives, etc.)	In Progress	Step 2: Set up cadence of Population Health Operating Workgroup working sessions to create the approach for developing Bed Reduction plan (e.g., create methodology for bed reduction, prioritization framework to be applied, associated compensation/incentives, etc.)	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Step 3: Engage the Population Health Operating Workgroup to create bed reduction plan (e.g., perform current state readiness assessment of network, definition of ideal future state, gap	In Progress	Step 3: Engage the Population Health Operating Workgroup to create bed reduction plan (e.g., perform current state readiness assessment of network, definition of ideal future state, gap analysis, etc.)	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
analysis, etc.)									
Task Step 4: Secure approval of roadmap by PPS Board of Directors	In Progress	Step 4: Secure approval of roadmap by PPS Board of Directors	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 5: Finalize and publish bed reduction plan and schedule of annual updates on capacity changes across the network	In Progress	Step 5: Finalize and publish bed reduction plan and schedule of annual updates on capacity changes across the network	06/30/2016	03/31/2017	06/30/2016	03/31/2017	03/31/2017	DY2 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	General Program Narrative: The Population Health Management (PHM) Operating Workgroup meets on a regular basis. Discussion and planning are ongoing for the development of the IT platform that will support performance reporting and monitoring as well as the Care Management Organization and quality improvement. Care Management build with a vendor contract with xG for development of program structure, recruitment, education and roll-out has been initiated. A planning meeting with Suffolk County Health Home partners and their Care Management partners occurred on October 6, 2015 to initiate discussion among partners to ensure coordination of care with existing Care Management resources in the community and identification of gaps. PCMH Certification and Performance Reporting strategies continue to evolve. A first draft of the Population Health Roadmap is in development.
Finalize PPS-wide bed reduction plan.	

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Milestone Review Status

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

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IPQR Module 8.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: Potential lack of initial data to prioritize provider groups for implementation. This leads to lack of PPS provider and patient engagement in the implementation steps needed to develop an integrated delivery system that can achieve the population health outcomes needed.
Risk mitigation: A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services. A transparent and inclusive governance structure will help address provider concerns along with funds flow processes that ultimately lead to a value-based payment system.

Issue: Difficulty creating an integrated IT infrastructure for the PPS with many disparate IT systems in existence and a large amount of variation in provider readiness to adopt new technologies.
Risk mitigation: Perform a thorough baseline assessment of all current systems that exist across the PPS. Offer easy to implement solutions for those PPS providers who have no particular preference so that the maximum number of providers can be on systems that easily align. Create a Provider Engagement Team that will support PCP offices in their efforts to optimize the use of their EHRs, meet Meaningful Use standards, and attain Level 3 PCMH recognition. Align performance reporting and funds flow with tracking of value-based outcomes to help link funding of new technology and IT solutions to provider performance.

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.)

An effective PPS Governance structure will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. An effective Financial funds flow and sustainability model will also be key to ensure that participating providers have the incentive to work toward improvement in all clinical, utilization and satisfaction results. A Physician Communication and Engagement plan that is effectively implemented will ensure that all participating PPS providers will have the ability to understand what is needed for Population Health Management, including cultural competency and workforce considerations, and how they can obtain support for their own improvement. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR functionality will also play a key role. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain full physician engagement in

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Population Health Management over the life of the DSRIP program and beyond.

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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Responsible for draft of PPS bed reduction plan
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Responsible for obtaining feedback from PPS hospitals to create the final plan
PHM & Clinical Integration Organizational work stream lead	Linda Efferen, MD/Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
Population Health Management Operating Workgroup	Key Project Stakeholders	Provides SME in Population Health Management, Integrated Delivery System and Clinical Integration organizational workflows
PPS Care Management Director	Suffolk Care Collaborative	Responsible for Population Health Management roadmap components around targeted populations and health disparities that need to be addressed. Create the implementation and tracking process for the bed reduction plan.
PPS Care Managers	Suffolk Care Collaborative	Care Management Program Operations
PCMH Certification Workgroup	Suffolk Care Collaborative	Responsible for PCMH Program for Suffolk PPS
PCMH Certification Program Lead	Althea Williams/Suffolk Care Collaborative	Develop the PCMH Certification Roadmap
Suffolk PPS Hospital Leadership	Suffolk County Hospital Leadership (CEOs)	Engage in the bed-reduction plan deliverable
Compliance Officer	Sarah Putney/Suffolk Care Collaborative	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
PPS Clinical Committee	Linda Efferen, MD, Karen Shaughness, Nejat Zeyneloglu, Maria Basile, MD, Sophia McIntyre, MD, Kristie Golden, Jeff Steigman, Juliet Frodella, Lou Harris, Robert Scanlon, MD, Tina Walch, MD, Mary-Ann Donohue-Ryan, Maureen Ruga	Ultimate accountability for governance oversight of Population Health Management
PPS Finance Committee Members	PPS Finance Committee Members: Gary Bie, Bernard Cooke, Jerry Hirsch, James Sinkoff, Robert Power, Robert Detor	Support of Finance strategy development. Ultimate accountability for governance oversight of the PPS bed reduction plan
PPS Director, Network Development & Performance	Kevin Bozza/Suffolk Care Collaborative	Responsible for the Workforce & Community Engagement milestones as well as the Performance Evaluation, reporting, and Management structure for the PPS
Director of PPS PMO	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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IPQR Module 8.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise PHM integration strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Steven Feldman, Eric Niegelberg, Gwen O'Shea, Kristie Golden, Peg Duffy, Josh Miller, Ellen Miller, Carol Gomes	DSRIP Project Leads	Provide feedback to the design of the process and fully participate in the population health management process
CBOs in PPS	Connect patients to the clinical care available across the PPS	Provide oversight and guidance on improving patient engagement and patient outreach
Lou de Onis	"HR Lead of Suffolk PPS"	Provide HR support on workforce changes resulting from bed reductions
Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	PPS Biomedical Informatics (BMI) Data Project Team	Oversight of data analytics and predictive modeling support
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Provide input, insight, and clinical experience to improve PHM strategy across the PPS.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM	Engage in PHM Program

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	program	
Medicaid MCOs	Feedback, coordinated/shared efforts	The PPS will align with current MCO efforts to manage population health and engage physicians in practice redesign, medical home and P4P
Workforce Consultants	Modeling the workforce impacts and strategy development	Provide guidance on effects of bed reduction on workforce
Kimberly Staab	Medicaid Administrator for the Suffolk County Department of Social Services	Providing subject matter expertise, experience and connecting PPS to key CBO partnerships in Suffolk County
Care Management Vendor	Support Care management program development and plan	Provide guidance on care management operations
Training Vendors	Training Vendors: Act as training support for PPS workforce	Provide guidance on training strategies for workforce that are redeployed as result of overall bed reduction
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring

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IPQR Module 8.7 - IT Expectations

Instructions :

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

The PPS will develop a shared IT infrastructure to support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. The IT infrastructure will include the develop of a Care Management documentation tool that will stratify risk, identify gaps in care, and better manage the care of patients across Suffolk County. This will ultimately lead to improved physician engagement as well as improved quality, utilization and financial results within this population. In addition, this infrastructure will be key in capturing all necessary clinical and utilization data needed for performance monitoring of the PPS and its financial results and support individual physicians in their ability to be successful in a value-based payment model.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The PPS PMO will establish a robust, PPS wide performance reporting structure to track the progress of the PPS towards the specified milestones. The Performance Monitoring system will track performance compared to target on the ability of participating PPS providers to meet requirements of the DSRIP projects (e.g. project-specific performance metrics, Domain 1 metrics, etc.) and to improve all population health measures. Progress with achieving level 3 certification for all relevant providers, developing the IT infrastructure required to support a population health management approach, addressing health disparities and achieving a bed reduction across the PPS will all be measures of success. Oversight of this Population Health Management workstream will occur within the PPS Governance Committee structure, Clinical Committee and Finance Committee. The PPS Executive Team, Physician Engagement Team and Care Management Team will play a key role in implementation and ongoing monitoring.

IPQR Module 8.9 - IA Monitoring

Instructions :

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Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Medical Director to define the SCC Clinical Integration scope of work across various provider types engaged in the SCC (e.g. Including the coordination of care across a continuum of services, including preventive, outpatient, inpatient acute hospital care, post-acute including skilled nursing, rehabilitation, home health services, and palliative care to improve the value of the care provided.)	In Progress	Step 1: Medical Director to define the SCC Clinical Integration scope of work across various provider types engaged in the SCC (e.g. Including the coordination of care across a continuum of services, including preventive, outpatient, inpatient acute hospital care, post-acute including skilled nursing, rehabilitation, home health services, and palliative care to improve the value of the care provided.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Engage Population Health Operating Workgroup to create clinical integration needs assessment relative to the goals/objectives for the CI program	In Progress	Step 2: Engage Population Health Operating Workgroup to create clinical integration needs assessment relative to the goals/objectives for the CI program	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3: Engage Project Committees and key	In Progress	Step 3: Engage Project Committees and key project stakeholders in review of the clinical integration needs	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
project stakeholders in review of the clinical integration needs assessment for input and to assure it is inclusive of the CI needs across all 11 DSRIP projects.		assessment for input and to assure it is inclusive of the CI needs across all 11 DSRIP projects.							
Task Step 4: Develop approach for completing the clinical integration needs assessment (e.g., identify best practices across PPS, key data points, key interfaces that will impact clinical integration, etc.)	In Progress	Step 4: Develop approach for completing the clinical integration needs assessment (e.g., identify best practices across PPS, key data points, key interfaces that will impact clinical integration, etc.)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5: Population Health Operating Workgroup to identify key providers and provider types within the PPS and their practice affiliations (e.g. perform mapping process of clinical providers, identify existing care management systems and care transition programs, etc.)	In Progress	Step 5: Population Health Operating Workgroup to identify key providers and provider types within the PPS and their practice affiliations (e.g. perform mapping process of clinical providers, identify existing care management systems and care transition programs, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Perform Clinical Integration Needs Assessment at partnered facilities	In Progress	Step 6: Perform Clinical Integration Needs Assessment at partnered facilities	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Tabulate results of the needs assessment and identify gaps within current clinical integration infrastructure (e.g. may include development and definition of "ideal state" of clinical integration within PPS, also utilize supporting project documents including Community Needs Assessment data)	In Progress	Step 7: Tabulate results of the needs assessment and identify gaps within current clinical integration infrastructure (e.g. may include development and definition of "ideal state" of clinical integration within PPS, also utilize supporting project documents including Community Needs Assessment data)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8: Finalize clinical integration needs assessment, present deliverable and obtain signoff from PPS Clinical Committee (Clinical Quality Committee)	In Progress	Step 8: Finalize clinical integration needs assessment, present deliverable and obtain signoff from PPS Clinical Committee (Clinical Quality Committee)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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							
Task Step 1: Engage the Population Health Operating Workgroup to create the Clinical Integration Strategy	In Progress	Step 1: Engage the Population Health Operating Workgroup to create the Clinical Integration Strategy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2: Begin aggregating and prioritizing the findings from the clinical integration needs assessment (e.g., care gaps, existing best practices and programs, etc.)	In Progress	Step 2: Begin aggregating and prioritizing the findings from the clinical integration needs assessment (e.g., care gaps, existing best practices and programs, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Create a draft Clinical Integration Strategy (e.g. include Care Transitions program, IT and clinical training strategy for PPS providers across settings, collaboration with Medicaid MCOs, etc.)	In Progress	Step 3: Create a draft Clinical Integration Strategy (e.g. include Care Transitions program, IT and clinical training strategy for PPS providers across settings, collaboration with Medicaid MCOs, etc.)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Obtain feedback from key PPS providers on the draft Clinical Integration Strategy (e.g. identification of current resources and methods of clinical integration within PPS based on needs assessment results)	In Progress	Step 4: Obtain feedback from key PPS providers on the draft Clinical Integration Strategy (e.g. identification of current resources and methods of clinical integration within PPS based on needs assessment results)	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Present deliverable and Secure approval of Clinical Integration Strategy from PPS Clinical Committee (Clinical Quality Committee) to include periodic review of strategy	In Progress	Step 5: Present deliverable and Secure approval of Clinical Integration Strategy from PPS Clinical Committee (Clinical Quality Committee) to include periodic review of strategy	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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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
Perform a clinical integration 'needs assessment'.	General Program Narrative: Members of the Population Health Operating Workgroup, in collaboration with the PMO, Project Managers and Leads, continue to evaluate the baseline assessment/clinical needs assessment survey, based on provider type and role/function within the PPS. Integration of the baseline assessment with Workforce Assessment is in progress. Mapping partners within the SCC based on function / role and location by region / local community is ongoing and will continue to evolve. Once results are tabulated a clinical integration gap analysis will be performed.
Develop a Clinical Integration strategy.	

Milestone Review Status

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

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: Difficulty creating an integrated IT infrastructure given issues with interoperability between many disparate IT systems and variation in provider readiness to adopt technology.
Risk mitigation: A thorough baseline assessment of all participating providers will be conducted to identify systems in use across the PPS and identify common solutions. Create a Provider Engagement Team to support PCP offices in their efforts to optimize the use of EHRs, meet Meaningful Use standards, and attain Level 3 PCMH recognition.

Issue: Potential lack of the full alignment of PPS providers needed to create an engaged set of participants in an integrated system of care with effective clinical integration. Lack of alignment driven by other competing priorities, current FFS reimbursement model with lack of financial alignment, limited resources, and expanding competition for services.
Risk mitigation: Easy to use tools that will improve clinical integration will be made available to PPS Providers. A number of the Suffolk PPS DSRIP goals address how the new integrated system will address these challenges and allow providers to see the value of participating in this program. They include: Develop a robust data infrastructure and advanced analytical capabilities, improve disease management, particularly for those with chronic disease, move providers away from the traditional fee-for service payment and toward value based payment, transform the PPS into a highly efficient integrated delivery system, and establish a solid foundation of team-based care across medical, behavioral, and social services. Issue: Lack of common standards, protocols and governance regarding the provision of Care Management and wide variation in Care Management provided
Risk Mitigation: The PPS, in conjunction with the Population Health Management Operating Workgroup, will develop and deploy the Care Management (CM) program for the Suffolk Care Collaborative. Vendor support / input as subject matter expert(s) will be used to guide development of CM standards and protocols that are evidence based / best practice to use across the PPS, provide input in development of IT requirements, and identification of staff and training of CM staff.

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.)

An effective PPS Governance structure, as well as a strong Financial Sustainability plan, will be required to ensure that all participating PPS Providers are fully aligned and will have an opportunity to benefit from the PPS Integrated Delivery System model through the improvement of their performance. Additionally, the development of a shared IT infrastructure will support the rapid, safe transfer of patient information to PPS providers. The PPS IT infrastructure will be a very important mechanism for improvement of the patient care process with better coordination of care, and also will provide the physician with the data they need to better care for their population. IT support in implementing or optimizing EHR

functionality will also play a key role in maximizing the performance of the shared infrastructure. An effective financial sustainability plan with funds flow that ultimately moves to a value -based compensation model will be necessary to create and maintain full physician engagement throughout the duration of the DSRIP program. The Practitioner Engagement work stream will play a large role in clinical integration and incorporate the input, insight, and experience of the provider network across the PPS.

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IPQR Module 9.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia/Suffolk Care Collaborative	Responsible for overall guidance of Clinical Integration work stream
PPS Medical Director	Linda Efferen, MD/Suffolk Care Collaborative	Create the implementation and tracking process for the clinical integration assessment
PHM & Clinical Integration Organizational work stream lead	Linda Efferen, MD/Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
PPS IT Lead	Jim Murry /Stony Brook Medicine	Responsible for capturing key findings from assessment regarding current state of interfaces and data sharing, and build support of these function into IT plan
PPS Care Management Director	Suffolk Care Collaborative	Responsible for the development of Care Transitions program and training on clinical integration. Create the implementation and tracking process for the clinical integration assessment.
Population Health Management Operating Workgroup	Key Project Stakeholders	Provides SME in Population Health Management, Integrated Delivery System and Clinical Integration organizational workflows
PPS Care Managers	Suffolk Care Collaborative	Care Management Program Operations
Director of Network Development & Performance for the Suffolk Care Collaborative	Kevin Bozza/Suffolk Care Collaborative	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects. Responsible for oversight of Provider Engagement including communication, education, and training processes
Director of PPS PMO, Suffolk Care Collaborative	Alyssa Correale/Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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IPQR Module 9.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	Overall PPS Leadership	Ultimate accountability for PPS
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise Clinical Integration strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System PMO Units (NSLIJ & CHS)	Project Management Office function of Suffolk PPS Health System framework. Responsible for project management of enterprise Suffolk PPS work plans within health system.
Steven Feldman, Eric Niegelberg, Gwen O'Shea, Kristie Golden, Peg Duffy, Josh Miller, Ellen Miller, Carol Gomes	DSRIP Project Leads	Provide feedback to the design of the process and fully participate in the population health management process
Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Provide feedback on the various interfaces and data sharing mechanisms on their respective systems and support PPS effort to create standard tools and solutions that can be implemented by PPS Providers	PPS IT and Biomedical Informatics Committee
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	PPS clinical workforce	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Provide input, insight, and clinical experience to improve clinical integration across the PPS.
Alyssa Correale, Laura Siddons, Amy Solar-Doherty, Ashley Meskill, Samuel Lin	Suffolk Care Collaborative Project Management Office	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within PHM program
External Stakeholders		
Patients & Family Members	Improved health outcomes as a result of the PPS enterprise PHM program	Engage in PHM Program

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Medicaid MCOs	Coordinated/shared efforts in developing value-based payment plans	The PPS will align with current MCO efforts to produce clinical integration as well as transitions of care and care coordination processes. Ensure alignment of effort.
Care Management Vendor	Provide CM training and resources to PPS	Provide support as needed to engage providers in CM platform

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IPQR Module 9.7 - IT Expectations

Instructions :

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

A shared IT infrastructure across the PPS will support the ability of the PPS Providers to provide effective clinical care and care coordination for each PPS patient across the continuum of their needs. Learning what communication interfaces and data-sharing mechanisms are already in place, and then building out a tool kit to help support implementation of these clinical integration mechanisms across the PPS will be a key IT support function.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

In addition to the metrics being tracked in other workstreams, the PPS PMO office will track the progress of the PPS to meet the specified milestones on time. Progress toward milestone completion will be monitored through the PPS wide reporting structure and will monitor project-specific performance metrics compared to baseline target scores. The progress reporting structure will also monitor the ability of participating PPS providers to meet requirements of the DSRIP projects, many of which are dependent on the presence of Clinical Integration, with effective data-sharing and care hand-offs across the continuum. Progress with data sharing and interoperability across the PPS, improving care transitions and communication among primary care, mental health and substance abuse providers, successful outcome with training providers and staff regarding clinical integration, tools and communication will all be measures of success. Oversight of this Clinical Integration work stream will occur as a part of the overall PPS governance within the Clinical Governance Committee. The PPS Executive Team and Care Management Team will play a key role in the implementation and ongoing monitoring of this progress reporting. The PMO office will also play a large role through the provision of infrastructure support that facilitates communication between providers to share best practices, a key driver of success.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

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

Our approach includes organizing a multi-disciplinary authoritative body to lead development of service interventions, protocols and programs that address significant community and population health problems. To train and support a care management infrastructure with an evidence-based approach to public health interventions, health services, and health policy. To educate and engage our providers in community and population health sciences. To reduce health disparities and improve measurable health outcomes through sustained community and organizational partnerships. The SCC has a Project Management Office (PMO) whose role is to provide an enterprise-wide approach to identify, prioritize and successfully execute the DSRIP project portfolio. The PMO's primary responsibility is to manage and control project constraints by ensuring project plans are implemented on schedule, within scope and on budget. The PMO utilizes Project Management Body of Knowledge (PMBOK®) based methodology as defined by the National Project Management Institute. Additional functions include, encouragement of collaboration amongst our PPS partner organizations, to support the DSRIP project teams as a source for project management leadership and expertise, to keep the project community informed through a robust communication strategy and to report required status reports to stakeholders including the NYS Department of Health. The PMO is staffed with full-time Project Managers assigned to every DSRIP project. This management role includes PPS wide monitoring of progress toward goals. Project Managers have drafted formal Project Management Plans (PMP) following a collaborative program design and development strategy. Once PMPs are initiated, results/management will be reported to PPS governance structures in compliance to the SCC Communication Plan. The PMO has initiated the roll-out of an enterprise portfolio management software, Performance Logic, to host all project plans and assign tasks to partners across the PPS network. This software tool will allow for a tactical, detailed, and task level management of the work break down structure of every project management plan. During this PMP development phase, the PMO designed and initiated project management templates and held routine meetings to collaborate with all key stakeholders, referenced in "Key Stakeholders." In an effort to eliminate duplication of concurrent projects across the 11 selected DSRIP project plans; the PMO has organized a system of Project Leads across all organizational work streams. All related-organizational-work-stream project requirements have been identified, and will be rolled-up and evaluated at a portfolio level. This approach will provide a standardization of like-project requirements, time/schedule and budgets where necessary. In addition, the DSRIP PMPs have been drafted ensuring all project requirements are met within the planned speed & scale parameters submitted. The PMO has operationalized a formal reporting structure to monitor, communicate and report progress on program implementation. Development of clinical programs will be driven by DSRIP projects, with governance and approval by the Clinical Governance Committee. Our portfolio management also includes: Director of Network Development & Performance to administer provider-facing tasks including communications and training; Community & Patient engagement staff to implement patient-facing tasks such as communications; PPS Care management structure with case managers, social workers and lay workers to support clinical interventions in all projects; and, IT PMO Team will assess all baseline IT needs, support/implement the development of new IT solutions across the PPS, including support of EHR optimization/MU requirements, as well as optimizing the use of the RHIO.

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IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :

Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The Suffolk Care Collaborative currently follows the following methodology to manage interdependencies across the program portfolio. (1) Identifying the interdependency within a specific DSRIP projects (2) Categorizing them into aggregate groupings (ex. Communication requirements, training requirements, workforce requirements, Information technology requirements, etc.) (3) Project Manager obtain the inter-dependent task and will present to PMO (established structure to support cross collaboration between project manager and teams). (4) Resolution is made on how the inter-dependent task will be operationalized, (5) Project Manager to update project management plan to reflect resolution (6) Project Manager will communicate to project key stakeholders. The SCC central PMO provides clear direction and leadership throughout the management of inter-dependencies.
Beginning in the early program design and development process, many of these inter-dependent tasks were identified (shared or complementary work plan tasks). This was accomplished through an initial PMO strategy where work plan development included project leads and project managers in a white-board session. The output of this session pointed out to project teams where these implementation tasks appeared to mirror and/or need to be coordinated with tasks identified by other project teams. These were captured as dependencies on the project plan. We're gearing up to aggregate like-project requirements by project into portfolio PPS work plans by organizational work steam, identifying coordination requirements for complementary or interdependent tasks. We've provided a "support role" on our project plans for these particular tasks to flow to the respective organizational work stream project lead. For example, Jim Murry our Health Information Technology Organizational Work Stream Project Lead is a "support role" across the 11 DSRIP project plans for all Health Information Technology specific project requirements.
Additionally, cross-cutting PPS support resources are recognized in multiple areas with input from project committee and workgroups, provided to the central PMO. For example, workforce support will include hiring a Workforce Consultant to assist in re-training and re-deployment of existing workforce staff in collaboration with other key stakeholders (e.g., labor unions, etc.). Financial Sustainability and support resources will be another key work-stream that influences the success of all project budgets and resource allocations.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Lead of Suffolk County PPS	Joseph Lamantia	Ensure that the PPS is successful in reducing avoidable hospital use by 25% over 5 years
Medical Director Suffolk County PPS	Linda Efferen, MD	Advise the PPS on all clinical issues
Director of Network Development & Performance, Suffolk Care Collaborative	Kevin Bozza	Responsible for acting as primary contact for PPS provider network and acting as liaison between PPS Executive Office and PPS provider network. Overall guidance of the Practitioner Engagement deliverables, responsible for project management of the Performance Reporting milestones to include linkages across 11 DSRIP projects. Responsible for oversight of Provider Engagement including communication, education, and training processes
Director of PPS Project Management Office, Suffolk Care Collaborative	Alyssa Correale	Lead PMO office, provide support to PPS projects to ensure that they are meeting requirements
Director Care Management, Suffolk Care Collaborative	Director of PPS Care Management Program	Responsible for the development and execution of the PPS Care Management Program
Business Manager for DSRIP Operations	Neil Shah	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Althea Williams	Assures cultural competency and health literacy practices are addressed, supports provider and community engagement initiatives
Clinical Project Manager, Suffolk Care Collaborative	Ashley Meskill	Organize and manage administrative components of multiple DSRIP projects
Project Manager, Suffolk Care Collaborative	Amy Solar-Doherty	Organize and manage administrative components of multiple DSRIP projects
Project Manager, Suffolk Care Collaborative	Laura Siddons	Organize and manage administrative components of multiple DSRIP projects
Project Analyst, Suffolk Care Collaborative	Samuel Lin	Support Project Portfolio and PMO Information System
IT PPS Project Team	Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	Development of IT strategy and content experts on key aspects of data sharing, IT change management, confidentiality considerations, risk management, progress reporting.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Biomedical Informatics (BMI) Data Project Team	Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	Oversight of Data Analytics and Predictive Modeling
Legal/Advisory	Rivkin Radler, LLP	Legal advisors for PPS
Liaison between PPS and MCOs	Dr. Steven Feldman	Lead monthly meetings and P4P discussions with MCOs
Project 2ai - IDS Project Lead	Joseph Lamantia	Manage project team and oversee implementation of Integrated Delivery System
Project 2ai - IDS Project Lead	Jim Murry	Manage project team and oversee implementation of Integrated Delivery System
Project 2biv - TOC Project Lead	Dr. Steven Feldman	Manage project team and provide content expertise to implementation of Transition of Care project
Project 2bvii - INTERACT Project Lead	Bob Heppenheimer	Manage project team and provide content expertise to implementation of Interact project
Project 2bvii - INTERACT Project Lead	Dianne Zambori, RN	Manage project team and provide content expertise to implementation of Interact project
Project 2bix - Observation Program Project Lead	Eric Niegelberg	Manage project team and provide content expertise to implementation of Observation project
Project 2di - PAM Activation Project lead	Gwen O'Shea	Manage project team and provide content expertise to implementation of PAM Activation project
Project 3ai - BH integration Project Lead	Kristie Golden	Manage project team and provide content expertise to implementation of BH and SBIRT project
Project 3bi - CVD Project Lead	Margaret Duffy	Manage project team and provide content expertise to implementation of CVD project
Project 3ci - Diabetes Project Lead	Josh Miller, MD	Manage project team and provide content expertise to implementation of Diabetes project
Project 3dii - Asthma Project Lead	Susmita Pati, MD	Manage project team and provide content expertise to implementation of Asthma project
Project 3dii - Asthma Project Lead	Ellen Miller	Manage project team and provide content expertise to implementation of Asthma project
Project 4aii - Prevent SA & Other Mental Emotional Behavioral Health Disorders Project Lead	Kristie Golden	Manage project team and provide content expertise to implementation of BH and SBIRT project
Project 4bii - Chronic Prevention Project Lead	Ernie Conforti	Manage project team and provide content expertise to implementation of Chronic Prevention project
Health Information Technology System & Processes Lead	Jim Murry	Build and Implement PPS-wide IT platform; develop process to ensure RHIO participation
Finance Organizational Work stream Lead	Bernie Cook	Determine Funds Flow and other financial considerations
Cultural Competency & Health Literacy Organizational Work stream Lead	Althea Williams	Engage Community Based Organizations and patient advocacy groups to represent needs of community

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Cultural Competency & Health Literacy Organizational Work stream Lead	Dr. Cordia Beverley	Engage Community Based Organizations and patient advocacy groups to represent needs of community
Workforce Organizational Work stream Lead	Kevin Bozza	Lead the development of the Workforce Strategic Plan
Workforce Organizational Work stream Lead/Human Resources Lead	Lou de Onis	Develop Workforce Strategic Plan and advise on all workforce issues
Compliance Organizational Work stream Lead	Sarah Putney (Compliance Officer)	Lead Compliance Program, including chairing Compliance Sub-Committee; implementing Work Plan; training; hotline; monitoring; investigations; promoting culture of ethics and compliance with DSRIP requirements.
Audit Organizational Work stream Lead	Suffolk Care Collaborative Audit Officer	Lead Audit Program, including develop guidelines for PPS Audit Plan, Chair Audit Governance Sub-committee, and ensure PPS is prepared for regular internal and external audits
Governance Organizational Work stream Lead	Jennifer Jamilkowski	Develop the Governance project plan and advise on all governance issues
Practitioner Engagement Organizational Work stream Lead	Kevin Bozza	Develop the Practitioner Communication and Engagement Plan and the training/education plan
Performance Reporting Organizational Work stream Lead	Kevin Bozza	Develop the Performance Reporting and Evaluation Plan and Education Program
Population Health Management Organizational Work stream Lead	Linda Efferen, MD	Develop the Population Health Management Roadmap
Clinical Integration Organizational Work stream Lead	Linda Efferen, MD	Develop the Clinical Integration Strategy and Roadmap
PCMH Certification Program Lead	Althea Williams	Develop the PCMH Certification Roadmap
Health System Leadership (NSLIJ & CHS)	Joseph Lamantia (Suffolk Care Collaborative), Jerry Hirsh (NSLIJ), Terry O'Brien (CHS)	Ensure that barriers to success are identified and removed as possible. Facilitate communication with lead applicant
Health System PMO Units (NSLIJ & CHS)	Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Project Management Office function of Suffolk PPS Health System framework
Project Workgroup/Teams/Advisory Groups (Identified to date: Workforce Advisory Group, Cultural Competency & Health Literacy Advisory Group, Financial Sustainability Team, Compliance Team, MCO/Value Based Payment Team, Information Technology Task Force, Performance Evaluation & Management Team, Practitioner Engagement Team, Population Health Management Operating Workgroup, PCMH Certification Workgroup)	Multi-functional Representation across every group canvasses PPS partner network	Participates in creating and implementing project plans
11 DSRIP Project Committees (Project Committees include: Project 2ai, Project 2biv,	Multi-functional Representation across every group will canvasses PPS partner network	Oversight of project plans

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project 2bvii, Project 2ix, Project 2di, Project 3ai, Project 3bi, Project 3ci, Project 3dii, Project 4aii, Project 4bii)		
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress and outcomes to meeting financial milestones within arrangement.

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

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	Executive Lead of Suffolk County PPS	Overall Project Sponsor for PPS Project Portfolio
L. Reuven Pasternak, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Kenneth Kaushansky, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Gary E. Bie	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
James Bernasko MB, CHB, CDE	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Carol Gomes, MS, FACHE,CPHQ	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Joseph Lamantia	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jennifer Jamilkowski, MBA, MHS	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Kristie Golden, PhD, LMHC, CRC	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jim Murry	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Harold Fernandez, MD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Margaret M. McGovern, MD ,PhD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jerrold Hirsch, PhD	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Jeffrey A. Kraut	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
James Sinkoff	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Michael O'Donnell	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Brenda Farrell	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Karen Boorshtein, LCSW - BH	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Mary J. Zagajeski, MS, RN	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Michael Stoltz, LCSW - (patient advocate)	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Robert Heppenheimer - LTC	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Gwen O'Shea - CBO	Representative on PPS Board of Directors	Grant approval of final decisions within PPS
Linda Efferen, MD	PPS Medical Director, Suffolk Care Collaborative	Overall leadership and guidance related to the clinical program portfolio
Kevin Bozza	Director of Network Development & Performance, Suffolk Care Collaborative	Provides leadership and guidance related to the Workforce Study, Performance Reporting and Practitioner Engagement

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		organizational workflows
Alyssa Correale	Director of Project Management Office, Suffolk Care Collaborative	Lead PMO office, provide support to PPS projects to ensure that they are meeting requirements. Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.
Business Manager for DSRIP Operations	Neil Shah	Responsible for development, management of Financial operations and milestones to include accounts payable, treasury/banking, general ledger, reporting, audit
Director Care Management	Director of PPS Care Management Program, Suffolk Care Collaborative	Provides leadership and guidance for the Population Health and Clinical Integration organizational workflows
Althea Williams	Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Assures cultural competency and health literacy practices are addressed, supports provider and community engagement initiatives
Ashley Meskill	Clinical Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Amy Solar-Doherty	Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Laura Siddons	Project Manager, Suffolk Care Collaborative	Organize and manage administrative components of multiple DSRIP projects
Samuel Lin	Project Analyst, Suffolk Care Collaborative	Support Project Portfolio and PMO Information System
CHS Health System PMO	Administrative and operational Health System of PPS	Manage all aspects of CHS Health System and coordinate with PPS regarding key components of DSRIP initiative
NSLIJ Health System PMO	Administrative and operational Health System of PPS	Manage all aspects of NSLIJ Health System and coordinate with PPS regarding key components of DSRIP initiative
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics, Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)	Source of clinical knowledge	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Kevin Conroy, Scott Mathesie, Keisha Wisdom, Daniel Miller, Jim Murry, Paula Fries, Colleen Lyons, Michael Oppenheim, Arthur Crowe, Jonas Hajagos	IT PPS Project Team	Responsible for developing the IT Strategy to support population health management and clinical integration.

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Joel Saltz MD, PhD, Mary Morrison Saltz, MD, Andrew White, PhD, Janos Hajagos, Jonas Almeida	PPS Biomedical Informatics (BMI) Data Project Team	Oversight of data analytics and predictive modeling support
Gina Bruce, Creative Strategy and Copywriting	Writer/Publications	Provides creative strategy and copywriting support for PPS communications
George Choriatis, Rivkin & Radler, LLP	Attorney Advisor	Development of data sharing agreement contracts, general legal counsel
Sarah Putney	Compliance Officer	Oversight of regulatory compliance program
Workforce Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Approval of all workforce deliverables and support communications of deliverables
Clinical Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Ultimate accountability for governance oversight of all clinical protocols and the performance monitoring program
Community Needs Assessment, Outreach, Cultural Competency & Health Literacy Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Provide guidance in identifying community health needs and ensuring that the projects and other initiatives are effective in addressing such needs in a culturally competent manner.
Health Information Technology & Biomedical Informatics Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Provide strategic direction for IT strategy and Data Analytics
Audit Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of financial reporting and disclosure
Compliance Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of compliance programs, policies and procedures
Finance Committee (Board of Directors Sub-Committee)	Sub-Committee of Board	Oversight of financial policies, goals, budgets and funds flow
Project Workgroup/Teams/Advisory Groups (Workforce Advisory Group, Cultural Competency & Health Literacy Advisory Group, Financial Sustainability Team, Compliance Team, MCO/Value Based Payment Team, Information Technology Task Force, Performance Evaluation & Management Team, Practitioner Engagement Team, Population Health Management Operating Workgroup, PCMH Certification Workgroup)	Multi-functional Representation of subject matter experts and SCC staff	Participates in creating and executin
Project Leads	Facilitate Project Plan	Oversight and leadership of the Project Plan and assuring milestones are met, provide subject matter expertise and support communication plan related to projects
11 DSRIP Project Committees	Multi-functional Representation across every group will canvasses PPS partner network	Oversight of the Project Plan
Executive Project Advisory Committee	Multi-functional Representation across the Continuum of Care for	Executive arm of the Project Advisory Committee

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	residents across Suffolk County	
Project Advisory Committee	Multi-functional Representation across every enrolled PPS partner organization (Over 800 Committee Members)	Advises the PPS about project plans and implementation
External Stakeholders		
Patients & Families	Recipient of services	Provides feedback on services provided
Patient Advocates	Contributor to project development, design of communications and key deliverables for patients	Provides feedback on development of services to be provided and assures process design is patient-centric, included in process improvement strategies
Uninsured Population	Recipient of services	Provides feedback on services provided
Suffolk County Residents	Key stakeholder and end user of programs and services	Recipients of improved services and provides feedback on services provided
Media	Communication Channel	Publications and communications
Labor Unions	Source of workforce expertise and representation of workforce	Provides expertise and input around job impacts resulting from DSRIP projects
Subject Matter Experts (SMEs)	Subject Matter Expert	Provide assistance in the development and execution of projects
Care Management Vendor	Care Management support	Provide support to implement Case Management infrastructure across PPS
Project Management Software Vendor	Performance Logic	Assist PMO office with managing projects from the development through implementation. Support ongoing monitoring and controlling of project plans across portfolio.
Workforce Training Vendors	Provide training for various work streams across PPS	Multiple training vendors will be identified for various types of training and certification across DSRIP projects
Cerner Information Technology Vendor	HealtheIntent Information Technology Platform	The IT platform to achieve interoperability of patient information to achieve PPS population health management goals
Workforce Consultant	Content Expert	Assist PPS with developing the workforce strategy and transition roadmap
Health Homes	Source of current state expertise on management of the high risk Medicaid population in Suffolk County	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Community-Based Organizations (CBOs)	Source of current knowledge of community needs and disparities present	Participate in all PPS efforts to ensure coordination of care across all PPS providers
Social Services	Support Services for Suffolk County Residents	Provides financial assistance and support services for eligible county residents
Suffolk County Agencies	Support Services for Suffolk County Residents	Provides opportunity for collaboration and best-practice sharing
All 25 NYS Performing Provider Systems (PPS)	25 NYS Performing Provider Systems (PPS)	Provides opportunity for collaboration and best-practice sharing
NYS Department of Health	Regulatory Oversight for DSRIP Program	Help ensure PPS success in meeting prescribed milestones and measure targets through collaborative oversight process
DSRIP Support Team (KPMG)	Source of expertise on DSRIP Program	Provides overall guidance and support to PPSs who are preparing

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		DSRIP application and project plans
Medicaid MCOs	Support of DSRIP efforts - coordination of care	Work with PPS Medicaid MCO relations team to identify opportunities to provide coordinated care and work toward value-based payment methodologies

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IPQR Module 10.5 - IT Requirements

Instructions :

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

The IT infrastructure plan for the Suffolk PPS will be created and approved by the PPS Board of Directors. The key elements of the IT infrastructure will include the following:

- Case Management Documentation tool
- EHR IT support process including integration and connectivity functions
- Analytics/decision support tool
- Patient registry tool
- PPS data warehouse
- PPS web-based patient portal
- IT support for connectivity to and use of the RHIO

The IT committee that was established under the governance of the PPS Board of Directors will establish a team to assess the baseline IT capabilities of participating partners across the PPS. Due to the number of different EMRs in existence across the PPS, a new build will not possible at all sites. In place of building a new product, the IT committee will look for ways to build collaborative, integrative solutions in order to increase connectivity between the disparate systems. Connection to the RHIO will play a critical role producing better outcomes within the DSRIP program and will be emphasized throughout the development of the PPS wide IT infrastructure. The IT infrastructure will also play a critical role in supporting the documentation of key performance indicators (e.g., patient registries, care management documentation, etc.) and tracking the engagement of the patient population across Suffolk County. DSRIP program funding is tied to the achievement of these speed and scale numbers and as such, the IT infrastructure will be a key driver of success in achieving financial sustainability throughout the PPS.

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.

All PPS Providers will be engaged in the PPS Performance Reporting process to ensure that a quality culture around performance measurement and outcomes is created. All PPS Providers will receive easily accessible data and information to help set them up for success in improving their performance. Performance dashboards will be developed for the PPS. These will be shared transparently within the PPS and incentives and improvement plans will be linked. Performance dashboards at project level will be shared transparently with project teams and partners. Areas of variation in clinical results or PPS provider performance will be addressed initially at the project level. Oversight of this process will be the responsibility of the Clinical Governance Body with support from the Performance Evaluation and Management Team. The financial sustainability plan will tie-in Provider performance to future value-based contracting efforts to ensure that incentives are aligned.

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IPQR Module 10.7 - Community Engagement

Instructions :

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

The foundation for community involvement will be based on the PPS governance approach; an inclusive approach to all community providers to receive their input and support through quarterly PAC meetings and then through representation on the PPS Board of Directors. CBOs will be included on project teams to help support design, implementation and ongoing monitoring of success.

CBOs will be contracted with the PPS to ensure that all the terms of a collaborative and supportive agreement are in place and transparent from the outset to ensure full, ongoing participation of these entities over the years of the DSRIP projects. This type of full community engagement will help each project attain its goals through effectively leveraging all aspects of patient and care support that will help remove barriers that would otherwise remain; support such as behavioral health services, social work services, care management services, educational opportunities, food support and housing support. The risks associated with this approach include the difficulty in linking all such organizations electronically, considering the many disparate IT systems that are in place, the lack of alignment in purpose due to different funding mechanism that do not always reward quality outcomes, as well as already limited resources within existing CBOs in certain geographies within the County. The PPS will address these risks through implementation planning within the project teams that identify and plan to overcome such gaps, with support from the PPS Governance structure, including Clinical, IT and Finance governance committees and from the PPS PMO.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending

Instructions :

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

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

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

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Narrative Text :

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IPQR Module 11.2 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Define target workforce state (in line with DSRIP program's goals).	In Progress	Finalized PPS target workforce state, signed off by PPS workforce governance body.			07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 6: Approval by PPS Workforce Governance Committee	Not Started	Step 6: Approval by PPS Workforce Governance Committee			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 1: Establish a Workforce Governance Committee that will assist and provide oversight towards the development of a workforce target state and other workforce related activities as laid out in the Implementation Plan.	Completed	Step 1: Establish a Workforce Governance Committee that will assist and provide oversight towards the development of a workforce target state and other workforce related activities as laid out in the Implementation Plan.			07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2: Establish the Workforce Advisory Group which includes subject matter experts from across the PPS to advise on the planning strategy (e.g. union reps, HR and key stakeholders etc.)	Completed	Step 2: Establish the Workforce Advisory Group which includes subject matter experts from across the PPS to advise on the planning strategy (e.g. union reps, HR and key stakeholders etc.)			07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3: Develop the workforce data discovery/assessment framework to understand the organizational and partner workforce needs (e.g. requirements of DSRIP projects, staff impacts etc.).	Not Started	Step 3: Develop the workforce data discovery/assessment framework to understand the organizational and partner workforce needs (e.g. requirements of DSRIP projects, staff impacts etc.).			10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4: Conduct the workforce data discovery/assessment process (e.g. work with PPS stakeholders to gather workforce assumptions and risks; identify/reassess/confirm	Not Started	Step 4: Conduct the workforce data discovery/assessment process (e.g. work with PPS stakeholders to gather workforce assumptions and risks; identify/reassess/confirm key workforce impacts)			11/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
key workforce impacts)									
Task Step 5: Develop/create the target workforce state plan desired over the five years of the DSRIP program (e.g. what roles will be significantly impacted, what changes to the workforce will be needed).	Not Started	Step 5: Develop/create the target workforce state plan desired over the five years of the DSRIP program (e.g. what roles will be significantly impacted, what changes to the workforce will be needed).			12/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Not Started	Completed workforce transition roadmap, signed off by PPS workforce governance body.			02/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for workforce transition roadmap (e.g. develop timelines, key sub steps, dependencies and risks, contingencies etc.)	Not Started	Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for workforce transition roadmap (e.g. develop timelines, key sub steps, dependencies and risks, contingencies etc.)			02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Create the approach for developing the workforce transition roadmap (e.g., hiring of workforce consultant; collaborative discussion with PPS partners on how their workforce gets impacted, etc.)	Not Started	Step 2: Create the approach for developing the workforce transition roadmap (e.g., hiring of workforce consultant; collaborative discussion with PPS partners on how their workforce gets impacted, etc.)			02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Develop the workforce transition roadmap.	Not Started	Step 3: Develop the workforce transition roadmap.			03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4: Approval of roadmap by PPS Workforce Governance Committee	Not Started	Step 4: Approval of roadmap by PPS Workforce Governance Committee			03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Not Started	Current state assessment report & gap analysis, signed off by PPS workforce governance body.			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Engage the Workforce Governance Committee to assist in the development of definition/requirements and create approach to developing current state assessment	Not Started	Step 1: Engage the Workforce Governance Committee to assist in the development of definition/requirements and create approach to developing current state assessment			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	Not Started	Step 2: Perform current state assessment and gap analysis			11/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 2: Perform current state assessment and gap analysis									
Task Step 3: Create a current state assessment (e.g. assess current staff competency, assess number of resources, PT vs. FT, up skilling needs, redeployment considerations etc.)	Not Started	Step 3: Create a current state assessment (e.g. assess current staff competency, assess number of resources, PT vs. FT, up skilling needs, redeployment considerations etc.)			02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Analyze gaps between target state and current state to create gap analysis (e.g. include rank ordering of gaps by impact (including budget) and effort to fix; prioritizing gaps across DSRIP projects etc.)	Not Started	Step 4: Analyze gaps between target state and current state to create gap analysis (e.g. include rank ordering of gaps by impact (including budget) and effort to fix; prioritizing gaps across DSRIP projects etc.)			02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Approval of gap analysis by PPS Workforce Governance Committee	Not Started	Step 5: Approval of gap analysis by PPS Workforce Governance Committee			03/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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.	Not Started	Compensation and benefit analysis report, signed off by PPS workforce governance body.			01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for compensation and benefit analysis (e.g., include aspects like salary, bonus, benefits)	Not Started	Step 1: Engage Workforce Governance Committee to assist in the development of definition/requirements for compensation and benefit analysis (e.g., include aspects like salary, bonus, benefits)			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Develop the approach for developing the compensation and benefit analysis (e.g., assessment of current salary, benefits, variable comp for staff, benchmarks against state and national averages/other evaluation methodology etc.)	Not Started	Step 2:Develop the approach for developing the compensation and benefit analysis (e.g., assessment of current salary, benefits, variable comp for staff, benchmarks against state and national averages/other evaluation methodology etc.)			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Develop compensation and benefit analysis (e.g., include assessment of potential	Not Started	Step 3: Develop compensation and benefit analysis (e.g., include assessment of potential full and partial placements across PPS, compensation and benefit variance analysis for			02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
full and partial placements across PPS, compensation and benefit variance analysis for future state, etc.)		future state, etc.)							
Task Step 4: Approval of analysis by PPS Workforce Governance Committee	Not Started	Step 4: Approval of analysis by PPS Workforce Governance Committee			03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Not Started	Finalized training strategy, signed off by PPS workforce governance body.			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1: Engage the Workforce Governance Committee to assist in the development of training strategy	Not Started	Step 1: Engage the Workforce Governance Committee to assist in the development of training strategy			10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2: Identify potential training needs based on the output of the gap analysis, the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment, etc.)	Not Started	Step 2: Identify potential training needs based on the output of the gap analysis, the proposed DSRIP projects, PPS organizational strategy, and needs created by the changing healthcare environment (e.g., format may include a skills survey for capability assessment, etc.)			11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3: Identify current training resources (e.g. training programs) within the participating group of PPS providers and external vendors and determine how training may be delivered	Not Started	Step 3: Identify current training resources (e.g. training programs) within the participating group of PPS providers and external vendors and determine how training may be delivered			11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4: Create a training strategy that will make training resources available as needed across the PPS	Not Started	Step 4: Create a training strategy that will make training resources available as needed across the PPS			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5: Determine timelines for rolling out training strategy	Not Started	Step 5: Determine timelines for rolling out training strategy			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6: Identify key stakeholders for training	Not Started	Step 6: Identify key stakeholders for training			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 7: Create a process to monitor the effectiveness of the PPS training strategy	Not Started	Step 7: Create a process to monitor the effectiveness of the PPS training strategy			01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 8: Approval of the training strategy by PPS	Not Started	Step 8: Approval of the training strategy by PPS Workforce Governance Committee			03/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Workforce Governance Committee									

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).	General Program Narrative: The Workforce Project Leads have developed a process to manage the data collection and ratification for the quarterly progress reports. Progress will be measured based in the ability of the PPS to meet the specified milestones on time and budget. Based on the workforce plan and gap closure plan, SCC will track by quarter and year staff who are added, redeployed or trained for specific positions to meet project needs and demonstrate overall progress with meeting planning objectives. The PPS workforce plan will be tracked monthly to ensure completion of all tasks, with supplementary quarterly reports of the workforce strategy budget compared to target, the workforce impact numbers, and the new hire employment analysis numbers; all intended to ensure that the PPS workforce plan is on track. Oversight of this process will occur within the PPS Workforce Governance Committee structure. The reporting process of this work-stream will coordinate with the overall PPS reporting process led by the PPS PMO team. Together, the Workforce Project Team and the PMO team will identify and assign responsibility to key stakeholders to ensure that the process of reporting progress is accurately completed in a timely manner.
Create a workforce transition roadmap for achieving defined target workforce state.	
Perform detailed gap analysis between current state assessment of workforce and projected future state.	
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	During the DY1 Q2 reporting period, SCC finalized an extensive Request for Proposal (RFP) process and formally engaged KPMG as the workforce consultant to assist the PPS with developing the workforce strategy deliverables. The executed contract with KPMG details the planned scope of work for the engagement and includes collaborating with SCC to develop the overall approach, analytics and strategy for addressing the compensation and benefits analysis milestone.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	The plan to develop a Workforce/Current State survey was initiated during the DY1 Q2 reporting period and will be executed and completed across the partners by year-end. The survey is the first step to understanding the current SCC workforce across the PPS and will provide essential information to begin initiating the compensation and benefits work-steps scheduled for January 1, 2016 as indicated in the SCC implementation plan.
Develop training strategy.	

Milestone Review Status

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

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IPQR Module 11.3 - PPS Defined Milestones

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Issue: Need for significant new staff resources. Lack of sufficient numbers of clinical staff resources available within the County. Issues with more acute shortages in geographies that are rural in nature.
Mitigation: With input from union representatives, HR leadership, and administrative leadership across our PPS, we have created a comprehensive workforce strategy that seeks to balance the supply and demand for staff with an emphasis on making, in a sustainable way, more care available in the community where it is need, provided by staff working at the top of their licensure. We will deploy three approaches to ensure that people with the appropriate skill sets are available to support the projects as dictated by their implementation plans:
1. Hiring consultants for short-term, immediate needs.
2. Retraining and redeploying existing workforce particularly where there is excess capacity, as well as recruiting new staff with appropriate training. For difficult to fill positions, we will consider signing bonuses, tuition reimbursement, mentoring and mid-year evaluations for promotion and bonuses.
3.Leveraging attrition to meet workforce adjustments needs in that as positions turnover, they will be replaced with positions needed to support the DSRIP projects.
Issue: Potential limitation in the ability to effectively retrain or redeploy staff due to limited knowledge in how to accomplish this or not enough resources to manage the plan.
Mitigation: To minimize the effects of redeployment and retraining, our PPS will engage a workforce consultant to engage the PPS members, update and verify the data used to make workforce redeployment and retraining, and recruitment decisions and create a sophisticated communication / engagement plan that supports clear, real-time, transparent communication to the relevant employees, union leaders, and PPS partners. Redeployments will be minimized by primarily relying on attrition to make needed positions available to support the DSRIP projects. When contemplated, redeployment will be done per the workforce plan developed with union and partner HR leadership (disparate HR policies across varying PPS members will need to be addressed); keeping employees whole, when possible, working within the same organization and bargaining unit, receiving at least 95% of their current compensation, minimizing separations. When presented with a redeployment opportunity, employees will get a documented comparison of current versus new job responsibilities given existing collective bargaining agreements and NYS civil service law framework.
Issue: Potential lack of support of the plan by key PPS stakeholders (including lack of IT acceptance among impacted workers).
Mitigation: A very thorough communication process will be built to ensure that all key stakeholders are able to have input into the PPS workforce transition roadmap. Internally, the Governance model that includes transparency and an inclusive approach will help drive support of the participating PPS providers, particularly the involved hospitals. Externally the communication process will successfully engage other key stakeholders, including representatives of labor. Our PPS will be working with these representatives as partners to understand the collective bargaining agreement requirements and navigate the unique rights and obligations afforded therein related to retraining, redeployment, layoff or separation. Union leadership from a minimum of five locals have been participating members of the SCC PAC. The unions also have participated in providing feedback during the Workforce Application Task Force meeting. Ongoing labor representative participation in the PAC is recognized as essential as is their input into the workforce plan. Finally, ongoing training will occur among impacted workforce to provide proper levels of retraining and help develop proficiency in meeting demands of new positions.

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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.)

There is a key dependency on governance, which will need to be effectively implemented across the PPS to ensure that all participating PPS providers are aligned in purpose and support the efforts required to implement the workforce plan. A linkage of the workforce plan to funds flow will be important part of the overall PPS IDS strategy; providers that actively embrace the concepts outlined within the workforce plan, and therefore effectively redeploy and retrain staff, will incur additional use of resources /expense and this should on part by a factor in determining funds flow. There are also key dependencies on the IT work-stream as new staff will be required to help with the build of the PPS wide IT infrastructure and training will be needed to effectively retrain employees for system proficiency including cultural/ behavioral training in additional to technical training and upskilling.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Executive Lead	Joseph Lamantia, Chief of Operations for Population Health, Suffolk Care Collaborative	Responsible for oversight of overall Workforce Work stream
PPS Medical Director	Linda Efferen, MD, Medical Director, Suffolk Care Collaborative	Responsible for supporting oversight of clinical workforce components of the of overall Workforce Work stream
Workforce Governance Committee	Lou De Onis, Karen Shaughness, Thomas Cathcart, Phil Matecovsky, Rebecca Gordon, Brenda Farrell	Ultimate accountability for governance oversight of the Workforce strategy. Approve final decisions and action plans
Workforce Project Lead	Kevin Bozza, Director Network Development & Performance, Suffolk Care Collaborative	Responsible for Management of overall Workforce Work stream; Dedicated lead responsible for overseeing execution of all workforce deliverables; Will work in concert with PPS PMO
Labor Representation	Health Care Workers East - #1199, NYS Nurses Association (NYSNA), SB Medicine (UUP), CSEA, SB Medicine (PEF), SB Medicine (UUP) + will continue to grow…	Labor group(s) that can provide insights and expertise into likely workforce impacts, staffing models, and key job categories that will require retraining, redeployment, or hiring
Workforce Project Lead	Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Responsible for Management of overall Workforce Work stream; Dedicated lead responsible for overseeing execution of all workforce deliverables; Will work in concert with PPS PMO
Workforce Consultant	KPMG	Consulting firm responsible for the coordination and execution of workforce activities and analyses, reporting directly to the WF Project Manager
Workforce Advisory Group	Representatives of workforce stakeholders (e.g., labor representatives, Clinical Workforce, Non-Clinical Workforce, patient advocators, etc.). Organizations include: Brookhaven Memorial Hospital Medical Center, CSEA, Dominican Sisters Family Health Service, Inc., Eastern LI Hospital, Family Service League (Long Island Behavioral Association (LIBA)), Health & Welfare Council of Long Island (CBO) Community Based Organizations - REP), Health Care Workers East - #1199, Hudson River Health Care, John T. Mather Memorial Hospital, KPMG LLP, Nesconet Center for Nursing & Rehab and Hilaire Rehab & Nursing (Long-term Care/Home Health Care - ADVOCATE), North Shore LIJ Health System, NYS Nurses Association (NYSNA), Options for Community Living, Association for Mental Health & Wellness (Patient - ADVOCATE), Peconic Bay Medical Center/East End	A group of PPS individuals responsible for assisting with, providing insight, recommendations and subject matter/community-based expertise and/or supporting the execution of key portions of the Workforce Implementation Plan activities and deliverables

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Hospital Alliance, Stony Brook University Hospital, Stony Brook Medicine CSEA, Stony Brook Medicine PEF, Stony Brook Medicine UUP, Southampton Hos	
Senior Manager, Provider & Community Engagement	Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Management role to support the Director of Network Development & Performance leading and developing the Workforce Work stream deliverables
Director, Project Management Office	Alyssa Scully, Director Project Management Office, Suffolk Care Collaborative	Project Management Office will champion consistent project management practices and methodologies, which will help the Suffolk PPS execute the DSRIP portfolio. In addition, will support the DSRIP project stakeholders to as a source for project management expertise, support communications, and align like-scope requirements within multiple projects.

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IPQR Module 11.7 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Joseph Lamantia	PPS Executive Lead	Overall leadership and guidance related to the Workforce Deliverables
Joseph Lamantia (Stony Brook), Jerry Hirsch (NSLIJ), Terry O'Brien (CHS)	Health System Leads of Suffolk PPS	Overall leadership of the enterprise workforce strategy and deliverables across Suffolk PPS Health System framework
Ariel Hayes (NSLIJ), Jessica Wyman, (CHS)	Health System Project Management Office (PMO) Units (NSLIJ & CHS)	Implementation of CC/HL deliverables across Suffolk PPS Health System framework
Linda Efferen, MD	PPS Medical Director	Overall leadership and guidance related to the Clinical Program Portfolio
Kevin Bozza, Director Network Development & Performance, Suffolk Care Collaborative	Workforce Project Lead	Communication lead, Training lead, support management of workforce consultants and contracted deliverables, ensuring provider training occurs in a timely manner, obtain feedback from all PPS member organizations who participate in the Suffolk PPS for potential workforce related organizational changes
Lou De Onis, Interim Chief of Human Resources, Stony Brook Medicine	Human Resources Lead, Workforce Project Lead	Providing subject matter expertise in Human Resources across all workforce deliverables
Workforce Advisory Group	Workforce Advisory and Subject Matter Expertise Support Group	Subject matter experts, provide insight, information related to sources and destinations of redeployed staff, review workforce deliverables, support current and future state assessments
Workforce Governance Committee	Workforce Governance Body	Approval of all workforce deliverables and support communications of deliverables
Suffolk Care Collaborative Project Management Office	Alyssa Scully Laura Siddons, Amy Solar-Greco, Ashley Meskill, Samuel Lin	PMO support for all organizational work stream milestones to include, budget & finance related projects, and tactical management of implementation in the PMO software.
Althea Williams, Senior Manager, Provider & Community Engagement, Suffolk Care Collaborative	Cultural Competency & Health Literacy Lead	Assure cultural competency and health literacy practices addressed within work-stream deliverable requirements
All PPS Coalition Partners (All unit level provider types enrolled in the Suffolk PPS including: PCP, non-PCP, Hospitals, Freestanding Inpatient/Rehab, SNF/Nursing Home, Clinics,	Engaged Contracted Partner	Collaborate with Suffolk PPS Administration to adopt, support development and work to engage in project plans designed for particular unit level provider type. Accountable for reporting progress, CC/HL materials, and outcomes to meeting workforce -

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Case Management/Health Homes, Behavioral Health, Substance Abuse, Pharmacy, Hospice, All Other)		related- milestones within arrangement.
Kenneth Kaushansky, MD, L. Reuven Pasternak, MD, Gary E. Bie, James Sinkoff, Joseph Lamantia, Michael Stoltz - patient advocate, Robert Heppenheimer -LTC, Gwen O'Shea- CBO, Jerrold Hirsch, Jeffrey Kraut, Michael O'Donnell, Brenda Farrell, Karen Boorshtein, LCSW - BH, Mary J. Zagajeski, MS, RN, Margaret M. McGovern, MD ,PhD, Harold Fernandez, MD, Jim Murry, Kristie Golden, PhD, LMHC, CRC, Jennifer Jamilkowski, MBA, MHS, Carol Gomes, MS, FACHE,CPHQ, James Bernasko MB, CHB, CDE	Board of Directors	Ultimate accountability for governance oversight of all PPS functions and governance structure itself
External Stakeholders		
Workforce	Individuals to be supported via the Suffolk PPS Workforce Organizational work-stream deliverables	End users/facilitators of deliverables and services to/from Suffolk PPS
Labor Unions	Labor/Union Representatives (See Roles & Responsibilities)	Expertise and input around job impacts resulting from DSRIP projects
Workforce Consultants	Modeling the workforce impacts, strategy development and analysis	Work with PPS leadership to develop Workforce Strategic plan
Workforce Training Vendors	"Provide training for various work streams across PPS. For example: -Insignia for PAM Program -Cerner for Care Tracker -CM training vendor -Stanford Model Master Trainers"	Multiple training vendors will be identified for various types of training and certification across the DSRIP project implementation and workforce future state
NYS DOH	Constructive oversight of the process	Provide direction and set expectations for workforce restructuring

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IPQR Module 11.8 - IT Expectations

Instructions :

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

The successful implementation of a shared IT infrastructure across the PPS will be a pivotal catalyst for the type of changes in care delivery needed to produce more effective utilization of services and clinical outcomes for the population served. This movement toward value-based outcomes in care delivery will occur through redesign of care processes that move the patient care to the outpatient medical home setting where the care provided can be more coordinated, more effective and ultimately lead to a reduction in avoidable hospital admissions. This will allow the clinical work force to be redeployed where appropriate from the inpatient setting to the outpatient setting, where they can have more impact on the patient care provide. The IT infrastructure will also play a large role in the deployment of PPS wide training strategy and will play a role in tracking the workforce participation in new training programs, including IT platforms to track training progress (e.g. LMS system).

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The Workforce Project Leads have developed a process to manage the data collection and ratification for the quarterly progress reports. Progress will be measured based in the ability of the PPS to meet the specified milestones on time and budget. The PPS workforce plan will be tracked monthly to ensure completion of all tasks, with supplementary quarterly reports of the workforce strategy budget compared to target, the workforce impact numbers, and the new hire employment analysis numbers; all intended to ensure that the PPS workforce plan is on track. Oversight of this process will occur within the PPS Workforce Governance Committee structure.

The reporting process of this work-stream will coordinate with the overall PPS reporting process led by the PPS PMO team. Together, the Workforce Project Team and the PMO team will identify and assign responsibility to key stakeholders to ensure that the process of reporting progress is accurately completed in a timely manner.

IPQR Module 11.11 - IA Monitoring:

Instructions :

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

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

Instructions :

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

The creation of an Integrated Delivery System across Suffolk County poses many challenges including risks that present themselves as structural, technology diversity, care management, provider-specific, and patient risks. However, the Suffolk County PPS will rely on a collaborative governance structure and a transparent communication strategy that emphasizes two-way communication in order to begin addressing these challenges. A high-level assessment of risks related to this project can be found below, as well as recommendations to begin addressing these risks: STRUCTURAL CHALLENGES: Challenges center on PPS members that have concerns about sharing data. Additional challenges exist regarding the ability to meet requirements for Meaningful Use and RHIO connectivity.
STRUCTURAL REMEDIES: Create a PPS IT Governance Team that develops data access and security standards and protocols addressing Provider concerns, support interventions assisting PCP practices in technology and EHR implementation, create best practice examples around advantages of RHIO participation and how patient RHIO consents can be obtained. TECHNOLOGY DIVERSITY CHALLENGES: The largest challenge for technology exists in the wide variation of Electronic Health Record systems and the ability to connect these disparate systems. TECHNOLOGY DIVERSITY REMEDIES: Communicate PPS transition vision for integrated technology model that increases system connectivity and interoperability while maintaining necessary system differentiation required. CARE MANAGEMENT CHALLENGES: Currently, there are no common standards, protocols and governance regarding the provision of Care Management. Wide variation exists in Care Management provided. CARE MANAGEMENT REMEDIES: Create a model for uniform PPS governance of CM standards and protocols. These protocols will incorporate current best practices across the PPS as well as integrating expertise from best practices across the industry. Training in any newly developed standards and protocols will come from the PPS wide Provider Engagement Team.
PROVIDER CHALLENGES: Lack of provider financial alignment exists across PPS; reduced utilization reduces revenue across multiple provider types. Additionally, provider shortages are common within PPS particularly in primary care and behavioral health services. Lack of participation of smaller rural PCP practices in the IDS is a particular challenge. PROVIDER REMEDIES: Regular meetings will be established with MCOs to discuss the rewriting of provider contracts to include risk/rewards mechanism that create incentives for providers to move metrics on cost, quality and utilization. In the interim, the PPS has designated 75% of the received waiver revenue to be directed towards provider bonus payments to help provide short-term financial incentives until MCO discussions are finalized. IDS includes interventions to improve efficiency in PCP practices and capacity (PCMH). Geographic provider shortages addressed by the PPS, leveraging support from PPS providers who have expanded provider capacity in rural areas (HRH, Brookhaven Hospital). Increased PCP practice engagement promoted through communication of resource and financial support to support redesign efforts. PATIENT CHALLENGES: Patient factors unique to the Medicaid and Uninsured population, including health literacy gaps, social/family issues, transportation issues, and REL barriers, create barriers to accessing care. PATIENT REMEDIES: Protocols that ensure barriers are addressed in each phase of project implementation, with oversight by a Community Advisory group that includes representation from the patient population and advocacy groups. Telephonic and in-person translation services offered to overcome language barriers.

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name	Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract	Project		Completed	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list	Project		Completed	08/31/2015	09/15/2015	08/31/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 4: Create a process to track all executed Provider contractual agreements	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
necessary to support strategy)									
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners	Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4a: Develop process to strategize tiering of partners to priortize outreach and contracting	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
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 strategy towards evolving into an IDS.	Project		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 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 Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		Completed	04/01/2015	09/15/2015	04/01/2015	09/15/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list									
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Set up a scheduled meeting with each Health Home to create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Health Information Technology - Develop plan for Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.	Project		In Progress	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.	Project		In Progress	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented	Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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RHIO participation and how patient RHIO "agree" or "deny" status can be obtained									
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop written training materials on secure messaging	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers	Project		In Progress	03/31/2016	12/31/2016	03/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners	Project		In Progress	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Project		In Progress	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3

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exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)									
Task Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	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	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards									
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)	Project		In Progress	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/30/2016	09/01/2015	03/30/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)									
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)	Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	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)	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:	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)									
Task Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process	Project		In Progress	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions	Project		In Progress	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).									
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders	Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).	Project		In Progress	10/31/2015	06/30/2016	10/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.	Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.	Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS	Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/31/2015	03/31/2018	10/31/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing	Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices	Project		In Progress	10/01/2016	12/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration									
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "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. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline for upcoming year, etc.)	Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements	Project		In Progress	10/01/2015	12/31/2017	10/01/2015	12/31/2017	12/31/2017	DY3 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.	Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations	Project		In Progress	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance	Project		In Progress	01/31/2016	12/31/2016	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")	Project		In Progress	01/31/2016	03/31/2016	01/31/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings	Project		In Progress	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types	Project		In Progress	01/31/2016	09/30/2016	01/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Organizational Work Stream Financial Sustability "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. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")									
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models	Project		In Progress	01/31/2016	12/31/2016	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)	Project		In Progress	01/31/2017	06/30/2017	01/31/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)	Project		In Progress	01/31/2017	09/30/2017	01/31/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)	Project		In Progress	01/31/2018	03/31/2018	01/31/2018	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	09/30/2015	03/31/2018	09/30/2015	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	09/30/2015	03/31/2018	09/30/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)									
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio	Project		In Progress	12/31/2015	06/30/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned	Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	03/31/2016	09/30/2016	03/31/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.									
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond	Project		In Progress	03/01/2016	12/31/2017	03/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers	Project		In Progress	01/31/2018	03/31/2018	01/31/2018	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 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 Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Site name										
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract										
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 4: Create a process to track all executed Provider contractual agreements										
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)										
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners										
Task Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions										
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)										
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed										
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners										
Task Step 4a: Develop process to strategize tiering of partners to priortize outreach and contracting										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
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 Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County										
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home										
Task Step 4: Set up a scheduled meeting with each Health Home to create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS										
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders										
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes										
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
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 Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.										
Task Step 2: Health Information Technology - Develop plan for Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)										
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites										
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network										
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)										
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after immediate needs are met										
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.										
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.										
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).										
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.										
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the % of discharged patients with a 30 day transition plan documented										
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites										
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)										
Task Step 18: Schedule recurring evaluation to monitor performance with reporting up to Clinical PPS Governance										
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	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	162
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	7	8	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	38	38	38
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners										

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fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Agreement) if identified it is required (pending final resolution)										
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers										
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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 Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	42	42

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee										
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure										
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee										
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.										
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.										
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
IDS project work plan subtasks)										
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)										
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution										
Task Step 11: Identify and prioritize safety net partners to be Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services										
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners										
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)										
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	250	250
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.										
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).										
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).										
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from care management leadership)										
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.										
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.										
Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS										
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.										
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development										
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "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. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC										
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline for upcoming year, etc.)										
Task Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements										
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.										
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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)										
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
meeting)										
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations										
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance										
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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")										
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings										
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider										

New York State Department Of Health
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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
types										
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustability "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. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models										
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)										
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)										
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)										
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 Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)										
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public										
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized										
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.										
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio										
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.										
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned										
Task Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.										
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond										
Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task Step 1: Complete full provider list of all Suffolk County PPS participants, defined by Provider type, with NPI, with Practice Site name										
Task Step 2: Develop list of elements that will need to be part of each provider agreement/contract, create final contract										
Task Step 3: Post PPS provider network directory on web site; maintain periodic audit trail report of log of changes to network list										
Task Step 4: Create a process to track all executed Provider contractual agreements										
Task Step 5: Initiate Outreach & Contracting Strategy to engage PPS										

New York State Department Of Health
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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
partners in formal Participation Agreements (this shall include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, including payers/MCO and social service organizations, as necessary to support strategy)										
Task Step 6: Engage in participation agreements with key initial tiered engaged/contracted participating partners										
Task Step 7: Create a process that tracks provider performance compared to contract terms/requirements, including corrective actions										
Task Step 8: Engage key unit level PPS partners to participate in IDS project (includes continuum of providers in IDS)										
Task Step 9: Plan established to monitor PPS provider performance periodically and report to the PPS governance, with correction action and performance improvement initiatives as needed										
Task Step 10: Collect provider network lists, periodic reports demonstrating changes to the network list and contractual agreements with engaged unit level partners										
Task Step 4a: Develop process to strategize tiering of partners to priortize outreach and contracting										
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 Step 1: Complete provider list of Suffolk County PPS participants, as in Requirement #1, to include Health Homes, CBOs, ACOs and payers, operating in Suffolk County										
Task Step 2: Ensure partnering HH and ACO populations are included in PPS provider network directory on web site; maintain periodic										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
audit trail report of log of changes to network list										
Task Step 3: Ensure that signed agreements or attestations are in place with each Health Home										
Task Step 4: Set up a scheduled meeting with each Health Home to create a collaborative structure around care management and care coordination. PPS Care management and Medical leadership will represent the PPS										
Task Step 5: Create template for progress report to demonstrate implementation progress toward evolving Health Homes into an Integrated Delivery System- share template with SCC PPS Care Management leadership and project stakeholders										
Task Step 6: Schedule recurring IDS program integration meetings with engaged/contracted Health Homes										
Task Step 7: Develop a communication process with Health Homes that includes access to PPS IT platforms. Roll-up all tasks from PPS project teams related to Health Homes into content for process development. Task led by PPS leadership with support from CM leadership/vendor										
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 Step 1: Engage the IDS Project Stakeholders and the Population Health Management Operating workgroup to discuss the approach to ensuring patients receive appropriate health care and community support, including medical and behavioral health,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
post-acute care, long term care and public health services within the PPS/IDS infrastructure (hiring, mission/vision/values, goals). Identification of vision and modeling of future state care management program.										
Task Step 2: Health Information Technology - Develop plan for Clinically Interoperable system - CM platform/tool for a final PPS solution, as well as the planning for the development of SCC CM Program Phase 1 tool. Start-up of CM planning activities will commence as close to the start date of 6/1/2015 as possible .										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Health Information Technology - Implement SCC CM Program Phase 1 platform/tool solution (tool operational)										
Task Step 5: Development and Dissemination of SCC CM Program structure/clinical leadership/processes (handoffs, reporting structure, how CM program interfaces w/ day to day operations)- to yield successful implementation at engaged/contracted sites										
Task Step 6: Create graphics/diagrams of all SCC CM process flows and diagrams, as well as protocols and P&Ps that cover all planned PPS CM activity (demonstrating IDS processes).Circulate drafts with key project stakeholders and collaborate on model. Assure to align model to the various baseline and needs assessment taking place across various provider types engaged in the project.										
Task Step 7: PPS Care Management program leadership to collaborate with DSRIP Project Managers and Project leads across the DSRIP project portfolio to identify provider network gaps in the community support network										
Task Step 8: Launch, Educate, Promote Communicate all CM process flows, protocols and polices to Engaged/Contracted PPS stakeholders involved (e.g. medical and behavioral health, post-acute care, long term care and public health entities)										
Task Step 9: Develop staffing model to meet anticipated program requirements for both "high risk" and "complex" patient populations. Develop hiring timeline to scale to other sites after										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
immediate needs are met										
Task Step 10: Develop process for CM's to communicate and collaborate across the PPS Health System framework, with Health Homes and MCOs. Initiate and monitor effectiveness of communication across multiple key stakeholders.										
Task Step 11: Health Information Technology - Clinically Interoperable System is in place for Engaged/Contracted participating providers. PPS CM platform/tool is implemented - Development by SCC IT Task Force - to include HIE Systems support, if applicable, process work flows, documentation of process and workflow including responsible resources and other sources demonstrating implementation of the system.										
Task Step 12: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Health Systems.(to include PPS process for tracking care outside of hospitals to ensure that all critical follow up services and appointment reminders are followed).										
Task Step 13: Collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 14: Develop and Document the written materials that will be used for SCC CM Program (IDS) training and develop system to track all training dates and the number of staff trained.										
Task Step 15: Health Information Technology - Create a reporting process from the CM tool that outlines key CM metrics including the % of discharged patients with a 30 day transition plan documented										
Task Step 16: Create a process for quarterly review of the care management system to ensure all requirements are met at engaged/contracted sites										
Task Step 17: Provide communications and training for Engaged/Contracted PPS staff and providers on IDS CM protocols and processes(which ensures that patients are receiving appropriate health care and community support)										
Task Step 18: Schedule recurring evaluation to monitor performance										

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
with reporting up to Clinical PPS Governance										
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.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	162	162	162	162	162	162	162	162	162	162
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	9	9	9	9	9	9	9	9	9	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	38	38	38	38	38	38	38	38	38	38
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Formation of DURSA (Data Use and Reciprocal Service Agreement) if identified it is required (pending final resolution)										
Task Step 13: Obtain DURSA from Engaged/Contracted appropriate PPS Providers										
Task Step 14: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 15: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 16: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 17: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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 Step 18: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 19: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
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.	42	92	92	92	92	92	92	92	92	92
Task Step 1: Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PCP interoperability and integration assessment)										
Task Step 3: Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4: Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5: Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6: Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7: Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
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 Step 1: Engage the Population Health Management Operating workgroup and Project 2ai Project Stakeholders to design a										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Suffolk PPS Care Management structure/clinical leadership/framework to be monitored and overseen by the Clinical Governance Committee										
Task Step 2: Health Information Technology: Develop plan for registry function/tool to track management of patient population (including actively engaged patients).Following initial completion continual updates and maintenance will be needed throughout life of project and beyond.										
Task Step 3: SCC leadership to hire vendor for early stage implementation and build of Suffolk Care Collaborative (SCC) Care Management (CM) Program										
Task Step 4: Hire vendor for early stage implementation and management of CM Information Technology infrastructure										
Task Step 5: Initiate Program Management strategy with engaged Population Health Management Operating workgroup and Project 2ai Project Stakeholders to manage the SCC Care Management Program Development & Implementation Plan (to include building reporting structure, metrics, how CM program interfaces w/ day to day operations, patient registries) who shall report to the Clinical Governance Committee										
Task Step 6: Develop process for CM's to communicate and collaborate across the Suffolk County Health System framework, and Health Homes and MCOs.										
Task Step 7: CM vendor to provide training of Engaged/Contracted CM staff, including outreach/training as needed for CM partners such as Health Homes and Hubs.										
Task Step 8: Begin to collect and integrate into CM workflow project specific clinical protocols and requirements. (includes multiple IDS project work plan subtasks)										
Task Step 9: Develop a list of standard "requirements" for case management services that entities doing CM need to meet (outreach processes, required documentation in CM platform, required data/measures)										
Task Step 10: Health Information Technology: Implement SCC CM PHASE 1 solution										
Task Step 11: Identify and prioritize safety net partners to be										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Engaged/Contracted in "high risk" areas - Work with Health Homes and Suffolk PPS TOC program to identify high risk patients and those most in need of immediate CM services										
Task Step 12: Initiate project implementation with Engaged/Contracted safety net partners										
Task Step 13: Health Information Technology: Train Engaged/Contracted CMs, PCPs and other appropriate providers on use of registry function(PPS ability to target patients through patient registries and is able to track actively engaged patients for project milestone reporting)										
Task Step 14: Close project implementation with Engaged/Contracted safety net partners (demonstration of population health management by actively using EHRs, EHR Completeness Reports, including use of targeted patient registries)										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	250	538	538	538	538	538	538	538	538	538
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 Step 1: Engage PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 2: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 3: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 4: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress.										
Task Step 5: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 6: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 9: Merge all unit level provider type "PCP practice" tasks from the 11 DSRIP project plans and create a global provider outreach and engagement work plan to effectively implement provider interventions with uniformity of message and no duplication of effort. Individual project teams will provide subject matter expertise (for example, patient engagement definitions and specifications) and organizational work stream project leads to provide additional support (for example, IT interoperability needs for all PCP practices).										
Task Step 10: Develop schedule for Engaged/Contracted PCP partner alignment to PCP project requirements (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use standards by the end of DY3). Align planned sequencing/targeting with "hot spot" suggestions rolled up from individual DSRIP project stakeholders										
Task Step 11: Initiate IDS Project plans with Engaged/Contracted partners (PCMH Certification, Expanding Access and Meeting EMR Meaningful Use Stage 2 standards by the end of DY3).										
Task Step 12: Initiate Care Management training of selected engaged/contracted PCP practices and integration into existing practice workflows (including EHRs and connecting patients back into PCP network after IP, BH, or other Non-PCP visit) throughout Suffolk County (Implemented by PPS network development and care management plan staff with support from										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
care management leadership)										
Task Step 13: Access - Begin Evaluation of current state Primary Care Practice Redesign efforts within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead and efforts are designed to help overcome largest barriers to care in Suffolk County (included in PCMH interventions referenced herein) - Assessment to evaluate things such as centralized scheduling, expanded office hours, etc.										
Task Step 14: Access - Evaluate results of Primary Care Practice Redesign Current State Assessment and develop plan to support Engaged/Contracted PCPs to increase access (ex. leveraging care managers to increase capacity, after hours care options, PCP practices that already have extended hours). Utilize Community Needs assessment data to define high-need areas.										
Task Step 15: Access - Collaborate with Providers and Project Stakeholders on creating a PPS new provider capacity plan which records current plans, creates new plans based on need and then tracks all plans for physician and mid-level recruitment by PPS primary care practices. Also roll-up all individual project tasks that relate to new capacity or beds to ensure uniform effort and tracking across the PPS										
Task Step 17: Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation, and status reporting of recruitment of PCP's particular in high need areas, demonstrating improved access via CAHPS measurement.										
Task Step 18: Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 7: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 8: Based on current state assessment results, PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16: Support submission of NCQA PCMH and/or APCM										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
application for Engaged/Contracted Primary Care Practices										
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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs with exploratory discussions of a future state value-based payment arrangement opportunities (may include bundled payment arrangements), this will include educating potential partner relationships on the SCC Care Management Program framework, infrastructure and Health Information Technology/Data Analytics platform undergoing development										
Task Step 4: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustainability "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. Milestone 5: Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.")										
Task Step 5: Evaluate existing MCO P4P opportunities and provide input on messaging to engaged/contracted PPS partners to be distributed by the Network Development and Practitioner Engagement staff of the SCC										
Task Step 6: Create additional provider incentives to support success in DSRIP P4P measures (Overall goal set by DSRIP "High Performance" measure, results based on reducing gap to goal by 10% within practice for current year, previous YR sets baseline										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 upcoming year, etc.)										
Task Step 7: Using the SCC Clinically Interoperable Care Management system the SCC Performance Reporting program to organize "MCO report" to support demonstrating outcomes for active value based payment arrangements										
Task Step 8: Report ongoing progress "SCC MCO Relations Report" to PPS governance (including reports demonstrating percentage of total provider Medicaid reimbursement using value-based payments). Submit documentation of executed Medicaid Managed Care Contracts as necessary to the NYS DOH.										
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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Begin meetings with internal stakeholders to establish internal goals and action items for MCO meetings (e.g. incorporate current state of readiness and capacity to support change across PPS)										
Task Step 3: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 4: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 5: Coordinate with MCO's to develop scorecards criteria that demonstrates utilization trends, performance measures, performance outcomes, performance issues of attributed populations										
Task Step 6: Initiate "SCC MCO Relations Scorecard" for ongoing progress to PPS governance										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #10 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 Step 1: Establish MCO/VBP Workgroup to act as liaison between PPS and MCOS										
Task Step 2: Host Introductory meetings with engaged MCO's to discuss schedule for future meetings and objectives for future collaboration										
Task Step 3: Initiate meetings monthly with selected Engaged MCOs (agenda to include development of scorecards and monitoring, evaluation of utilization trends and performance management, SCC monthly meeting may include a rotation of MCO at each meeting)										
Task Step 4: Baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy Completed (Data Source called "VBP Plan")										
Task Step 5: Begin meetings with internal and external Project 2ai Stakeholders to establish internal goals, timeline and program objectives for evolving provider compensation modeling to incentive based compensation (to include the Value-based Payment roadmap) and action items for MCO meetings										
Task Step 6: Evaluate MCO value-based payment opportunities for PPS Engaged/Contracted PCPs and other unit level provider types										
Task Step 7: Value-based payment plan completed and signed off by the SCC Board. (The work break down structure which defines the Value-based payment plan can be found in the SCC Organizational Work Stream Financial Sustability "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. Milestone 5: Finalize a plan towards achieving 90% value-based										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
payments across network by year 5 of the waiver at the latest.")										
Task Step 8: Create process and ownership roles to maintain documentation of current compensation models										
Task Step 9: Report ongoing progress on developing compensation modeling and implementation plan via a "SCC MCO Relations Report" to PPS governance (including status of provider compensation modeling to incentive based compensation, implementation plan modeling and consultant and provider recommendations/feedback)										
Task Step 10: Collaborate with engaged MCOs to create/propose value-based payment methodology pilots (including compensation modeling, implementation plans and PPS network recommendations)										
Task Step 11: Report Transitional payment model pilots with selected engaged/contracted partners (collect sources demonstration implementation of the compensation and performance management system, may include contract, reports, payment vouchers, other)										
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 Step 1: Engage Project 2ai Stakeholders, PPS project management office and Project Leads to identify the Patient Engagement, Community Based Organization engagement opportunities and care management navigation requirements across DSRIP portfolio. (Team includes input from clinicians as well as community based orgs, individuals with communications/marketing backgrounds and experience with cultural sensitivity, diversity needs and training, and individuals with lived behavioral health experience to be part of the project management team for 2ai to ensure appropriate attention to engagement strategies.)										
Task Step 2: Host directory of PPS partner Community Based Organizations of Suffolk Care Collaborative website for the public										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 3: Cultural Competency & Health Literacy Strategy Finalized										
Task Step 4: Begin Initiating contracts with PPS partner Community Based Organizations to support outreach and navigation activities for DSRIP projects.										
Task Step 5: PPS to identify roles, competencies and necessary resources for outreach and navigation activities. (e.g., assessing number of navigators to hire, defining roles of relevant stakeholder teams, training programs and resources, regional coordination strategy, etc.) across DSRIP portfolio										
Task Step 6: Create a quality control process with engaged/contracted community health workers to review and contribute to individual project team patient interventions or outreach activities to ensure that they are culturally sensitive and address the population's needs.										
Task Step 7: Education & Promotion: Include engaged/contracted Community Based Organizations in key Project Stakeholder meetings & engagements with external partners throughout DSRIP portfolio to educate on program and PPS on engagement/outcomes/lessoned learned										
Task Step 8: Form a Community Consumer Advisory Board to manage the quality control and effectiveness of Patient engagement efforts across the DSRIP portfolio (leveraging community health workers, peers, and culturally competent community-based organizations). This group will be supported by Project Stakeholders engaged in the patient engagement efforts. Recommendations to operations, materials, etc. will go back to their respective project workgroup/committee. Ongoing monitoring and management will reside within the Community Needs Assessment, Outreach and Cultural Competency & Health Literacy Governance Committee, who will report to the Board of Directors on all patient communication and outreach activities to ensure that they are appropriate.										
Task Step 9: Patient portal into PPS site and/or EHR. Initial phase of functionality expected earlier than full scope of portal, plus continual updates and maintenance will be needed throughout life of project and beyond										

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Task Step 10: Collect documentation of partnerships with CBOs, evidence of community health worker hiring, co-location agreements from DSRIP project portfolio, and report on how many patients engaged with community health workers										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	General Program Narrative: Suffolk Care Collaborative (SCC) has selected its IT Vendor and draft IT project plans have been created for the HealteIntent platform. The HealtheIntent platform includes HealtheRegistries, HealtheCare, HealtheAnalytics and HealtheRecord applications. Project plans are currently under review by project stakeholders with additional feedback and updates forthcoming. The SCC IT team has published support and governance models which will be used for the initial production launch of the HealtheCare application. HealtheCare user training has been completed and the application is currently in its system integration testing phase.
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.	Draft IT project plans have been created for HealteIntent platform which includes HealtheRegistries, HealtheCare, HealtheAnalytics and HealtheRecord applications. Project plans are currently under review by IT project stakeholders with additional updates forthcoming. In addition the SBM IT team has published the support and governance models which will be used for the initial production launch of the HealtheCare application. HealtheCare user training has been completed and the application is currently in the system integration testing phase.
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.	Our IT Vendor has been contracted and we are now in the process of completing Care Management System Integration tests.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

Milestone Review Status

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

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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.

PATIENT CHALLENGES 1) Lack of transportation results in missed follow-up appointments post hospital discharge. 2) Many patients need to be discharged to a SNF, however a number of long-term care facilities are reluctant to take Medicaid patients which delays the patient's disposition. 3) Homelessness places patients at risk of readmission due to increased difficulty of providing care management services to this population..
PATIENT REMEDIES: 1) Expansion of Suffolk County Accessible Transportation (SCAT) program; the PPS will work to streamline the process to make transportation services more accessible to the patient. 2) The PPS will forge collaborative relationships with all participating SNFs and ensure that the payment model creates alignment of the SNFs with the purpose of the PPS. 3) A Multi-disciplinary teaming process that includes a Social Worker from the time of admission will be built to address these potential issues. The social worker will work closely with PPS CBO's to reach patients in their communities in an effort to educate and engage them in their own health and monitor their progress towards adequate self-management of disease.

PROVIDER CHALLENGES: 1) Lack of available PCP or BH appointments for post-discharge visits. 2) Coordination of handoffs between multiple entities can be difficult and the patient may receive conflicting messages. 3) Providers might be at different stages of readiness for meeting project requirements
PROVIDER REMEDIES: 1) As relevant PPS providers move towards NCQA PCMH Level 3 status, additional appointments will be available as practices become more efficient. PCP recruiting efforts will occur and the collaborative with BH providers will ensure improved access. 2) Protocols will be established to ensure early notification of discharge and avoid duplication of effort. This will be accomplished in the following ways: a)Hospital must alert PCP office, Health Homes and CM b) Discharge summaries transmitted electronically within 24 hours c) The PCP – Hospitalist communication exceeds simply the discharge summary. 3) PPS will develop provider prioritization plan to provide the appropriate training to providers and develop plan for a staged roll-out project implementation

INFRASTRUCTURE CHALLENGES: 1) Difficulty redeploying or hiring the CMs required for the program 2) Lack of interconnectivity and use between existing EHRs and the RHIO.
INFRASTRUCTURE REMEDIES: 1) The PPS will leverage existing Health Homes capability/capacity and then work together as a PPS to identify sources of CM's to redeploy and to hire. Training resources will be made available through the creation of a Provider Engagement team to engage the redeployed staff in appropriate training programs (e.g., online, in person, etc.). Additionally, The PPS is actively searching, through collaboration with a vendor, for enough CM's to be effective in providing CM services across Suffolk County. Overarching management structure will ensure appropriate risk stratification and effective use of CM resources. 2) Effective implementation of the PPS's IDS IT strategy, and an emphasis on continual improvement, will enable the PPS to create this route for information sharing and communication.

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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
DY2,Q4	25,326

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
8,338	16,696	262.76%	-10,342	65.92%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030115508_SCC TOC (2.b.iv) D1Q2.xlsx	Roster for engaged members for (2.b.iv) TOC	10/30/2015 11:55 AM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

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the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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 Step 1: Identify Project 2.b.iv Committee and Project 2.b.iv Hospital Workgroup Participants in concert with Project 2.b.ix	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: Initiate Baseline Survey Questionnaire for Projects 2.b.ix and 2.b.iv for all hospital partners	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 3: Develop Project Charter in conjunction with the Project Leads and Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Assess each partner's capabilities and development/resource needs to meet project requirements and milestones by doing a needs assessment on project scope against available resources	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PPS partners including participating hospitals, partnering with a home care service or other appropriate community agency to evaluate current strengths and resources that can be leveraged as best practices for the project	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Develop Care Transitions Intervention Model (CTIM) which will standardize protocols with Project Lead & present to Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Engage partners, including health homes, to promote project understanding and partner alignment									
Task Step 8: Convene Project Committee to aid in the development of the written training materials and workflow including responsible resource at each stage	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Ensure protocols and procedures are in place that include a 30 day transition of care period is established & include care record transitions with timely updates provided to the members' providers especially, PCPs	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: CTIM is finalized by Project 2.b.ix Committee and incorporated into the CTIM	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Clinical Committee review and approval of CTIM, then PPS Board review and approval	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Workforce Project Lead in training strategy	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Develop training documents with key project stakeholders	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 14: Communicate and distribute CTIM to PPS Partners in preparation for implementation of the project	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; training documentation	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	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	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop MCO and Health Home (MCO/HH) Roster to be engaged in the project	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Include MCO/HH Stakeholders to Project 2.b.vii Committee Meetings for CTIM development and review	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Contract with PPS Partners(written attestation) and stakeholders ensuring coordination of care transition strategies with HH and supportive housing sites & implement protocols as applicable	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Develop a process to continually assess audit reports and recommendations adopted by partners engaged in the project	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Monitor MCO/HH adoption of CTIM to continually assess partner performance	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Develop a payment strategy with key stakeholders for the transition of care services developed in concert with Medicaid Managed Care Plans and Health Homes	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage MCO Team to develop TOC payment strategy for TOC services and incorporate the 30 day care transition period into payer agreements	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Meet with MCOs during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination and gaps in care and	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
redundant services within Suffolk County									
Task Step 9: Execute payment agreements or MOU with MCO for TOC services and ensure payers provide coverage and coordination of service benefits	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as Payment Agreements or MOUs with Managed Care Plans, Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site, Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with 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 Step 1a: Prioritize HARP-eligible members for Health Home and MCO referral contingent on obtaining HARP-eligible member list from HH and MCOs	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: With the support of the Project Lead and Project 2.b.iv Committee determine and identify necessary social services to be engaged in the project including network medically tailored home food services	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Develop Support Services (Social Services) Lists in concert with Project 2.d.i Community Navigation Program	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Develop Communication Plan & Communication Documents for Support Services	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Engage Hospital Partner Workgroup via baseline survey	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
results and leverage key services in their TOC implementation									
Task Step 5: Obtain participation agreements with Social Services Partners (Participation Agreements)	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Add Social Services Partnerships to Performance Reporting Program throughout the life of the project	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Project	N/A	In Progress	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)	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 - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop workflow to operationalize CTIM with respect to early notification of planned discharges and ability of the transition care manager to visit the patient in the hospital	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Evaluate hospitals current TOC care management visitation procedures and engagements and determine gaps	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: Organize System to document early notification of planned discharge and implement									
Task Step 4: Develop training plan and engage Workforce Lead in development	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Approval of training, education and written training materials by the Project 2.b.iv Committee and Workforce Lead	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Endorse and recommend for approval by the Clinical Committee to the PPS Board	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Review and approval by the PPS Board	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Ensure training materials include cultural competency and health literacy content	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Determine necessary frequency of staff training, establish training dates, keep record of dates as well as number of staff trained at each session	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Develop a system to monitor programs in conjunction with the Performance Evaluation and Management Workgroup	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts that include documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Contract; Vendor System Documentation; Documentation demonstrating that the care manager has access to visit their patients in the hospital	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	04/01/2015	03/31/2017	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

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Engage PCPs in communication plan for CTIM as well as Project 2.b.iv Committee and Project 2.b.iv Workgroup	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Schedule meetings with Project Leads and recurring standing meetings with Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Assess PCPs, non-PCPs, and hospitals capabilities and development/resources needs to meet project requirements and milestones	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Identify PCP, non-PCP, and hospital current strengths and resources that can be leveraged as best practices for the project	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop Project Charter in conjunction with the Project Leads and Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Add scope of work into CTIM & engage physicians and other stakeholders to review	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop workflow including responsible resources at each stage	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Work with Population Health IT to develop EMR is interoperable at all PPS partner sites so the care transition plan is in the patient's medical record	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Incorporate written training materials in reference to this project requirement into TOC training & education program	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Schedule training dates and keep a record of number of staff trained	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step11: Work with IT and the Performance Reporting and Evaluation Workgroup to develop strategy for periodic self audit reports and recommendations	Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts including documentation of care record	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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 process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and recommendations									
Task Step 4a: Ensure providers from different care settings are members of the Project Committee and define clinical data that needs to be exchanged in the care transition record as one patient transfers from one care setting to another	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 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 Step 1: Engage Project 2.b.iv Committee Participants and Project Lead	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop policies and procedures that reflect the requirement that 30 day transition of care period is implemented and utilized	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Hospital Partner Workgroup and other key stakeholders to develop implementation plan for 30 day transition period	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Ensure protocols and procedures are in place that include a 30 day transition of care period is established and included in CTIM	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Implement policies and procedures in concert with policies and procedures referenced in Milestone 1	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including polices and procedures	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Engage Project Workgroup to monitor implementation of policies and procedures on an ongoing basis	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Use EHRs and other technical platforms to track all patients	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
engaged in the project.									
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports reports using tactical solution as needed for quarterly report submission to the DOH (This task will transition into the longer term strategic reporting solution when it becomes available.)	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR	Project		In Progress	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.									
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.	Project		In Progress	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task Step 1: Identify Project 2.b.iv Committee and Project 2.b.iv Hospital Workgroup Participants in concert with Project 2.b.ix										
Task Step 2: Initiate Baseline Survey Questionnaire for Projects 2.b.ix and 2.b.iv for all hospital partners										
Task Step 3: Develop Project Charter in conjunction with the Project Leads and Project Committee										
Task Step 4: Assess each partner's capabilities and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
development/resource needs to meet project requirements and milestones by doing a needs assessment on project scope against available resources										
Task Step 5: Identify PPS partners including participating hospitals, partnering with a home care service or other appropriate community agency to evaluate current strengths and resources that can be leveraged as best practices for the project										
Task Step 6: Develop Care Transitions Intervention Model (CTIM) which will standardize protocols with Project Lead & present to Project Committee										
Task Step 7: Engage partners, including health homes, to promote project understanding and partner alignment										
Task Step 8: Convene Project Committee to aid in the development of the written training materials and workflow including responsible resource at each stage										
Task Step 9: Ensure protocols and procedures are in place that include a 30 day transition of care period is established & include care record transitions with timely updates provided to the members' providers especially, PCPs										
Task Step 10: CTIM is finalized by Project 2.b.ix Committee and incorporated into the CTIM										
Task Step 11: Clinical Committee review and approval of CTIM, then PPS Board review and approval										
Task Step 12: Engage Workforce Project Lead in training strategy										
Task Step 13: Develop training documents with key project stakeholders										
Task Step 14: Communicate and distribute CTIM to PPS Partners in preparation for implementation of the project										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; training documentation										
Task Step 15: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
met										
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 Step 1: Develop MCO and Health Home (MCO/HH) Roster to be engaged in the project										
Task Step 2: Include MCO/HH Stakeholders to Project 2.b.vii Committee Meetings for CTIM development and review										
Task Step 3: Contract with PPS Partners(written attestation) and stakeholders ensuring coordination of care transition strategies with HH and supportive housing sites & implement protocols as applicable										
Task Step 4: Develop a process to continually assess audit reports and recommendations adopted by partners engaged in the project										
Task Step 5: Monitor MCO/HH adoption of CTIM to continually assess partner performance										
Task Step 6: Develop a payment strategy with key stakeholders for the transition of care services developed in concert with Medicaid Managed Care Plans and Health Homes										
Task Step 7: Engage MCO Team to develop TOC payment strategy for TOC services and incorporate the 30 day care transition period into payer agreements										
Task Step 8: Meet with MCOs during the planning phase to identify triggers and processes for payer care coordination and chronic										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
care services to ensure coordination and gaps in care and redundant services within Suffolk County										
Task Step 9: Execute payment agreements or MOU with MCO for TOC services and ensure payers provide coverage and coordination of service benefits										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as Payment Agreements or MOUs with Managed Care Plans, Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site, Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained"										
Task Step 1a: Prioritize HARP-eligible members for Health Home and MCO referral contingent on obtaining HARP-eligible member list from HH and MCOs										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Step 1: With the support of the Project Lead and Project 2.b.iv Committee determine and identify necessary social services to be engaged in the project including network medically tailored home food services										
Task Step 2: Develop Support Services (Social Services) Lists in concert with Project 2.d.i Community Navigation Program										
Task Step 3: Develop Communication Plan & Communication Documents for Support Services										
Task Step 4: Engage Hospital Partner Workgroup via baseline survey results and leverage key services in their TOC implementation										
Task Step 5: Obtain participation agreements with Social Services Partners (Participation Agreements)										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 6: Add Social Services Partnerships to Performance Reporting Program throughout the life of the project										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations										
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	107	214	321	430	430	430
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	465	930	1,395	1,862	1,862	1,862
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	3	6	9	12	12	12
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 Step 1: Develop workflow to operationalize CTIM with respect to early notification of planned discharges and ability of the transition care manager to visit the patient in the hospital										
Task Step 2: Evaluate hospitals current TOC care management visitation procedures and engagements and determine gaps										
Task Step 3: Organize System to document early notification of planned discharge and implement										
Task Step 4: Develop training plan and engage Workforce Lead in development										
Task Step 5: Approval of training, education and written training materials by the Project 2.b.iv Committee and Workforce Lead										
Task Step 6: Endorse and recommend for approval by the Clinical										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Committee to the PPS Board										
Task Step 7: Review and approval by the PPS Board										
Task Step 8: Ensure training materials include cultural competency and health literacy content										
Task Step 9: Determine necessary frequency of staff training, establish training dates, keep record of dates as well as number of staff trained at each session										
Task Step 10: Develop a system to monitor programs in conjunction with the Performance Evaluation and Management Workgroup										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts that include documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Contract; Vendor System Documentation; Documentation demonstrating that the care manager has access to visit their patients in the hospital										
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 Step 1: Engage PCPs in communication plan for CTIM as well as Project 2.b.iv Committee and Project 2.b.iv Workgroup										
Task Step 2: Schedule meetings with Project Leads and recurring standing meetings with Project Committee										
Task Step 3: Assess PCPs, non-PCPs, and hospitals capabilities and development/resources needs to meet project requirements and milestones										
Task Step 4: Identify PCP, non-PCP, and hospital current strengths and resources that can be leveraged as best practices for the project										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 5: Develop Project Charter in conjunction with the Project Leads and Project Committee										
Task Step 6: Add scope of work into CTIM & engage physicians and other stakeholders to review										
Task Step 7: Develop workflow including responsible resources at each stage										
Task Step 8: Work with Population Health IT to develop EMR is interoperable at all PPS partner sites so the care transition plan is in the patient's medical record										
Task Step 9: Incorporate written training materials in reference to this project requirement into TOC training & education program										
Task Step 10: Schedule training dates and keep a record of number of staff trained										
Task Step11: Work with IT and the Performance Reporting and Evaluation Workgroup to develop strategy for periodic self audit reports and recommendations										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts including documentation of care record transition process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and recommendations										
Task Step 4a: Ensure providers from different care settings are members of the Project Committee and define clinical data that needs to be exchanged in the care transition record as one patient transfers from one care setting to another										
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 Step 1: Engage Project 2.b.iv Committee Participants and Project Lead										
Task Step 2: Develop policies and procedures that reflect the requirement that 30 day transition of care period is implemented										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and utilized										
Task Step 3: Engage Hospital Partner Workgroup and other key stakeholders to develop implementation plan for 30 day transition period										
Task Step 4: Ensure protocols and procedures are in place that include a 30 day transition of care period is established and included in CTIM										
Task Step 5: Implement policies and procedures in concert with policies and procedures referenced in Milestone 1										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including polices and procedures										
Task Step 6: Engage Project Workgroup to monitor implementation of policies and procedures on an ongoing basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports reports using tactical solution as needed for quarterly report submission to the DOH (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 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.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 1: Identify Project 2.b.iv Committee and Project 2.b.iv Hospital Workgroup Participants in concert with Project 2.b.ix										
Task Step 2: Initiate Baseline Survey Questionnaire for Projects 2.b.ix and 2.b.iv for all hospital partners										
Task Step 3: Develop Project Charter in conjunction with the Project Leads and Project Committee										
Task Step 4: Assess each partner's capabilities and development/resource needs to meet project requirements and milestones by doing a needs assessment on project scope against available resources										
Task Step 5: Identify PPS partners including participating hospitals, partnering with a home care service or other appropriate community agency to evaluate current strengths and resources that can be leveraged as best practices for the project										
Task Step 6: Develop Care Transitions Intervention Model (CTIM) which will standardize protocols with Project Lead & present to Project Committee										
Task Step 7: Engage partners, including health homes, to promote project understanding and partner alignment										
Task Step 8: Convene Project Committee to aid in the development of the written training materials and workflow including responsible resource at each stage										
Task Step 9: Ensure protocols and procedures are in place that include a 30 day transition of care period is established & include care record transitions with timely updates provided to the members' providers especially, PCPs										
Task Step 10: CTIM is finalized by Project 2.b.ix Committee and incorporated into the CTIM										
Task Step 11: Clinical Committee review and approval of CTIM, then PPS Board review and approval										
Task Step 12: Engage Workforce Project Lead in training strategy										
Task Step 13: Develop training documents with key project stakeholders										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 14: Communicate and distribute CTIM to PPS Partners in preparation for implementation of the project										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow including responsible resources at each stage of the workflow; written training materials; training documentation										
Task Step 15: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
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 Step 1: Develop MCO and Health Home (MCO/HH) Roster to be engaged in the project										
Task Step 2: Include MCO/HH Stakeholders to Project 2.b.vii Committee Meetings for CTIM development and review										
Task Step 3: Contract with PPS Partners(written attestation) and stakeholders ensuring coordination of care transition strategies with HH and supportive housing sites & implement protocols as applicable										
Task Step 4: Develop a process to continually assess audit reports and recommendations adopted by partners engaged in the project										
Task Step 5: Monitor MCO/HH adoption of CTIM to continually assess partner performance										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 6: Develop a payment strategy with key stakeholders for the transition of care services developed in concert with Medicaid Managed Care Plans and Health Homes										
Task Step 7: Engage MCO Team to develop TOC payment strategy for TOC services and incorporate the 30 day care transition period into payer agreements										
Task Step 8: Meet with MCOs during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination and gaps in care and redundant services within Suffolk County										
Task Step 9: Execute payment agreements or MOU with MCO for TOC services and ensure payers provide coverage and coordination of service benefits										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as Payment Agreements or MOUs with Managed Care Plans, Documentation of methodology and strategies including identification of responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations; Written attestation or evidence of coordination of care transition strategies with Health Homes and the supportive housing site, Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained"										
Task Step 1a: Prioritize HARP-eligible members for Health Home and MCO referral contingent on obtaining HARP-eligible member list from HH and MCOs										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task Step 1: With the support of the Project Lead and Project 2.b.iv Committee determine and identify necessary social services to be engaged in the project including network medically tailored home food services										
Task Step 2: Develop Support Services (Social Services) Lists in										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
concert with Project 2.d.i Community Navigation Program										
Task Step 3: Develop Communication Plan & Communication Documents for Support Services										
Task Step 4: Engage Hospital Partner Workgroup via baseline survey results and leverage key services in their TOC implementation										
Task Step 5: Obtain participation agreements with Social Services Partners (Participation Agreements)										
Task Step 6: Add Social Services Partnerships to Performance Reporting Program throughout the life of the project										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including Support Services Lists; Documentation of process and workflow including responsible resources at each stage of the workflow; Written attestation or evidence of agreement; Periodic self-audit reports and recommendations										
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.	430	430	430	430	430	430	430	430	430	430
Task Policies and procedures are in place for early notification of planned discharges.	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
Task Policies and procedures are in place for early notification of planned discharges.	12	12	12	12	12	12	12	12	12	12
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 Step 1: Develop workflow to operationalize CTIM with respect to early notification of planned discharges and ability of the transition care manager to visit the patient in the hospital										
Task Step 2: Evaluate hospitals current TOC care management visitation procedures and engagements and determine gaps										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 3: Organize System to document early notification of planned discharge and implement										
Task Step 4: Develop training plan and engage Workforce Lead in development										
Task Step 5: Approval of training, education and written training materials by the Project 2.b.iv Committee and Workforce Lead										
Task Step 6: Endorse and recommend for approval by the Clinical Committee to the PPS Board										
Task Step 7: Review and approval by the PPS Board										
Task Step 8: Ensure training materials include cultural competency and health literacy content										
Task Step 9: Determine necessary frequency of staff training, establish training dates, keep record of dates as well as number of staff trained at each session										
Task Step 10: Develop a system to monitor programs in conjunction with the Performance Evaluation and Management Workgroup										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts that include documentation of early notification of planned discharge process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Contract; Vendor System Documentation; Documentation demonstrating that the care manager has access to visit their patients in the hospital										
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 Step 1: Engage PCPs in communication plan for CTIM as well as Project 2.b.iv Committee and Project 2.b.iv Workgroup										
Task Step 2: Schedule meetings with Project Leads and recurring										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
standing meetings with Project Committee										
Task Step 3: Assess PCPs, non-PCPs, and hospitals capabilities and development/resources needs to meet project requirements and milestones										
Task Step 4: Identify PCP, non-PCP, and hospital current strengths and resources that can be leveraged as best practices for the project										
Task Step 5: Develop Project Charter in conjunction with the Project Leads and Project Committee										
Task Step 6: Add scope of work into CTIM & engage physicians and other stakeholders to review										
Task Step 7: Develop workflow including responsible resources at each stage										
Task Step 8: Work with Population Health IT to develop EMR is interoperable at all PPS partner sites so the care transition plan is in the patient's medical record										
Task Step 9: Incorporate written training materials in reference to this project requirement into TOC training & education program										
Task Step 10: Schedule training dates and keep a record of number of staff trained										
Task Step11: Work with IT and the Performance Reporting and Evaluation Workgroup to develop strategy for periodic self audit reports and recommendations										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts including documentation of care record transition process and workflow including responsible resources at each stage; Written training materials; List of training dates; Number of staff trained; Periodic self-audit reports and recommendations										
Task Step 4a: Ensure providers from different care settings are members of the Project Committee and define clinical data that needs to be exchanged in the care transition record as one patient transfers from one care setting to another										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #6 Ensure that 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 Step 1: Engage Project 2.b.iv Committee Participants and Project Lead										
Task Step 2: Develop policies and procedures that reflect the requirement that 30 day transition of care period is implemented and utilized										
Task Step 3: Engage Hospital Partner Workgroup and other key stakeholders to develop implementation plan for 30 day transition period										
Task Step 4: Ensure protocols and procedures are in place that include a 30 day transition of care period is established and included in CTIM										
Task Step 5: Implement policies and procedures in concert with policies and procedures referenced in Milestone 1										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts including polices and procedures										
Task Step 6: Engage Project Workgroup to monitor implementation of policies and procedures on an ongoing basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports reports using tactical solution as needed for quarterly report submission to the DOH (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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.	General Program Narrative: In August, the Suffolk Care Collaborative started working closely with xG Health Solutions as the Care Management organizational consultant to offer best practice models from the Geisinger Health System to develop the framework to the TOC Project. xG has been providing extensive patient education resources, especially for high risk populations, which will be reviewed and approved by the Project Committee and Project Workgroup. In the beginning of September, the PMO and xG started meeting with each hospital within the SCC Health System to learn more about their existing TOC program, care management structure, health home, and social service partners as well as review results from web-based survey initiated in May. These meetings continue to give us a greater understanding on the current state of Transitions of Care within Suffolk County.
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	
Milestone #4	Pass & Ongoing	

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Milestone Review Status

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

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

IPQR Module 2.b.vii.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 PPS conducted several surveys of the SNFs to inform project development. According to the survey results, 74% of the partner SNFs have some experience using the INTERACT program. Of these, however, not surprisingly, regular use of program tools varies greatly, and during project planning it became clear that most – if not all – of the SNFs that have experience with INTERACT tools have not thoroughly embedded the tools consistently within their operations to maximize impact. For example, some SNFs complete the SBAR only when a hospital transfer occurs, diluting its impact to avoid a hospital transfer. In summary, every SNF will benefit from a more thorough and robust training and monitoring protocol on the use of the various INTERACT tools. The following risks to the successful implementation of this project have been identified:

Issue: Of those who currently utilize INTERACT, most do so on paper. Additionally, wide variation in EMR systems exists among the PPS partners that have them. Among these facilities, many different EHR platforms are utilized.
Risk Mitigation: The PPS will develop a simple interface (e.g., using Direct Messaging, etc.) to link SNFs to hospital partners in the short term and this will be built upon as full connectivity becomes more or a reality. Consistent with PPS goals, electronic connectivity with hospital partners will be completed over the project lifetime. The SNFs will work with the local RHIO to ensure useful electronic communication. As INTERACT tools are embedded in EHR products, SNFs will move from paper to electronic use of these tools.

Issue: Efforts to engage the multiple staffing agencies relied upon by SNFs for weekend coverage to ensure that these weekend staff learn to properly use INTERACT tools may prove cumbersome
Risk Mitigation: The PPS will create and implement a Provider Engagement to train weekend staff in proper use of INTERACT tools and documentation through the PPS wide IT infrastructure.

Issue: Patients/families may be skeptical, or unaware, of the benefits from avoiding readmission
Risk Mitigation: All SNFs will provide orientation materials at facility admission outlining the policies and benefits of transfer avoidance, as well as materials on advance care planning.

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IPQR Module 2.b.vii.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	1,914

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
836	910	190.38%	-432	47.54%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030102601_SCC Interact (2.b.vii) D1Q2.xlsx	Roster for engaged members for (2.b.vii) Interact	10/30/2015 10:26 AM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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DSRIP Implementation Plan Project

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IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT principles implemented at each participating SNF.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Nursing home to hospital transfers reduced.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT 3.0 Toolkit used at each SNF.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Administer baseline assessment to SNFs to determine gap toward INTERACT implementation	Project		Completed	04/01/2015	05/20/2015	04/01/2015	05/20/2015	06/30/2015	DY1 Q1
Task Step 2: Determine implementation schedule to roll out program starting with SNF's at highest degree of readiness	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Execute the PPS participation agreements	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Develop training and communication plan	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Develop monitoring procedures and schedule	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify INTERACT 4.0 Toolkit principles and implementation plan	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Create process for quarterly report narrative demonstrating successfully implementation of project requirements	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Formalize INTERACT principles and implementation plan	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 9: Clinical Governance Committee approval of INTERACT principles and implementation plan	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: 2.b.vii Education & Training program and communication plan implemented at each PPS SNF	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Establish a system to monitor nursing home to hospital transfer rate	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Initiate data collection, aggregate data from partners and review gaps in data collection	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Analyze data against commitments in accordance with monitoring procedures and schedule	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Report baseline data from the partner SNFs to determine current nursing home to hospital transfer volume to key project stakeholders	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Analyze data to determine baseline transfer rate	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect monthly reports in transfers from the SNF	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Create Quarterly Report Narrative to be submitted to the DOH on a quarterly basis	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 19: Collect and maintain, in a centralized location, all pertinent project artifacts such as the quarterly report narrative demonstrating successful implementation of project requirements	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facility champion identified for each SNF.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Identify SNF Facility Champion Role Description	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2; Role description defined, standardized, and approved by Project Committee, Project Leads and Workforce	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Contract with SNF Partners within our PPS	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Role description of facility champion communicated to each PPS SNF	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5; Facility champion identified by each SNF and provided to SCC, including CV outlining experience with INTERACT principles	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as role description of the facility champion, CV (explaining experience with INTERACT principles), contract, individual trained INTERACT principles identified	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.	Project		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 interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage key project stakeholders in developing a plan to identify care pathways, clinical tool (s) to monitor chronically ill patients, and a tool to identify patients at highest risk for readmission leveraging INTERACT principles	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Evaluate the use of care pathways and clinical tools at participating SNFs	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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 Step 3: Engage the Workforce Project Lead, Project Leads, and Project Committee to incorporate care pathways and clinical tools into the education and training program for INTERACT	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Develop interventions aimed at avoiding hospital transfer including the development of escalation strategies, strategic plan for monitoring of chronically ill patients, and implementation plan with the Project Committee.	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Standardize training materials, including written training materials, and have them approved by Project Committee	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Schedule training sessions with PPS contracted/engaged SNF staff	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of care pathway and clinical tool methodology, documented strategic plan for monitoring of chronically ill patients and hospital avoidance, implementation plan, written training materials, list of training dates along with number of staff trained	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Educate all staff on care pathways and INTERACT principles.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop a training program for SNF staff, including the SNF Medical Director, encompassing care pathways and INTERACT principles with Project Leads, Project Committee and Workforce Lead	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Include written training materials and define INTERACT trainer's scope of work and role definition	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: Engage the Cultural Competency and Health Literacy Workgroup to include these components in the training and education program									
Task Step 4: Finalize and approve training, education and written training materials by the Project Committee and hire INTERACT trainers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF, and monitoring and reporting program to key stakeholders	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Incorporate Advance Care Planning tools into the project using MOLST (as evidenced by policies and procedures)	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and standardize Advance Care Planning tool using MOLST	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Formalize principles and obtain approval of MOLST by the Project Committee and Clinical Committee	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate MOLST into the education and training program to implement at SNFs	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of tool(s)/toolkit materials	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Create coaching program to facilitate and support implementation.									
Task INTERACT coaching program established at each SNF.	Provider	Nursing Home	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Create INTERACT coaching program in concert with INTERACT training program, ensure written training materials are developed	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Incorporate and develop written training materials into the education & training program with the Project Leads, Project Committee and Workforce Lead	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Identify, recruit, and train coaches from engaged SNFs within the PPS	Project		In Progress	09/01/2015	12/01/2016	09/01/2015	12/01/2016	12/31/2016	DY2 Q3
Task Step 4: Finalize and approve training, education, and written training materials by the Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of written training materials, list of training dates, along with number of staff trained	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT principles.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the Directors of Nursing Workgroup to create INTERACT handout/pamphlet for patients, families, and caretakers with the assistance of the Project Leads and Project Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Incorporate into INTERACT training program and schedule ways to educate the families and caretakers from the	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
provider perspective									
Task Step 3: Collect and maintain education materials that include formats that address health literacy and language concerns	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Cultural Competency and Health Literacy Workgroup Advisory Board to review and approve materials	Project		In Progress	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of patient/family education methodology, and patient/family education materials	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Project	N/A	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Nursing Home	In Progress	06/01/2015	03/31/2018	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Practitioner Engagement Team to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Project		In Progress	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.	Project		In Progress	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Conduct assessment of Engaged/Contracted partners'	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EMR for Meaningful Use and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.).									
Task Step 5: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create plan for how the PPS uses alerts and secure messaging functionality.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Develop written training materials on secure messaging,	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Project		In Progress	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Initiate roll-out to Contracted partners to be engaged in milestone to include training (to include, 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		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 13: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Project		In Progress	01/01/2017	03/30/2017	01/01/2017	03/30/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 14: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).									
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage Clinical Committee to participate and act as the Quality Improvement Committee and ensure that is representative of the PPS staff involved in quality improvement processes and other stakeholders, especially the Director's of Nursing	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Document attendees from respective organization and staff title in the directory	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Clinical Committee identifies opportunities for quality improvement using rapid cycle and root cause analysis improvement methodologies	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Create quality improvement action plans and evaluate results of quality improvement initiatives as necessary	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 5: Develop implementation reports from quality improvement results and present them at recurring Project 2.b.vii Committee & Clinical Committee Meetings									
Task Step 6: Record meeting minutes from Clinical Committee Meetings	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Evaluate and create action plans based on key quality metrics, to include applicable metrics in Attachment J	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Report service and quality outcome measures to all stakeholders via newsletters, website URLs	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts including quality committee membership list with indication of organization represented and staff category, if applicable, Quality improvement plans; Root cause analysis; Implementation Reports; Implementation results; Meeting minutes, Meeting minutes; Clinical quality improvement action plan; Follow-up evaluation of action plans, Website URLs with published reports; Newsletters; Documentation demonstrating quality outcomes	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
reports.									
Task Step 3: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Note: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement INTERACT at each participating SNF, demonstrated										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.										
Task INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	0	0	0	0	0	10	25	46	46	46
Task INTERACT 3.0 Toolkit used at each SNF.	0	0	0	0	0	10	25	46	46	46
Task Step 1: Administer baseline assessment to SNFs to determine gap toward INTERACT implementation										
Task Step 2: Determine implementation schedule to roll out program starting with SNF's at highest degree of readiness										
Task Step 3: Execute the PPS participation agreements										
Task Step 4: Develop training and communication plan										
Task Step 5: Develop monitoring procedures and schedule										
Task Step 6: Identify INTERACT 4.0 Toolkit principles and implementation plan										
Task Step 7: Create process for quarterly report narrative demonstrating successfully implementation of project requirements										
Task Step 8: Formalize INTERACT principles and implementation plan										
Task Step 9: Clinical Governance Committee approval of INTERACT principles and implementation plan										
Task Step 10: 2.b.vii Education & Training program and communication plan implemented at each PPS SNF										
Task Step 11: Establish a system to monitor nursing home to hospital transfer rate										
Task Step 12: Initiate data collection, aggregate data from partners and review gaps in data collection										
Task Step 13: Analyze data against commitments in accordance with monitoring procedures and schedule										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 14: Report baseline data from the partner SNFs to determine current nursing home to hospital transfer volume to key project stakeholders										
Task Step 15: Analyze data to determine baseline transfer rate										
Task Step 16: Collect monthly reports in transfers from the SNF										
Task Step 17: Create Quarterly Report Narrative to be submitted to the DOH on a quarterly basis										
Task Step 18: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 19: Collect and maintain, in a centralized location, all pertinent project artifacts such as the quarterly report narrative demonstrating successful implementation of project requirements										
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	0	0	0	0	0	10	25	46	46	46
Task Step 1: Identify SNF Facility Champion Role Description										
Task Step 2; Role description defined, standardized, and approved by Project Committee, Project Leads and Workforce										
Task Step 3: Contract with SNF Partners within our PPS										
Task Step 4: Role description of facility champion communicated to each PPS SNF										
Task Step 5; Facility champion identified by each SNF and provided to SCC, including CV outlining experience with INTERACT principles										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as role description of the facility champion, CV (explaining experience with INTERACT principles), contract, individual trained INTERACT principles identified										
Milestone #3 Implement care pathways and other clinical tools for monitoring										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.										
Task Step 1: Engage key project stakeholders in developing a plan to identify care pathways, clinical tool (s) to monitor chronically ill patients, and a tool to identify patients at highest risk for readmission leveraging INTERACT principles										
Task Step 2: Evaluate the use of care pathways and clinical tools at participating SNFs										
Task Step 3: Engage the Workforce Project Lead, Project Leads, and Project Committee to incorporate care pathways and clinical tools into the education and training program for INTERACT										
Task Step 4: Develop interventions aimed at avoiding hospital transfer including the development of escalation strategies, strategic plan for monitoring of chronically ill patients, and implementation plan with the Project Committee.										
Task Step 5: Standardize training materials, including written training materials, and have them approved by Project Committee										
Task Step 6: Schedule training sessions with PPS contracted/engaged SNF staff										
Task Step 7: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of care pathway and clinical tool methodology, documented strategic plan for monitoring of chronically ill patients and hospital avoidance, implementation plan, written training materials, list of training dates along with number of staff trained										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Training program for all SNF staff established encompassing care pathways and INTERACT principles.	0	0	0	0	0	10	25	46	46	46
Task Step 1: Develop a training program for SNF staff, including the SNF Medical Director, encompassing care pathways and INTERACT principles with Project Leads, Project Committee and Workforce Lead										
Task Step 2: Include written training materials and define INTERACT trainer's scope of work and role definition										
Task Step 3: Engage the Cultural Competency and Health Literacy Workgroup to include these components in the training and education program										
Task Step 4: Finalize and approve training, education and written training materials by the Project Committee and hire INTERACT trainers										
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF, and monitoring and reporting program to key stakeholders										
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Step 1: Incorporate Advance Care Planning tools into the project using MOLST (as evidenced by policies and procedures)										
Task Step 2: Identify and standardize Advance Care Planning tool using MOLST										
Task Step 3: Formalize principles and obtain approval of MOLST by the Project Committee and Clinical Committee										
Task Step 4: Incorporate MOLST into the education and training program to implement at SNFs										
Task Step 5: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and metrics are met										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of tool(s)/toolkit materials										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	0	0	0	0	0	10	25	46	46	46
Task Step 1: Create INTERACT coaching program in concert with INTERACT training program, ensure written training materials are developed										
Task Step 2: Incorporate and develop written training materials into the education & training program with the Project Leads, Project Committee and Workforce Lead										
Task Step 3: Identify, recruit, and train coaches from engaged SNFs within the PPS										
Task Step 4: Finalize and approve training, education, and written training materials by the Project Committee										
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of written training materials, list of training dates, along with number of staff trained										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT principles.										
Task Step 1: Engage the Directors of Nursing Workgroup to create INTERACT handout/pamphlet for patients, families, and caretakers with the assistance of the Project Leads and Project Committee										
Task Step 2: Incorporate into INTERACT training program and										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
schedule ways to educate the families and caretakers from the provider perspective										
Task Step 3: Collect and maintain education materials that include formats that address health literacy and language concerns										
Task Step 4: Engage Cultural Competency and Health Literacy Workgroup Advisory Board to review and approve materials										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of patient/family education methodology, and patient/family education materials										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										
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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	7	7	7
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	38	38	38
Task Step 1: Practitioner Engagement Team to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 3: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 4: Conduct assessment of Engaged/Contracted partners' EMR for Meaningful Use and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.).										
Task Step 5: Create best practice examples around advantages of										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
RHIO participation and how patient RHIO "agree" or "deny" status can be obtained.										
Task Step 6: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 7: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 8: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 9: Develop written training materials on secure messaging,										
Task Step 10: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 11: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 12: Initiate roll-out to Contracted partners to be engaged in milestone to include training (to include, 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 Step 13: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 14: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Step 1: Engage Clinical Committee to participate and act as the Quality Improvement Committee and ensure that is representative of the PPS staff involved in quality improvement processes and other stakeholders, especially the Director's of Nursing										
Task Step 2: Document attendees from respective organization and staff title in the directory										
Task Step 3: Clinical Committee identifies opportunities for quality improvement using rapid cycle and root cause analysis improvement methodologies										
Task Step 4: Create quality improvement action plans and evaluate results of quality improvement initiatives as necessary										
Task Step 5: Develop implementation reports from quality improvement results and present them at recurring Project 2.b.vii Committee & Clinical Committee Meetings										
Task Step 6: Record meeting minutes from Clinical Committee Meetings										
Task Step 7: Evaluate and create action plans based on key quality metrics, to include applicable metrics in Attachment J										
Task Step 8: Report service and quality outcome measures to all stakeholders via newsletters, website URLs										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts including quality committee membership list with indication of organization represented and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
staff category, if applicable, Quality improvement plans; Root cause analysis; Implementation Reports; Implementation results; Meeting minutes, Meeting minutes; Clinical quality improvement action plan; Follow-up evaluation of action plans, Website URLs with published reports; Newsletters; Documentation demonstrating quality outcomes										
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.										
Task Step 3: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 4: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 5: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 6: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
applications. (Note: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 7: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 8: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.										
Task INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	46	46	46	46	46	46	46	46	46	46
Task INTERACT 3.0 Toolkit used at each SNF.	46	46	46	46	46	46	46	46	46	46
Task Step 1: Administer baseline assessment to SNFs to determine gap toward INTERACT implementation										
Task Step 2: Determine implementation schedule to roll out program starting with SNF's at highest degree of readiness										
Task Step 3: Execute the PPS participation agreements										
Task Step 4: Develop training and communication plan										
Task Step 5: Develop monitoring procedures and schedule										
Task Step 6: Identify INTERACT 4.0 Toolkit principles and implementation plan										
Task Step 7: Create process for quarterly report narrative demonstrating successfully implementation of project requirements										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 8: Formalize INTERACT principles and implementation plan										
Task Step 9: Clinical Governance Committee approval of INTERACT principles and implementation plan										
Task Step 10: 2.b.vii Education & Training program and communication plan implemented at each PPS SNF										
Task Step 11: Establish a system to monitor nursing home to hospital transfer rate										
Task Step 12: Initiate data collection, aggregate data from partners and review gaps in data collection										
Task Step 13: Analyze data against commitments in accordance with monitoring procedures and schedule										
Task Step 14: Report baseline data from the partner SNFs to determine current nursing home to hospital transfer volume to key project stakeholders										
Task Step 15: Analyze data to determine baseline transfer rate										
Task Step 16: Collect monthly reports in transfers from the SNF										
Task Step 17: Create Quarterly Report Narrative to be submitted to the DOH on a quarterly basis										
Task Step 18: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 19: Collect and maintain, in a centralized location, all pertinent project artifacts such as the quarterly report narrative demonstrating successful implementation of project requirements										
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	46	46	46	46	46	46	46	46	46	46
Task Step 1: Identify SNF Facility Champion Role Description										
Task Step 2; Role description defined, standardized, and approved by										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Project Committee, Project Leads and Workforce										
Task Step 3: Contract with SNF Partners within our PPS										
Task Step 4: Role description of facility champion communicated to each PPS SNF										
Task Step 5; Facility champion identified by each SNF and provided to SCC, including CV outlining experience with INTERACT principles										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as role description of the facility champion, CV (explaining experience with INTERACT principles), contract, individual trained INTERACT principles identified										
Milestone #3 Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.										
Task Step 1: Engage key project stakeholders in developing a plan to identify care pathways, clinical tool (s) to monitor chronically ill patients, and a tool to identify patients at highest risk for readmission leveraging INTERACT principles										
Task Step 2: Evaluate the use of care pathways and clinical tools at participating SNFs										
Task Step 3: Engage the Workforce Project Lead, Project Leads, and Project Committee to incorporate care pathways and clinical tools into the education and training program for INTERACT										
Task Step 4: Develop interventions aimed at avoiding hospital transfer including the development of escalation strategies, strategic plan for monitoring of chronically ill patients, and implementation plan with the Project Committee.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 5: Standardize training materials, including written training materials, and have them approved by Project Committee										
Task Step 6: Schedule training sessions with PPS contracted/engaged SNF staff										
Task Step 7: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of care pathway and clinical tool methodology, documented strategic plan for monitoring of chronically ill patients and hospital avoidance, implementation plan, written training materials, list of training dates along with number of staff trained										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	46	46	46	46	46	46	46	46	46	46
Task Step 1: Develop a training program for SNF staff, including the SNF Medical Director, encompassing care pathways and INTERACT principles with Project Leads, Project Committee and Workforce Lead										
Task Step 2: Include written training materials and define INTERACT trainer's scope of work and role definition										
Task Step 3: Engage the Cultural Competency and Health Literacy Workgroup to include these components in the training and education program										
Task Step 4: Finalize and approve training, education and written training materials by the Project Committee and hire INTERACT trainers										
Task Step 5: Determine necessary frequency of staff training, establish training dates, host training sessions and keep record of training dates with number of staff trained at each SNF, and monitoring and reporting program to key stakeholders										
Milestone #5 Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Step 1: Incorporate Advance Care Planning tools into the project using MOLST (as evidenced by policies and procedures)										
Task Step 2: Identify and standardize Advance Care Planning tool using MOLST										
Task Step 3: Formalize principles and obtain approval of MOLST by the Project Committee and Clinical Committee										
Task Step 4: Incorporate MOLST into the education and training program to implement at SNFs										
Task Step 5: Engage Director of Nursing Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of tool(s)/toolkit materials										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	46	46	46	46	46	46	46	46	46	46
Task Step 1: Create INTERACT coaching program in concert with INTERACT training program, ensure written training materials are developed										
Task Step 2: Incorporate and develop written training materials into the education & training program with the Project Leads, Project Committee and Workforce Lead										
Task Step 3: Identify, recruit, and train coaches from engaged SNFs within the PPS										
Task Step 4: Finalize and approve training, education, and written training materials by the Project Committee										
Task Step 5: Determine necessary frequency of staff training, establish										

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training dates, host training sessions and keep record of training dates with number of staff trained at each SNF										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of written training materials, list of training dates, along with number of staff trained										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT principles.										
Task Step 1: Engage the Directors of Nursing Workgroup to create INTERACT handout/pamphlet for patients, families, and caretakers with the assistance of the Project Leads and Project Committee										
Task Step 2: Incorporate into INTERACT training program and schedule ways to educate the families and caretakers from the provider perspective										
Task Step 3: Collect and maintain education materials that include formats that address health literacy and language concerns										
Task Step 4: Engage Cultural Competency and Health Literacy Workgroup Advisory Board to review and approve materials										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as evidence of patient/family education methodology, and patient/family education materials										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										
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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	7	7	7	7	7	7	7	7	7	7
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	38	38	38	38	38	38	38	38	38	38
Task Step 1: Practitioner Engagement Team to support development										

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and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 3: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 4: Conduct assessment of Engaged/Contracted partners' EMR for Meaningful Use and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.).										
Task Step 5: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained.										
Task Step 6: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 7: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 8: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging (if applicable).										
Task Step 9: Develop written training materials on secure messaging,										
Task Step 10: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 11: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 12: Initiate roll-out to Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
direct exchange, secure messaging, alerts and patient record look up).										
Task Step 13: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 14: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Task Step 1: Engage Clinical Committee to participate and act as the Quality Improvement Committee and ensure that is representative of the PPS staff involved in quality improvement processes and other stakeholders, especially the Director's of Nursing										
Task Step 2: Document attendees from respective organization and staff title in the directory										
Task Step 3: Clinical Committee identifies opportunities for quality improvement using rapid cycle and root cause analysis improvement methodologies										
Task Step 4: Create quality improvement action plans and evaluate										

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results of quality improvement initiatives as necessary										
Task Step 5: Develop implementation reports from quality improvement results and present them at recurring Project 2.b.vii Committee & Clinical Committee Meetings										
Task Step 6: Record meeting minutes from Clinical Committee Meetings										
Task Step 7: Evaluate and create action plans based on key quality metrics, to include applicable metrics in Attachment J										
Task Step 8: Report service and quality outcome measures to all stakeholders via newsletters, website URLs										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts including quality committee membership list with indication of organization represented and staff category, if applicable, Quality improvement plans; Root cause analysis; Implementation Reports; Implementation results; Meeting minutes, Meeting minutes; Clinical quality improvement action plan; Follow-up evaluation of action plans, Website URLs with published reports; Newsletters; Documentation demonstrating quality outcomes										
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.										
Task Step 3: Iteratively develop, test and deploy Enterprise Data										

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Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 4: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Note: This task is dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 5: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 6: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Note: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 7: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 8: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources	General Program Narrative:

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
available at http://interact2.net.	The Suffolk Care Collaborative currently represents 42 engaged Skilled-Nursing facilities (SNF) partnerships who've identified facility champions to engage INTERACT program implementations across the county. The patient engagement metrics and definition was a major focus area for the INTERACT Project throughout the months of July and August. We initiated a data request from key SNF stakeholders who've already implemented INTERACT to forecast patient engagement metrics for the quarterly report due October 31st, 2015. On August 14th, the Suffolk Care Collaborative hosted a webinar outlining Domain 1 Patient Engagement data requests for PPS partners. The Project 2.b.vii Workgroup, comprised of engaged SNF Directors of Nursing continued to meet on a monthly basis, planning for the INTERACT training program. The Suffolk Care Collaborative engaged INTERACT T.E.A.M Strategies, LLC, an organization with a history of successful high-quality training to the long-term care industry using the INTERACT™ quality improvement program.
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	
Implement care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT principles.	
Implement Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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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	
Milestone #10	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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Project 2.b.ix – Implementation of observational programs in hospitals

IPQR Module 2.b.ix.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.

INFRASTRUCTURE CHALLENGES: 1) Ability to implement best practices across the PPS. 2) Limited communication across diverse providers.
INFRASTRUCTURE REMEDIES: 1) The PPS will leverage existing processes that have proven to be effective as well as focusing on staff/physician training to ensure best practices are being utilized. Additionally, a performance management process within the Quality Assurance program will be developed to monitor the admitting process and look for ways to improve. 2) Through it's IT strategy, the PPS will optimize use of EHR and the RHIO to provide for better communication between hospital and PCP or SNF or Intermediate Care Facility will create better communication linkages across the PPS. To mitigate any potential risks with the development of the IT infrastructure, the PPS will work closely and continuously with the IT vendor as well as develop short-term contingency strategies for project implementation should the overall development be delayed.

PROVIDER CHALLENGES: 1) Significant variation between hospitals for definition of OBS status 2) Facilities where even a "virtual" OBS unit can create issues with staffing and economies of scale due to their low volume of admissions. 3) Limited access to primary care visits, particularly in underserved areas. 4) The need for effective communication with a population with limited health literacy. 5) Overall provider participation.
PROVIDER REMEDIES: 1) The PPS will establish protocols for identifying patients who qualify as OBS utilizing an IT system for decision-making for OBS status admission. To manage resources participating PPS providers will 2) Share best practices in the effective use of existing resources, including redeployed staff from other functions and 3) Increase primary care capacity through support by safety net PPS PCPs such as Hudson River Health. Additional PCP access will be available as practices become more efficient through implementation of PCMH/Advanced Medical Home. 4) The PPS will emphasize staff training on cultural competency, translate patient education materials and ensure 5th grade reading level. The PPS will emphasize a transition to value-based provider payments to more properly align financial incentives with the clinical goals of the DSRIP program. Finally, the Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

PATIENT CHALLENGES: 1) Challenging socio-economic barriers and disparities in care. 2) Potential patient "no-shows" for post discharge appointments. 3) Issues with transportation that may delay an effective discharge.
PATIENT REMEDIES: 1) Multidisciplinary teaming that includes a Social Worker from the time of admission can address these issues. 2) Link into an effective PPS 30-day TOC process. The PPS will leverage the relationship with Health Homes and with FQHCs who care for a significant volume of these patients. 3) Expansion of Suffolk County Accessible Transportation, help streamline the process to arrange transportation assistance to make it more accessible to the patients.

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IPQR Module 2.b.ix.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	8,866

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
703	1,370	154.63%	-484	15.45%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030105152_SCC Observation (2.b.ix) D1Q2.xlsx	Roster for engaged members for (2.b.ix) Observation	10/30/2015 10:52 AM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

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the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Observation units established in proximity to PPS' ED departments.	Provider	Hospital	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Care coordination is in place for patients routed outside of ED or OBS services.	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: Project Manager assigned to DSRIP project	Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 3: Project Lead assigned to DSRIP Project	Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup	Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC									
Task Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals	Project		Completed	07/01/2015	09/15/2015	07/01/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners	Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)	Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals	Project		Completed	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
criteria.									
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with proposed plans outlined in the Suffolk PPS Project Plan Application)	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 23: Scope of work at each Hospital Partner determined	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 29: Observation units established in proximity to PPS' ED	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
departments.									
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH	Project		In Progress	09/30/2017	09/30/2017	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.	Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units	Project		In Progress	03/31/2016	09/30/2017	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Create clinical and financial model to support the need for the unit.	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols	Provider	Hospital	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling	Project		In Progress	09/30/2015	11/30/2015	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit	Project		In Progress	11/30/2015	02/28/2016	11/30/2015	02/28/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project	Project		In Progress	02/28/2016	06/30/2016	02/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.	Project		In Progress	02/28/2016	06/30/2016	02/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals	Project		In Progress	06/30/2016	09/30/2017	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.	Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).	Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays									
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.	Project		In Progress	09/30/2015	06/30/2016	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval	Project		In Progress	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model									
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Implementation Schedule for each Hospital finalized	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Training initiated at each Hospital for the Care Coordination Model	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	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 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 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	Provider	Safety Net Practitioner -	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Primary Care Provider (PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.	Project		Completed	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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 Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop written training materials on secure messaging	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners	Project		In Progress	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Project		In Progress	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
DIRECT secure email transactions).									
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 Step 1: Identify methodology for SCC Patient Engagement definition	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		Completed	06/01/2015	07/01/2015	06/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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 Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/15/2015	03/31/2017	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Patient scorecards are available for authorized/permissioned users.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
coordination must still be provided.										
Task Observation units established in proximity to PPS' ED departments.	0	0	0	0	0	0	0	2	5	12
Task Care coordination is in place for patients routed outside of ED or OBS services.										
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup										
Task Step 2: Project Manager assigned to DSRIP project										
Task Step 3: Project Lead assigned to DSRIP Project										
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup										
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup										
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager										
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee										
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC										
Task Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals										
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule										
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status										
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements										
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners										
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)										
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals										
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities										
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.										
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with proposed plans outlined in the Suffolk PPS Project Plan Application)										
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)										
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work										
Task Step 23: Scope of work at each Hospital Partner determined										
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
(EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.										
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)										
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase										
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners										
Task Step 29: Observation units established in proximity to PPS' ED departments.										
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH										
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.										
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units										
Milestone #2 Create clinical and financial model to support the need for the unit.										
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements	0	0	0	0	0	2	5	12	12	12

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
- services definition - admission protocols - discharge protocols - inpatient transfer protocols										
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling										
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit										
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project										
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.										
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals										
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.										
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.										
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.										
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.										
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays										
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.										
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed										
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model										
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)										
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.										
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval										
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types										
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model										
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated										
Task Step 15: Implementation Schedule for each Hospital finalized										
Task Step 16: Training initiated at each Hospital for the Care Coordination Model										
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project										
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
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 Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	7	8	9
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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 Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
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 Step 1: Identify methodology for SCC Patient Engagement definition										
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)										
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications										
Task Step 4: Hospital-partner-level timeline organized to engage in										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
data collection for patient engagement metrics tracking system										
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.										
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying 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

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 13: Patient scorecards are available for authorized/permissioned users.										
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project 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 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.										
Task Observation units established in proximity to PPS' ED departments.	12	12	12	12	12	12	12	12	12	12
Task Care coordination is in place for patients routed outside of ED or OBS services.										
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup										
Task Step 2: Project Manager assigned to DSRIP project										
Task Step 3: Project Lead assigned to DSRIP Project										
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup										
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup										
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager										
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee										
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC										

New York State Department Of Health
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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals										
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule										
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status										
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements										
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project										
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners										
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)										
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals										
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities										
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.										
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with proposed plans outlined in the Suffolk PPS Project Plan Application)										
Task Step 21: Finalize Implementation Schedule at Partner Hospitals										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
(dependent on executed contract for funds flow)										
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work										
Task Step 23: Scope of work at each Hospital Partner determined										
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.										
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)										
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase										
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners										
Task Step 29: Observation units established in proximity to PPS' ED departments.										
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to										

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
NYS DOH										
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.										
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units										
Milestone #2 Create clinical and financial model to support the need for the unit.										
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols	12	12	12	12	12	12	12	12	12	12
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling										
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit										
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project										
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.										
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals										
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.										
Task Standard 30-day care coordination services for safe discharge to										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 or step-down level are implemented and specifically fitted to short-stay situations.										
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.										
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.										
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).										
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays										
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.										
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed										
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model										
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
health care services.)										
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.										
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval										
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model										
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types										
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model										
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated										
Task Step 15: Implementation Schedule for each Hospital finalized										
Task Step 16: Training initiated at each Hospital for the Care Coordination Model										
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project										
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	9	9	9	9	9	9	9	9	9	9
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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 Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #5 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 Step 1: Identify methodology for SCC Patient Engagement definition										
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)										
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications										
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system										
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.										
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 13: Patient scorecards are available for authorized/permissioned users.										
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.										

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 appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	General Program Narrative: All Suffolk County hospitals participated in a Project OBS & TOC Hospital Workgroup, meeting at North Shore LIJ Southside Hospital. The goal of the SCC PMO was to educate the group on the roles of the PMO, key project stakeholders and stakeholder groups, outline and review the project objectives and deliverables, provide a summary of the web-based baseline survey results, and link the survey results to the project requirements. The meeting also included a think tank exercise with the following questions: - How has your organization worked with specific social service or care management agencies within your Care Transitions processes?

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	- Who are the social service or care management agencies engaged in your TOC processes? - How has your hospital used technology to support care coordination of Hospital Observation patients to ensure care coordination is in place? - Has your hospital leveraged any evidence-based care transition interventions? - Example: The Transitional Care Model (TCM), Project BOOST, Re-engineered Discharge (RED), Milliman Care Guidelines. - If yes, what are any lessons learned in building such protocols/interventions? - Hospitals must outline a clinical and financial model demonstrating the need for the Hospital Observation Unit. This may include: Number of beds, staffing requirements, services definitions, admission protocols, discharge protocols and inpatient transfer protocols, are there any other elements to consider modeling? The PMO has collected a thorough set of information from each hospital. In the upcoming months, we'll be focusing on developing key implementation specifications, to include implementation schedule. Initiation is currently dependent on executed participation agreements with each hospital.
Create clinical and financial model to support the need for the unit.	
Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	
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 Direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

Milestone Review Status

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

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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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.

The difficulty of activating and engaging the UI, LU and NU populations cannot be underestimated. It will require extensive coordination and communication across the system, dedication to all aspects of "case-finding", assessment, triage and case management, and ensuring that financially accessible primary care is available across the county. The actions taken to mitigate these risks will be as follows:

Case-finding Issue: The targeted population is difficulty to locate and build relationships with, which could result in difficulty engaging them in PAM.
Case-finding Risk Mitigation: Navigator-coaches will be recruited from and deployed to sites in hot-spots. They will be trained in outreach and PAM, and will have educational materials that are designed to address and improve health literacy. A special focus will be dedicated toward navigator-coaches developing relationships with CBOs in order to connect with patients in a more timely and sustainable manner. Additionally, all PPS partners will be engaged in identifying UI, LU and NU individuals, and linking them to navigators and/or case managers. Navigator-coaches, case managers and primary care staff will be trained in the use of PAM and the appropriate follow-up for individuals based on their PAM score.

Case management Issue: Current case management is siloed at the hospitals, CBOs and other PPS partners.
Case Management Risk Mitigation: Creating an overarching case management infrastructure will better equip the PPS to ensure such services are provided in an integrated fashion to individuals regardless of where they "touch" the system, and that resources are deployed to the venues where they are most needed. The PPS IT infrastructure is being developed to include a care management documentation tool that will enable the CM workforce to manage their patients in a timely and clinically appropriate fashion.

Provider Engagement Issue: Lack of participation and outreach from the necessary amount of providers
Provider Engagement Risk Mitigation: The PPS will need to engage PCPs across the county. Where gaps exist, the PPS will recruit practitioners and place them in those communities with a special focus placed on appropriately staffing ""hotspot"" communities. This will be done collaboratively with clinics, health centers and existing practices. To ensure that communication is maximized across the system, all partners will be linked electronically. The PPS will work toward connecting all providers through the RHIO, but will also develop a robust provider communication plan that allows the PPS provider network to provide input, insights and shared experiences to the appropriate stake holders (peers, administration, etc.). Regular meetings among CBOs, PCPs and case management will occur. Finally, the formation of a PPS wide MCO Relations team will utilize the provider feedback to better structure value-based provider payment methodologies to ensure that providers are being financially compensated for DSRIP participation.

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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
DY4,Q4	45,426

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	5,285	116.36%	-743	11.63%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
slin2	PAM Documentation	16_null_1_2_20151022143101_SCC Project 2di Survey Data Report DY1Q2.xlsx	2di Survey Data Report	10/22/2015 02:31 PM

Narrative Text :

SOURCE "Insignia Flourish"

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
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	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project implementation plan design series calls	Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project	Project		Completed	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders	Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Confirm adequate representation on project stakeholder groups for initial pilot program	Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 2D1 project plan	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders	Project		Completed	04/01/2015	08/01/2015	04/01/2015	08/01/2015	09/30/2015	DY1 Q2
Task Step 7: Create baseline assessment for CBO to identify key CBO partnerships to engage target populations using PAM® and other patient activation techniques.	Project		Completed	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1
Task Step 8: Initiate baseline assessment with key CBO partners	Project		Completed	04/01/2015	07/01/2015	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 9: Aggregate baseline data and evaluation against project	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements									
Task Step 10: Identify CBO Partners to be engaged in project 2.d.i pilot program	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 11: Schedule weekly project 2.d.i workgroup meetings to plan day 1 of pilot program operations	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 12: Develop pilot program scope of work outline	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 13: Request and collect CBO partner budgets, surveys targets and proposals	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 14: Aggregate CBO partner proposals and engage SCC Executive Director, Project Lead, Director of PMO and Project Analyst to determine CBO patient activation program addendum to the SCC coalition partner participation agreement	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 15: Execute CBO agreement with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 16: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program Survey Encounter Decision Tree and list of locations and CBO partners in county to host Community Health Navigators to perform surveys.	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 17: Collaborate with engaged/contracted CBO partners to determine regional Suffolk County strategy and "hot spotting" for engagement efforts.	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 18: Announce initial pilot program. Initiate reporting, monitoring procedures by Project 2di Project Workgroup to ensure that engagement is sufficient and appropriate.	Project		Completed	08/01/2015	08/31/2015	08/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 19: Initiate collaboration with SCC project 2.d.i. workgroup and committee to identify contract and development pilot program by on-boarding additional "locations" and CBO partnerships	Project		In Progress	08/01/2015	01/01/2018	08/01/2015	01/01/2018	03/31/2018	DY3 Q4

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Task Step 20: Update SCC CBO directory with newly on-boarded program partners	Project		In Progress	08/01/2015	01/01/2018	08/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task Step 21: Ongoing monitoring by Project 2di Project Workgroup of program development on current and future engagement metrics to ensure project requirements are continuously met and oversight to ensure engagements are appropriate	Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 Q4
Task Step 22: Repeat steps 13-21 with each newly contracted/engaged CBO partner	Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 Q4
Task Step 23: Estalish appropriate quarterly reporting template for 2di for NYS DOH reporting. Including MOUs, contracts, letters of agreement or other partnership documentation.	Project		In Progress	08/01/2015	01/31/2018	08/01/2015	01/31/2018	03/31/2018	DY3 Q4
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
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 Step 1: Engage Insignia to execute license agreement for PAM	Project		Completed	04/01/2015	07/15/2015	04/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Step 2: Identify initial set of staff from CBO engaged partner pilot to establish PAM training team ("Trainers")	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage PPS Workforce Project Lead in training design	Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Develop and engage Insignia representative to organize PAM written training materials to be consolidated into Project 2.d.i education/training handbook	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Engage Cultural Competency and Health Literacy Project Lead for material review	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 6: Approval of training materials by Project 2di Workgroup	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 7: Determine necessary frequency of training, include	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2

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training requirements and expectations in partnership agreements with CBO									
Task Step 8: Develop PPS-wide Project 2di Training Attestation to document training for monitoring by Project 2di Project Workgroup	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 9: Initiate training program and oversight, collect name and roles of team staff who are trained in PAM (maintain in Project 2di Trained Staff Directory)	Project		Completed	04/01/2015	01/01/2016	04/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 10: Engage Project 2di Project Workgroup to continuously monitor training in accordance with SCC workforce objectives. Collect names and roles of team staff trained in PAM® or other patient activation methods; Copy of training materials and trainers.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	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 Step 1: Engage key project stakeholders to initiate "hot spot" analytics and determine data sources available to support Community Outreach/Navigation Program Development	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage SCC biomedical informatics team to develop hot-spot mapping to support strategy for contracted/engaged CBO's and their respective trained Community Health Workers for fieldwork. Consider output of "hot spot" analytics in the "locations" strategy of CBO Community Health Worker's survey.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Share maps with engaged/contracted CBO to collaborate on identify specific "locations" where our program can be delivered with these "hot spot" areas (e.g.. Food pantries, Shelters)	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Create outreach plan for CBO strategy in each "hot spot"	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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location. To include mechanism to track and quantify outreach at these locations.									
Task Step 5: Contract with CBO's to perform outreach within the identified "hot spot" areas	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Develop master Project 2di PAM outreach locations and calendar for community engagement of targeted populations.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Assure "locations" which are identified for outreach are incorporated into the "Appendix" of the Project 2di CBO Participation Agreement for Project 2.d.i Patient Activation Measures	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Engage Community Engagement key stakeholders to support grass-roots efforts in "hot spot" locations. To include opportunities for PAM outreach at specific community events and forums.	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Initiate recurring strategy sessions of the Project 2di Project Workgroup to continue to evaluate, determine new locations and monitor programs based on "hot spot" mapping strategy	Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Engage Project 2di Project Workgroup to monitor outreach at designated locations, collect recurring reports demonstrating strategy by engaged/contracted CBOs. Collect "Hot spot" map delineated by UI, NU, LU types; Evidence of CBO outreach within appropriate "hot spot" areas; Outreach lists for UI, NU, and LU populations.	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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify a SCC Community Engagement Lead	Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 2: Orient Community Engagement Project Lead to Project	Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2

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2di requirements, program objectives and all key internal and external project stakeholders									
Task Step 3: Project 2di Community Engagement opportunities are brainstormed. List of community events and CBO partners engagement opportunities is developed	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Community Engagement opportunities are added to the outreach locations and calendar for Project 2di. Program agenda, marketing and promotional plan, speakers options are organized.	Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Other information-gathering mechanisms are brainstormed with Project 2di Workgroup and Community Engagement Project Stakeholders	Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 4: Survey tool is developed to understand healthcare needs in Suffolk County. Other ways to obtain data about the health care needs of Suffolk County is considered.	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Cultural Competency & Health Literacy Advisory Group is engaged in milestone and review of survey tool	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Initiate surveys (or other options to collect data) and begin aggregating data and maintain data base of responses. Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Present data to Project 2di Committee and other key project stakeholders	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Engage Project 2di Project Workgroup to collect and monitor list of community forums held, detailing locations, agenda, and presenters; Documentation surveys or other information- gathering techniques	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	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	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task	Project		In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2

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PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".									
Task Step 1: Engage Project 2di Workgroup, key internal project stakeholders to coordinate plan to develop written training materials and techniques	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage Insignia representative to collect PAM Tool training materials	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Training Materials developed for PAM survey outrach activities for community engagement, includes other training components such as motivational interviewing and other social work techniques, soft skills, PAM survey scripts/talking-points and a PAM survey Decision Tree	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Training Materials, Agenda and program designed is shared with Cultural Competency & Health Literacy Advisory Group, Project 2di Workgroup and Committee, Key internal and external project stakeholders for review and comment.	Project		In Progress	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Trainees identified in "hot spot" areas by Project Manager, Project Lead and Contracted/Engaged CBO partners.	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 6: Identify Project 2di PAM Trainers from SCC CBO engagement to support training of additional PAM providers. Project Manager to support coordination of training sessions.	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 7: Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. Use Project 2di Training Attestation to document training.	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Project Manager to engage with Trainers following training sessions to collect lessons learned, risks, risk mitigation strategies and additional feedback to continue to support program developments.	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 9: Project Manager to collect and maintain list of PPS providers trained in PAM®; Training dates; Written training	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
materials									
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	03/31/2016	03/31/2017	03/31/2016	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	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage VBP Team to orient on Project 2di Project Requirement and Objective to engage partnering MCO's within the program. Purpose to engage MCO's into Project 2di Community Navigation Program.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Develop scope of work for MCO integration into program	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Partnership and arrangements organized with partnering MCO's for Project 2di. This shall include 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	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Obtain list of PCPs assigned to NU and LU enrollees from engaged MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 5: Initiate discussions with engaged MCOs and key PPS PCPs partners 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		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Engaged CBO's engaged and oriented to new 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	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Engage Practitioner Engagement Project Lead to review procedures and design. PCP communication and engagement plan for procedures are developed and promoted.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Appropriate consent is in place for new procedures. Including Information-exchange agreements between PPS and MCO	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect documented procedures and protocols, Information-exchange agreements between PPS and MCO for SCC records	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	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	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
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	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Operationalize process for setting baselines and intervals towards improvement for each PAM activation level. Baselines and intervals towards improvement set for each cohort	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2

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at the beginning of each performance period.									
Task Step 2: Engage key project stakeholders to identify method developed by state for baselining each beneficiary cohort	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 3: Agreement of method for data collection of baseline for each cohort and appropriate intake intervals towards improvement	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Identify workflow and plan to set baseline for each beneficiary cohort.	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 5: Prepare baseline, periodic and annual cohort reporting calendar	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 6: Educate key project stakeholders for baseline metric reporting	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 7: Project 2di Project Workgroup to monitor monthly engaged stakeholders for baseline and interval metric reporting for periodic and annual reports	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Collect and maintian baseline, periodic and annual PAM® cohort reports and communicate results via presentations to key project stakeholders	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
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 Step 1: Engage Project 2di workgroup to develop Community Navagation Program for post-PAM operations to include the promotion of preventive care and community-based resources.	Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: identify beneficiaries in development team to organize the Project 2di Community Navigation Program to promote preventive care. Beneficiaries to be used as a resource in program development and awareness efforts, communication	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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efforts, health literacy efforts.									
Task Step 3: Document participation of beneficiaries in program development. Utilize creative engagement opportunities such as focus groups. Document participate of beneficiaries in awareness efforts.	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Collect & Maintain list of contributing patient members participating in program development and on-going awareness efforts	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
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	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
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 Step 1: Engage Project 2di Workgroup to organize the Project 2di PAM Tool Performance Measurement Program	Project		In Progress	03/31/2016	05/01/2016	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 2: Ensure Project 2di PAM Tool Performance Measurement Program includes how to operationalize the PAM Tool. Including: screening 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® survey and designate a PAM® score.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Ensure Project 2di PAM Tool Performance Measurement Program highlights how member's score must be averaged to calculate a baseline measure for that year's cohort.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Identify a method with Insignia to follow cohorts for the entirety of the DSRIP program. To include determining specifications for unique identifiers.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Following the initiation of the PAM pilot program, initiate a calendar to follow cohorts annually.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6: Develop program procedures for training whereby on an annual basis, assess individual members' and each cohort's	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1

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level of engagement, with the goal of moving beneficiaries to a higher level of activation.									
Task Step 7: Engage partnering MCOs to develop procedures for determining 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.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Project Manager to organize method to provide the current contact information to the beneficiary's MCO for outreach purposes.	Project		In Progress	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Project Managers to provide member engagement lists to engaged/relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	Project		In Progress	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 10: Performance measurement reports established, including but not limited to: Number of patients screened, by engagement level, Number of clinicians trained in PAM® 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	Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 11: Collect output of the Project 2di PAM Tool Performance Measurement Program, to include, performance measurement reports and presentations; Annual reports; Member engagement lists, by PAM® cohort	Project		In Progress	01/01/2017	03/31/2018	01/01/2017	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	06/01/2015	09/30/2018	06/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Volume of non-emergent visits for UI, NU, and LU populations	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2

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increased.									
Task Step 1: Engage Project 2di Workgroup to brainstorm the Project 2di Community Navigator Program	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage key primary, behavioral and dental care providers in Community Navigation Program, to include planning the handoffs for individuals surveyed, through Wellness Coaching then navigated to a community-based resource	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Track the number of referrals made by PAM Providers into the Community Navigation Program (as new PAM Providers are on-boarded the number of referrals are expected to increase)	Project		In Progress	08/01/2015	09/30/2018	08/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 4: Determine how SCC and Health Home care management staff will be involved in the patient activation process.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Engage Project 2di Workgroup to monitor the referrals made across the County for individuals who receive the PAM survey, receive Wellness Coaching though the CBO partnership and then receive a handoff/referral into the Community Navigation Program.	Project		In Progress	08/01/2015	09/30/2018	08/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 6: Engage SCC biomedical informatics key project stakeholders to monitor the ED usage of these cohorts. Monitor the usage of non-emergent care by the captive cohort.	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Enage SCC biomedical informatics team to develop a baseline of non-emergent volume. Develop in collaboration with the Project 2di Workgroup a method of periodic reports to demonstrating increase/trends in visits (specific to UI, NU, and LU patients)	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Project Manager to monitor, collect and report ongoing data acquisition to enhance program design and development	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare	Project	N/A	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2

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coverage, community healthcare resources (including for primary and preventive services) and patient education.									
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
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	In Progress	04/01/2015	09/30/2018	04/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program.	Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program to include a Community Navigator Program. This shall include FTE roles, responsibilities and staffing guidelines based on the project scale and speed schedule.	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: PPS to identify CBO's with an interest in partnering to develop a group of community navigators (community health workers, wellness coaches and navigators) who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Project 2di Workgroup and key project stakeholders reviews and provides feedback on the Project 2di Community Navigator Program.	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Orient potential CBO partners on the term and scope of the Project 2di CBO partnership agreements, which defines roles of Community navigators	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify communication requirements for program	Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 7: Engage Cultural Competency & Health Literacy Project Lead in program development	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Step 8: Engage SCC Workforce Project Lead in development processes.									
Task Step 9: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Determine necessary training program, including frequency of training, re-training and competency evaluations, training dates, schedule training sessions.	Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 12: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 13: PPS to collect list of training dates along with number of staff trained; Written training materials, and Project 2di Training Attestations	Project		In Progress	03/31/2016	09/30/2018	03/31/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage key project stakeholders to develop process for Medicaid recipients and project participants to report complaints and receive customer service.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Draft protocols for customer service complaints and appeals.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Determine staffing requirements and modes for customer	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
service to be engaged to support project requirement									
Task Step 4: Engage Compliance Officer to review protocols for complaints. Add protocols to SCC enterprise complaints procedures.	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Begin communicating protocols to key internal, external project stakeholders including posting to the SCC website	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Project Manager to initiate a method to monitor the effectiveness of the protocols for customer service complaints and appeals.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).	Provider	PAM(R) Providers	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners contract includes Train the Trainer responsibilities to educate future PAM providers in how to appropriately assist project beneficiaries using PAM.	Project		Completed	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: SCC to identify additional CBO partnerships and county-based resources to be engaged as Community Navigators and trained in PAM	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: PPS to organize a training strategy with engaged/Contracted CBO partners, listing a schedule, logistics and a trainer directory	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Community navigators trained in including how to appropriately assist project beneficiaries using the PAM®.	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information									
Task Step 7: PPS to collect description including the following components: the names and roles of team staff trained in PAM®, by whom they were trained, copy of training agenda materials, and team staff roles who will be engaged in patient activation	Project		In Progress	07/01/2015	03/31/2017	07/01/2015	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	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project Manager engage key project stakeholders to evaluate initial data collected with Project 2di Pilot CBO partnerships to organize Community Navigator strategy needs	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Community navigator needs and scope of work further defined. To include education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Program materials developed to promote education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. Materials are reviewed by the cultural competency & health literacy advisory group.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Project 2di Workgroup to identify key partnerships with CBO's whereby Community Navigators will be readily available to assume direct hand-offs. Will include SCC and Health Home Care managers in the partnerships.	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Community Navigators trained	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3

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Task Step 6: Contracted CBO's place Community Navigators in key locations (with high visibility) identified "hot spot" areas. Direct handoffs are operationalized based on grass-roots relationships within the contracted CBOs.	Project		In Progress	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Project Manager maintain reports from CBO partners as evidence of navigator placement by location	Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 8: Project 2di Committee monitor program logistics and data to ensure project requirements are met	Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project	N/A	In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Evaluation of PPS network yields development of resource pool for populations engaged in this project.	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Community navigator needs and scope of work further defined. To include education about insurance options and healthcare resources available to UI, NU, and LU populations.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3: Program materials developed to promote education regarding health insurance coverage. Materials are reviewed by the cultural competency & health literacy advisory group.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Engaged Community Navigators trained educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Project Manager maintain reports from CBO partners, List of navigators trained by PPS; List of the PPS trainers; Training dates; Written training materials	Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
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	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Timely access for navigator when connecting members to services.	Project		In Progress	09/30/2015	09/30/2018	09/30/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1: Project 2di Workgroup to engage CBO's in a series of planning discussions around Community Navigators access to County-based resources. Objective to ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify network of healthcare providers, and provide list to Community Navigators as resource to connect members to primary/preventive care services	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Policies and procedures for intake and/or scheduling staff to receive navigator calls	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Identify initial set of Community Navigator staff to roll-out strategy	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Train Community Navigators, initial set will be used as future "trainers"	Project		In Progress	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Regional strategy organized for engaged/contracted CBO's across the County	Project		In Progress	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Strategy is rolled out across all engaged/contracted CBO's and incorporated into on-boarding of all newly engaged/contracted CBO's and PAM Providers	Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 9: Project Manager manintain policies and procedures for intake and/or scheduling staff to receive navigator calls; director and list of provider intake staff trained by the PPS	Project		In Progress	06/30/2016	09/30/2018	06/30/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 5: Key Project Stakeholders engaged to develop program strategy outlining how the PPS will monitor and ensure timely access for navigators (eg. What data is being collected, who is reviewing, log, reporting procedures) mange in relation to contractual requirements for engaged/contracted partners	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #17	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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.	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports as needed for submission of quarterly reports.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and Maintain EMR	Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.									
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

Project 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 Step 1: Project implementation plan design series calls										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
groups for initial pilot program										
Task Step 5: Develop project 2D1 project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Create baseline assessment for CBO to identify key CBO partnerships to engage target populations using PAM® and other patient activation techniques.										
Task Step 8: Initiate baseline assessment with key CBO partners										
Task Step 9: Aggregate baseline data and evaluation against project requirements										
Task Step 10: Identify CBO Partners to be engaged in project 2.d.i pilot program										
Task Step 11: Schedule weekly project 2.d.i workgroup meetings to plan day 1 of pilot program operations										
Task Step 12: Develop pilot program scope of work outline										
Task Step 13: Request and collect CBO partner budgets, surveys targets and proposals										
Task Step 14: Aggregate CBO partner proposals and engage SCC Executive Director, Project Lead, Director of PMO and Project Analyst to determine CBO patient activation program addendum to the SCC coalition partner participation agreement										
Task Step 15: Execute CBO agreement with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program										
Task Step 16: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program Survey Encounter Decision Tree and list of locations and CBO partners in county to host Community Health Navigators to perform surveys.										
Task Step 17: Collaborate with engaged/contracted CBO partners to determine regional Suffolk County strategy and "hot spotting" for engagement efforts.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 18: Announce initial pilot program. Initiate reporting, monitoring procedures by Project 2di Project Workgroup to ensure that engagement is sufficient and appropriate.										
Task Step 19: Initiate collaboration with SCC project 2.d.i. workgroup and committee to identify contract and development pilot program by on-boarding additional "locations" and CBO partnerships										
Task Step 20: Update SCC CBO directory with newly on-boarded program partners										
Task Step 21: Ongoing monitoring by Project 2di Project Workgroup of program development on current and future engagement metrics to ensure project requirements are continuously met and oversight to ensure engagements are appropriate										
Task Step 22: Repeat steps 13-21 with each newly contracted/engaged CBO partner										
Task Step 23: Estalish appropriate quarterly reporting template for 2di for NYS DOH reporting. Including MOUs, contracts, letters of agreement or other partnership documentation.										
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 Step 1: Engage Insignia to execute license agreement for PAM										
Task Step 2: Identify initial set of staff from CBO engaged partner pilot to establish PAM training team ("Trainers")										
Task Step 3: Engage PPS Workforce Project Lead in training design										
Task Step 4: Develop and engage Insignia representative to organize PAM written training materials to be consolidated into Project 2.d.i education/training handbook										
Task Step 5: Engage Cultural Competency and Health Literacy Project Lead for material review										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 6: Approval of training materials by Project 2di Workgroup										
Task Step 7: Determine necessary frequency of training, include training requirements and expectations in partnership agreements with CBO										
Task Step 8: Develop PPS-wide Project 2di Training Attestation to document training for monitoring by Project 2di Project Workgroup										
Task Step 9: Initiate training program and oversight, collect name and roles of team staff who are trained in PAM (maintain in Project 2di Trained Staff Directory)										
Task Step 10: Engage Project 2di Project Workgroup to continuously monitor training in accordance with SCC workforce objectives. Collect names and roles of team staff trained in PAM® or other patient activation methods; Copy of training materials and trainers.										
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 Step 1: Engage key project stakeholders to initiate "hot spot" analytics and determine data sources available to support Community Outreach/Navigation Program Development										
Task Step 2: Engage SCC biomedical informatics team to develop hot-spot mapping to support strategy for contracted/engaged CBO's and their respective trained Community Health Workers for fieldwork. Consider output of "hot spot" analytics in the "locations" strategy of CBO Community Health Worker's survey.										
Task Step 3: Share maps with engaged/contracted CBO to collaborate on identify specific "locations" where our program can be delivered with these "hot spot" areas (e.g.. Food pantries, Shelters)										
Task Step 4: Create outreach plan for CBO strategy in each "hot spot" location. To include mechanism to track and quantify outreach at these locations.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 5: Contract with CBO's to perform outreach within the identified "hot spot" areas										
Task Step 6: Develop master Project 2di PAM outreach locations and calendar for community engagement of targeted populations.										
Task Step 7: Assure "locations" which are identified for outreach are incorporated into the "Appendix" of the Project 2di CBO Participation Agreement for Project 2.d.i Patient Activation Measures										
Task Step 8: Engage Community Engagement key stakeholders to support grass-roots efforts in "hot spot" locations. To include opportunities for PAM outreach at specific community events and forums.										
Task Step 9: Initiate recurring strategy sessions of the Project 2di Project Workgroup to continue to evaluate, determine new locations and monitor programs based on "hot spot" mapping strategy										
Task Step 10: Engage Project 2di Project Workgroup to monitor outreach at designated locations, collect recurring reports demonstrating strategy by engaged/contracted CBOs. Collect "Hot spot" map delineated by UI, NU, LU types; Evidence of CBO outreach within appropriate "hot spot" areas; Outreach lists for UI, NU, and LU populations.										
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 Step 1: Identify a SCC Community Engagement Lead										
Task Step 2: Orient Community Engagement Project Lead to Project 2di requirements, program objectives and all key internal and external project stakeholders										
Task Step 3: Project 2di Community Engagement opportunities are brainstormed. List of community events and CBO partners engagement opportunities is developed										
Task Step 5: Community Engagement opportunities are added to the										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
outreach locations and calendar for Project 2di. Program agenda, marketing and promotional plan, speakers options are organized.										
Task Step 6: Other information-gathering mechanisms are brainstormed with Project 2di Workgroup and Community Engagement Project Stakeholders										
Task Step 4: Survey tool is developed to understand healthcare needs in Suffolk County. Other ways to obtain data about the health care needs of Suffolk County is considered.										
Task Step 7: Cultural Competency & Health Literacy Advisory Group is engaged in milestone and review of survey tool										
Task Step 8: Initiate surveys (or other options to collect data) and begin aggregating data and maintain data base of responses. Community engagement forums and other information-gathering mechanisms established and performed.										
Task Step 9: Present data to Project 2di Committee and other key project stakeholders										
Task Step 10: Engage Project 2di Project Workgroup to collect and monitor list of community forums held, detailing locations, agenda, and presenters; Documentation surveys or other information- gathering techniques										
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 Step 1: Engage Project 2di Workgroup, key internal project stakeholders to coordinate plan to develop written training materials and techniques										
Task Step 2: Engage Insignia representative to collect PAM Tool training materials										
Task Step 3: Training Materials developed for PAM survey outrach activities for community engagement, includes other training components such as motivational interviewing and other social work techniques, soft skills, PAM survey scripts/talking-points										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and a PAM survey Decision Tree										
Task Step 4: Training Materials, Agenda and program designed is shared with Cultural Competency & Health Literacy Advisory Group, Project 2di Workgroup and Committee, Key internal and external project stakeholders for review and comment.										
Task Step 5: Trainees identified in "hot spot" areas by Project Manager, Project Lead and Contracted/Engaged CBO partners.										
Task Step 6: Identify Project 2di PAM Trainers from SCC CBO engagement to support training of additional PAM providers. Project Manager to support coordination of training sessions.										
Task Step 7: Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. Use Project 2di Training Attestation to document training.										
Task Step 8: Project Manager to engage with Trainers following training sessions to collect lessons learned, risks, risk mitigation strategies and additional feedback to continue to support program developments.										
Task Step 9: Project Manager to collect and maintain list of PPS providers trained in PAM®; Training dates; Written training materials										
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										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Engage VBP Team to orient on Project 2di Project Requirement and Objective to engage partnering MCO's within the program. Purpose to engage MCO's into Project 2di Community Navigation Program.										
Task Step 2: Develop scope of work for MCO integration into program										
Task Step 3: Partnership and arrangements organized with partnering MCO's for Project 2di. This shall include 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 Step 4: Obtain list of PCPs assigned to NU and LU enrollees from engaged MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP.										
Task Step 5: Initiate discussions with engaged MCOs and key PPS PCPs partners 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 Step 6: Engaged CBO's engaged and oriented to new 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 Step 7: Engage Practitioner Engagement Project Lead to review procedures and design. PCP communication and engagement plan for procedures are developed and promoted.										
Task Step 8: Appropriate consent is in place for new procedures. Including Information-exchange agreements between PPS and MCO										
Task Step 9: Collect documented procedures and protocols, Information-exchange agreements between PPS and MCO for SCC records										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #7 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 Step 1: Operationalize process for setting baselines and intervals towards improvement for each PAM activation level. Baselines and intervals towards improvement set for each cohort at the beginning of each performance period.										
Task Step 2: Engage key project stakeholders to identify method developed by state for baselining each beneficiary cohort										
Task Step 3: Agreement of method for data collection of baseline for each cohort and appropriate intake intervals towards improvement										
Task Step 4: Identify workflow and plan to set baseline for each beneficiary cohort.										
Task Step 5: Prepare baseline, periodic and annual cohort reporting calendar										
Task Step 6: Educate key project stakeholders for baseline metric reporting										
Task Step 7: Project 2di Project Workgroup to monitor monthly engaged stakeholders for baseline and interval metric reporting for periodic and annual reports										
Task Step 8: Collect and maintian baseline, periodic and annual PAM® cohort reports and communicate results via presentations to key project stakeholders										
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.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 1: Engage Project 2di workgroup to develop Community Navagation Program for post-PAM operations to include the promotion of preventive care and community-based resources.										
Task Step 2: identify beneficiaries in development team to organize the Project 2di Community Navigation Program to promote preventive care. Beneficiaries to be used as a resource in program development and awareness efforts, communication efforts, health literacy efforts.										
Task Step 3: Document participation of beneficiaries in program development. Utilize creative engagement opportunities such as focus groups. Document participate of beneficiaries in awareness efforts.										
Task Step 4: Collect & Maintain list of contributing patient members participating in program development and on-going awareness efforts										
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										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
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 Step 1: Engage Project 2di Workgroup to organize the Project 2di PAM Tool Performance Measurement Program										
Task Step 2: Ensure Project 2di PAM Tool Performance Measurement Program includes how to operationalize the PAM Tool. Including: screening 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® survey and designate a PAM® score.										
Task Step 3: Ensure Project 2di PAM Tool Performance Measurement Program highlights how member's score must be averaged to calculate a baseline measure for that year's cohort.										
Task Step 4: Identify a method with Insignia to follow cohorts for the entirety of the DSRIP program. To include determining specifications for unique identifiers.										
Task Step 5: Following the initiation of the PAM pilot program, initiate a calendar to follow cohorts annually.										
Task Step 6: Develop program procedures for training whereby 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.										
Task Step 7: Engage partnering MCOs to develop procedures for										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
determining 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.										
Task Step 8: Project Manager to organize method to provide the current contact information to the beneficiary's MCO for outreach purposes.										
Task Step 9: Project Managers to provide member engagement lists to engaged/relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Step 10: Performance measurement reports established, including but not limited to: Number of patients screened, by engagement level, Number of clinicians trained in PAM® 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 Step 11: Collect output of the Project 2di PAM Tool Performance Measurement Program, to include, performance measurement reports and presentations; Annual reports; Member engagement lists, by PAM® cohort										
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 Step 1: Engage Project 2di Workgroup to brainstorm the Project 2di Community Navigator Program										
Task Step 2: Engage key primary, behavioral and dental care providers in Community Navigation Program, to include planning the handoffs for individuals surveyed, through Wellness Coaching then navigated to a community-based resource										
Task Step 3: Track the number of referrals made by PAM Providers										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
into the Community Navigation Program (as new PAM Providers are on-boarded the number of referrals are expected to increase)										
Task Step 4: Determine how SCC and Health Home care management staff will be involved in the patient activation process.										
Task Step 5: Engage Project 2di Workgroup to monitor the referrals made across the County for individuals who receive the PAM survey, receive Wellness Coaching though the CBO partnership and then receive a handoff/referral into the Community Navigation Program.										
Task Step 6: Engage SCC biomedical informatics key project stakeholders to monitor the ED usage of these cohorts. Monitor the usage of non-emergent care by the captive cohort.										
Task Step 7: Enage SCC biomedical informatics team to develop a baseline of non-emergent volume. Develop in collaboration with the Project 2di Workgroup a method of periodic reports to demonstrating increase/trends in visits (specific to UI, NU, and LU patients)										
Task Step 8: Project Manager to monitor, collect and report ongoing data acquisition to enhance program design and development										
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	5	5	5	5	5	5	35	85	135
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	5	5	5	5	5	5	5	35
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program.										
Task Step 2: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program to include a Community Navigator Program. This shall include FTE roles, responsibilities and staffing guidelines based on the project scale										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and speed schedule.										
Task Step 3: PPS to identify CBO's with an interest in partnering to develop a group of community navigators (community health workers, wellness coaches and navigators) who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Step 4: Project 2di Workgroup and key project stakeholders reviews and provides feedback on the Project 2di Community Navigator Program.										
Task Step 5: Orient potential CBO partners on the term and scope of the Project 2di CBO partnership agreements, which defines roles of Community navigators										
Task Step 6: Identify communication requirements for program										
Task Step 7: Engage Cultural Competency & Health Literacy Project Lead in program development										
Task Step 8: Engage SCC Workforce Project Lead in development processes.										
Task Step 9: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.										
Task Step 10: Determine necessary training program, including frequency of training, re-training and competency evaluations, training dates, schedule training sessions.										
Task Step 11: Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.										
Task Step 12: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information										
Task Step 13: PPS to collect list of training dates along with number of staff trained; Written training materials, and Project 2di Training										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Attestations										
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 Step 1: Engage key project stakeholders to develop process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Step 2: Draft protocols for customer service complaints and appeals.										
Task Step 3: Determine staffing requirements and modes for customer service to be engaged to support project requirement										
Task Step 4: Engage Compliance Officer to review protocols for complaints. Add protocols to SCC enterprise complaints procedures.										
Task Step 5: Begin communicating protocols to key internal, external project stakeholders including posting to the SCC website										
Task Step 6: Project Manager to initiate a method to monitor the effectiveness of the protocols for customer service complaints and appeals.										
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	15	15	45	95	165	250	350	350	350
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners contract includes Train the Trainer responsibilities to educate future PAM providers in how to appropriately assist project beneficiaries using PAM.										
Task Step 2: SCC to identify additional CBO partnerships and county-based resources to be engaged as Community Navigators and trained in PAM										
Task Step 3: Project 2di Workgroup to develop training curriculum and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.										
Task Step 4: PPS to organize a training strategy with engaged/Contracted CBO partners, listing a schedule, logistics and a trainer directory										
Task Step 5: Community navigators trained in including how to appropriately assist project beneficiaries using the PAM®.										
Task Step 6: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information										
Task Step 7: PPS to collect description including the following components: the names and roles of team staff trained in PAM®, by whom they were trained, copy of training agenda materials, and team staff roles who will be engaged in patient activation										
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	5	5	5	5	5	5	35
Task Step 1: Project Manager engage key project stakeholders to evaluate initial data collected with Project 2di Pilot CBO partnerships to organize Community Navigator strategy needs										
Task Step 2: Community navigator needs and scope of work further defined. To include education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Step 3: Program materials developed to promote education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. Materials are reviewed by the cultural competency & health literacy advisory group.										
Task Step 4: Project 2di Workgroup to identify key partnerships with CBO's whereby Community Navigators will be readily available to										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
assume direct hand-offs. Will include SCC and Health Home Care managers in the partnerships.										
Task Step 5: Community Navigators trained										
Task Step 6: Contracted CBO's place Community Navigators in key locations (with high visibility) identified "hot spot" areas. Direct handoffs are operationalized based on grass-roots relationships within the contracted CBOs.										
Task Step 7: Project Manager maintain reports from CBO partners as evidence of navigator placement by location										
Task Step 8: Project 2di Committee monitor program logistics and data to ensure project requirements are met										
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 Step 1: Evaluation of PPS network yields development of resource pool for populations engaged in this project.										
Task Step 2: Community navigator needs and scope of work further defined. To include education about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Step 3: Program materials developed to promote education regarding health insurance coverage. Materials are reviewed by the cultural competency & health literacy advisory group.										
Task Step 4: Engaged Community Navigators trained educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Step 5: Project Manager maintain reports from CBO partners, List of navigators trained by PPS; List of the PPS trainers; Training dates; Written training materials										
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										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
services.										
Task Step 1: Project 2di Workgroup to engage CBO's in a series of planning discussions around Community Navigators access to County-based resources. Objective to ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Step 2: Identify network of healthcare providers, and provide list to Community Navigators as resource to connect members to primary/preventive care services										
Task Step 3: Policies and procedures for intake and/or scheduling staff to receive navigator calls										
Task Step 4: Identify initial set of Community Navigator staff to roll-out strategy										
Task Step 6: Train Community Navigators, initial set will be used as future "trainers"										
Task Step 7: Regional strategy organized for engaged/contracted CBO's across the County										
Task Step 8: Strategy is rolled out across all engaged/contracted CBO's and incorporated into on-boarding of all newly engaged/contracted CBO's and PAM Providers										
Task Step 9: Project Manager manintain policies and procedures for intake and/or scheduling staff to receive navigator calls; director and list of provider intake staff trained by the PPS										
Task Step 5: Key Project Stakeholders engaged to develop program strategy outlining how the PPS will monitor and ensure timely access for navigators (eg. What data is being collected, who is reviewing, log, reporting procedures) mange in relation to contractual requirements for engaged/contracted partners										
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.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports as needed for submission of quarterly reports.										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 13: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering 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 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 Step 1: Project implementation plan design series calls										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups for initial pilot program										
Task Step 5: Develop project 2D1 project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Create baseline assessment for CBO to identify key CBO partnerships to engage target populations using PAM® and other patient activation techniques.										
Task Step 8: Initiate baseline assessment with key CBO partners										
Task Step 9: Aggregate baseline data and evaluation against project requirements										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 10: Identify CBO Partners to be engaged in project 2.d.i pilot program										
Task Step 11: Schedule weekly project 2.d.i workgroup meetings to plan day 1 of pilot program operations										
Task Step 12: Develop pilot program scope of work outline										
Task Step 13: Request and collect CBO partner budgets, surveys targets and proposals										
Task Step 14: Aggregate CBO partner proposals and engage SCC Executive Director, Project Lead, Director of PMO and Project Analyst to determine CBO patient activation program addendum to the SCC coalition partner participation agreement										
Task Step 15: Execute CBO agreement with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program										
Task Step 16: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program Survey Encounter Decision Tree and list of locations and CBO partners in county to host Community Health Navigators to perform surveys.										
Task Step 17: Collaborate with engaged/contracted CBO partners to determine regional Suffolk County strategy and "hot spotting" for engagement efforts.										
Task Step 18: Announce initial pilot program. Initiate reporting, monitoring procedures by Project 2di Project Workgroup to ensure that engagement is sufficient and appropriate.										
Task Step 19: Initiate collaboration with SCC project 2.d.i. workgroup and committee to identify contract and development pilot program by on-boarding additional "locations" and CBO partnerships										
Task Step 20: Update SCC CBO directory with newly on-boarded program partners										
Task Step 21: Ongoing monitoring by Project 2di Project Workgroup of program development on current and future engagement metrics to ensure project requirements are continuously met and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
oversight to ensure engagements are appropriate										
Task Step 22: Repeat steps 13-21 with each newly contracted/engaged CBO partner										
Task Step 23: Estalish appropriate quarterly reporting template for 2di for NYS DOH reporting. Including MOUs, contracts, letters of agreement or other partnership documentation.										
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 Step 1: Engage Insignia to execute license agreement for PAM										
Task Step 2: Identify initial set of staff from CBO engaged partner pilot to establish PAM training team ("Trainers")										
Task Step 3: Engage PPS Workforce Project Lead in training design										
Task Step 4: Develop and engage Insignia representative to organize PAM written training materials to be consolidated into Project 2.d.i education/training handbook										
Task Step 5: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 6: Approval of training materials by Project 2di Workgroup										
Task Step 7: Determine necessary frequency of training, include training requirements and expectations in partnership agreements with CBO										
Task Step 8: Develop PPS-wide Project 2di Training Attestation to document training for monitoring by Project 2di Project Workgroup										
Task Step 9: Initiate training program and oversight, collect name and roles of team staff who are trained in PAM (maintain in Project 2di Trained Staff Directory)										
Task Step 10: Engage Project 2di Project Workgroup to continuously										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
monitor training in accordance with SCC workforce objectives. Collect names and roles of team staff trained in PAM® or other patient activation methods; Copy of training materials and trainers.										
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 Step 1: Engage key project stakeholders to initiate "hot spot" analytics and determine data sources available to support Community Outreach/Navigation Program Development										
Task Step 2: Engage SCC biomedical informatics team to develop hot-spot mapping to support strategy for contracted/engaged CBO's and their respective trained Community Health Workers for fieldwork. Consider output of "hot spot" analytics in the "locations" strategy of CBO Community Health Worker's survey.										
Task Step 3: Share maps with engaged/contracted CBO to collaborate on identify specific "locations" where our program can be delivered with these "hot spot" areas (e.g.. Food pantries, Shelters)										
Task Step 4: Create outreach plan for CBO strategy in each "hot spot" location. To include mechanism to track and quantify outreach at these locations.										
Task Step 5: Contract with CBO's to perform outreach within the identified "hot spot" areas										
Task Step 6: Develop master Project 2di PAM outreach locations and calendar for community engagement of targeted populations.										
Task Step 7: Assure "locations" which are identified for outreach are incorporated into the "Appendix" of the Project 2di CBO Participation Agreement for Project 2.d.i Patient Activation Measures										
Task Step 8: Engage Community Engagement key stakeholders to support grass-roots efforts in "hot spot" locations. To include opportunities for PAM outreach at specific community events and forums.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 9: Initiate recurring strategy sessions of the Project 2di Project Workgroup to continue to evaluate, determine new locations and monitor programs based on "hot spot" mapping strategy										
Task Step 10: Engage Project 2di Project Workgroup to monitor outreach at designated locations, collect recurring reports demonstrating strategy by engaged/contracted CBOs. Collect "Hot spot" map delineated by UI, NU, LU types; Evidence of CBO outreach within appropriate "hot spot" areas; Outreach lists for UI, NU, and LU populations.										
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 Step 1: Identify a SCC Community Engagement Lead										
Task Step 2: Orient Community Engagement Project Lead to Project 2di requirements, program objectives and all key internal and external project stakeholders										
Task Step 3: Project 2di Community Engagement opportunities are brainstormed. List of community events and CBO partners engagement opportunities is developed										
Task Step 5: Community Engagement opportunities are added to the outreach locations and calendar for Project 2di. Program agenda, marketing and promotional plan, speakers options are organized.										
Task Step 6: Other information-gathering mechanisms are brainstormed with Project 2di Workgroup and Community Engagement Project Stakeholders										
Task Step 4: Survey tool is developed to understand healthcare needs in Suffolk County. Other ways to obtain data about the health care needs of Suffolk County is considered.										
Task Step 7: Cultural Competency & Health Literacy Advisory Group is engaged in milestone and review of survey tool										
Task Step 8: Initiate surveys (or other options to collect data) and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
begin aggregating data and maintain data base of responses. Community engagement forums and other information-gathering mechanisms established and performed.										
Task Step 9: Present data to Project 2di Committee and other key project stakeholders										
Task Step 10: Engage Project 2di Project Workgroup to collect and monitor list of community forums held, detailing locations, agenda, and presenters; Documentation surveys or other information- gathering techniques										
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 Step 1: Engage Project 2di Workgroup, key internal project stakeholders to coordinate plan to develop written training materials and techniques										
Task Step 2: Engage Insignia representative to collect PAM Tool training materials										
Task Step 3: Training Materials developed for PAM survey outrach activities for community engagement, includes other training components such as motivational interviewing and other social work techniques, soft skills, PAM survey scripts/talking-points and a PAM survey Decision Tree										
Task Step 4: Training Materials, Agenda and program designed is shared with Cultural Competency & Health Literacy Advisory Group, Project 2di Workgroup and Committee, Key internal and external project stakeholders for review and comment.										
Task Step 5: Trainees identified in "hot spot" areas by Project Manager, Project Lead and Contracted/Engaged CBO partners.										
Task Step 6: Identify Project 2di PAM Trainers from SCC CBO engagement to support training of additional PAM providers. Project Manager to support coordination of training sessions.										
Task Step 7: Train providers located within "hot spots" on patient activation techniques, such as shared decision-making,										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
measurements of health literacy, and cultural competency. Use Project 2di Training Attestation to document training.										
Task Step 8: Project Manager to engage with Trainers following training sessions to collect lessons learned, risks, risk mitigation strategies and additional feedback to continue to support program developments.										
Task Step 9: Project Manager to collect and maintain list of PPS providers trained in PAM®; Training dates; Written training materials										
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 with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task Step 1: Engage VBP Team to orient on Project 2di Project Requirement and Objective to engage partnering MCO's within the program. Purpose to engage MCO's into Project 2di Community Navigation Program.										
Task Step 2: Develop scope of work for MCO integration into program										
Task Step 3: Partnership and arrangements organized with partnering MCO's for Project 2di. This shall include 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 Step 4: Obtain list of PCPs assigned to NU and LU enrollees										

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from engaged MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP.										
Task Step 5: Initiate discussions with engaged MCOs and key PPS PCPs partners 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 Step 6: Engaged CBO's engaged and oriented to new 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 Step 7: Engage Practitioner Engagement Project Lead to review procedures and design. PCP communication and engagement plan for procedures are developed and promoted.										
Task Step 8: Appropriate consent is in place for new procedures. Including Information-exchange agreements between PPS and MCO										
Task Step 9: Collect documented procedures and protocols, Information-exchange agreements between PPS and MCO for SCC records										
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 Step 1: Operationalize process for setting baselines and intervals towards improvement for each PAM activation level. Baselines and intervals towards improvement set for each cohort at the beginning of each performance period.										
Task Step 2: Engage key project stakeholders to identify method										

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developed by state for baselining each beneficiary cohort										
Task Step 3: Agreement of method for data collection of baseline for each cohort and appropriate intake intervals towards improvement										
Task Step 4: Identify workflow and plan to set baseline for each beneficiary cohort.										
Task Step 5: Prepare baseline, periodic and annual cohort reporting calendar										
Task Step 6: Educate key project stakeholders for baseline metric reporting										
Task Step 7: Project 2di Project Workgroup to monitor monthly engaged stakeholders for baseline and interval metric reporting for periodic and annual reports										
Task Step 8: Collect and maintian baseline, periodic and annual PAM® cohort reports and communicate results via presentations to key project stakeholders										
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 Step 1: Engage Project 2di workgroup to develop Community Navagation Program for post-PAM operations to include the promotion of preventive care and community-based resources.										
Task Step 2: identify beneficiaries in development team to organize the Project 2di Community Navigation Program to promote preventive care. Beneficiaries to be used as a resource in program development and awareness efforts, communication efforts, health literacy efforts.										
Task Step 3: Document participation of beneficiaries in program development. Utilize creative engagement opportunities such as focus groups. Document participate of beneficiaries in awareness efforts.										
Task Step 4: Collect & Maintain list of contributing patient members										

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participating in program development and on-going awareness efforts										
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 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 Step 1: Engage Project 2di Workgroup to organize the Project										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
2di PAM Tool Performance Measurement Program										
Task Step 2: Ensure Project 2di PAM Tool Performance Measurement Program includes how to operationalize the PAM Tool. Including: screening 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® survey and designate a PAM® score.										
Task Step 3: Ensure Project 2di PAM Tool Performance Measurement Program highlights how member's score must be averaged to calculate a baseline measure for that year's cohort.										
Task Step 4: Identify a method with Insignia to follow cohorts for the entirety of the DSRIP program. To include determining specifications for unique identifiers.										
Task Step 5: Following the initiation of the PAM pilot program, initiate a calendar to follow cohorts annually.										
Task Step 6: Develop program procedures for training whereby 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.										
Task Step 7: Engage partnering MCOs to develop procedures for determining 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.										
Task Step 8: Project Manager to organize method to provide the current contact information to the beneficiary's MCO for outreach purposes.										
Task Step 9: Project Managers to provide member engagement lists to engaged/relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Step 10: Performance measurement reports established, including but not limited to: Number of patients screened, by										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
engagement level, Number of clinicians trained in PAM® 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 Step 11: Collect output of the Project 2di PAM Tool Performance Measurement Program, to include, performance measurement reports and presentations; Annual reports; Member engagement lists, by PAM® cohort										
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 Step 1: Engage Project 2di Workgroup to brainstorm the Project 2di Community Navigator Program										
Task Step 2: Engage key primary, behavioral and dental care providers in Community Navigation Program, to include planning the handoffs for individuals surveyed, through Wellness Coaching then navigated to a community-based resource										
Task Step 3: Track the number of referrals made by PAM Providers into the Community Navigation Program (as new PAM Providers are on-boarded the number of referrals are expected to increase)										
Task Step 4: Determine how SCC and Health Home care management staff will be involved in the patient activation process.										
Task Step 5: Engage Project 2di Workgroup to monitor the referrals made across the County for individuals who receive the PAM survey, receive Wellness Coaching though the CBO partnership and then receive a handoff/referral into the Community Navigation Program.										
Task Step 6: Engage SCC biomedical informatics key project stakeholders to monitor the ED usage of these cohorts. Monitor the usage of non-emergent care by the captive cohort.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 7: Enage SCC biomedical informatics team to develop a baseline of non-emergent volume. Develop in collaboration with the Project 2di Workgroup a method of periodic reports to demonstrating increase/trends in visits (specific to UI, NU, and LU patients)										
Task Step 8: Project Manager to monitor, collect and report ongoing data acquisition to enhance program design and development										
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.	185	235	285	350	350	350	350	350	350	350
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	85	135	220	350	350	350	350	350	350	350
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners for project to engage target populations using PAM, the Wellness Coaching program, and initial community navigation program.										
Task Step 2: Collaborate with engaged/contracted CBO partners to build the SCC project 2.d.i Patient Activation Program to include a Community Navigator Program. This shall include FTE roles, responsibilities and staffing guidelines based on the project scale and speed schedule.										
Task Step 3: PPS to identify CBO's with an interest in partnering to develop a group of community navigators (community health workers, wellness coaches and navigators) who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Step 4: Project 2di Workgroup and key project stakeholders reviews and provides feedback on the Project 2di Community Navigator Program.										
Task Step 5: Orient potential CBO partners on the term and scope of the Project 2di CBO partnership agreements, which defines roles of Community navigators										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 6: Identify communication requirements for program										
Task Step 7: Engage Cultural Competency & Health Literacy Project Lead in program development										
Task Step 8: Engage SCC Workforce Project Lead in development processes.										
Task Step 9: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.										
Task Step 10: Determine necessary training program, including frequency of training, re-training and competency evaluations, training dates, schedule training sessions.										
Task Step 11: Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.										
Task Step 12: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information										
Task Step 13: PPS to collect list of training dates along with number of staff trained; Written training materials, and Project 2di Training Attestations										
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 Step 1: Engage key project stakeholders to develop process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Step 2: Draft protocols for customer service complaints and appeals.										
Task Step 3: Determine staffing requirements and modes for customer service to be engaged to support project requirement										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 4: Engage Compliance Officer to review protocols for complaints. Add protocols to SCC enterprise complaints procedures.										
Task Step 5: Begin communicating protocols to key internal, external project stakeholders including posting to the SCC website										
Task Step 6: Project Manager to initiate a method to monitor the effectiveness of the protocols for customer service complaints and appeals.										
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).	350	350	350	350	350	350	350	350	350	350
Task Step 1: Begin Executing initial CBO agreements (pilot program) with CBO partners contract includes Train the Trainer responsibilities to educate future PAM providers in how to appropriately assist project beneficiaries using PAM.										
Task Step 2: SCC to identify additional CBO partnerships and county-based resources to be engaged as Community Navigators and trained in PAM										
Task Step 3: Project 2di Workgroup to develop training curriculum and procedures for Community Navigation Program. Assure participating members are subject matter experts in workgroup with experience in community-based services in Suffolk County.										
Task Step 4: PPS to organize a training strategy with engaged/Contracted CBO partners, listing a schedule, logistics and a trainer directory										
Task Step 5: Community navigators trained in including how to appropriately assist project beneficiaries using the PAM®.										
Task Step 6: PPS to collect and maintain lists of contracted/engaged CBO's and community navigator credentials (by designated area) detailing navigator names, location, and contact information										
Task Step 7: PPS to collect description including the following components: the names and roles of team staff trained in PAM®, by whom they were trained, copy of training agenda materials,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and team staff roles who will be engaged in patient activation										
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.	85	155	240	350	350	350	350	350	350	350
Task Step 1: Project Manager engage key project stakeholders to evaluate initial data collected with Project 2di Pilot CBO partnerships to organize Community Navigator strategy needs										
Task Step 2: Community navigator needs and scope of work further defined. To include education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Step 3: Program materials developed to promote education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources. Materials are reviewed by the cultural competency & health literacy advisory group.										
Task Step 4: Project 2di Workgroup to identify key partnerships with CBO's whereby Community Navigators will be readily available to assume direct hand-offs. Will include SCC and Health Home Care managers in the partnerships.										
Task Step 5: Community Navigators trained										
Task Step 6: Contracted CBO's place Community Navigators in key locations (with high visibility) identified "hot spot" areas. Direct handoffs are operationalized based on grass-roots relationships within the contracted CBOs.										
Task Step 7: Project Manager maintain reports from CBO partners as evidence of navigator placement by location										
Task Step 8: Project 2di Committee monitor program logistics and data to ensure project requirements are met										
Milestone #15 Inform and educate navigators about insurance options and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
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 Step 1: Evaluation of PPS network yields development of resource pool for populations engaged in this project.										
Task Step 2: Community navigator needs and scope of work further defined. To include education about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Step 3: Program materials developed to promote education regarding health insurance coverage. Materials are reviewed by the cultural competency & health literacy advisory group.										
Task Step 4: Engaged Community Navigators trained educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Step 5: Project Manager maintain reports from CBO partners, List of navigators trained by PPS; List of the PPS trainers; Training dates; Written training materials										
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 Step 1: Project 2di Workgroup to engage CBO's in a series of planning discussions around Community Navigators access to County-based resources. Objective to ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Step 2: Identify network of healthcare providers, and provide list to Community Navigators as resource to connect members to primary/preventive care services										
Task Step 3: Policies and procedures for intake and/or scheduling staff to receive navigator calls										
Task Step 4: Identify initial set of Community Navigator staff to roll-out										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
strategy										
Task Step 6: Train Community Navigators, initial set will be used as future "trainers"										
Task Step 7: Regional strategy organized for engaged/contracted CBO's across the County										
Task Step 8: Strategy is rolled out across all engaged/contracted CBO's and incorporated into on-boarding of all newly engaged/contracted CBO's and PAM Providers										
Task Step 9: Project Manager manintain policies and procedures for intake and/or scheduling staff to receive navigator calls; director and list of provider intake staff trained by the PPS										
Task Step 5: Key Project Stakeholders engaged to develop program strategy outlining how the PPS will monitor and ensure timely access for navigators (eg. What data is being collected, who is reviewing, log, reporting procedures) mange in relation to contractual requirements for engaged/contracted partners										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports as needed for submission of quarterly										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reports.										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 13: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	General Program Narrative: During July and August, the SCC developed and launched the Community Health Activation Program (CHAP). Combined, the CHWs averaged 568 surveys per week for the 2nd Quarter (July-Sept). To date, over 5,500 surveys have been administered, under the direction of our Community Based Organization (CBO) partners: the Association for Mental Health & Wellness (on-boarded 8/4/15), the Economic Opportunity Council (on-boarded 8/6/15), and Hudson River HealthCare, Inc. (on-boarded 8/13/15) In June, 20 individuals were trained by Insignia in on-site training in the Patient Activation Measures (PAM) and Coaching for Activation (CfA) tools. To date, 69 individuals have been trained in PAM, including 13 FTE Community Health Workers (CHWs) employed for the program. Since August, CHWs have visited local neighborhoods and/or conducted in-reach within their organizations, in identified "hot-spot" locations, with the goal to achieve the following objectives: *Conduct the PAM Survey, to assess an individual's 'activation' level *Implement the Community Navigation Program & Referral System *Reconnect Medicaid recipients with their Primary Care Physician *Track and assess patient activation and progress Weekly workgroup meetings were initiated through July & August to further develop and fine-tune the Pilot Program. A pilot Community Navigation Program was developed, which includes a list of resources in the PPS for primary, behavioral and economic services, and a Referral System was designed to complement the Community Navigation Program to keep a record of where individuals were being referred. This will continue to be refined and finalized as outlined in our Project plan. In August the Project Workgroup voted to name the project the Suffolk Care Collaborative Community Health Activation Program (SCC CHAP). Within the Project Management Office (PMO), the Project Work Plan was completed and later reviewed by the Project Workgroup. The Project Manager developed partner agreements for the rollout of the project, which included: • Scope of Work o Outreach/In-reach o Screening o Surveying • Survey Target • Staffing Requirements The SCC has initiated communications and collaboration with PPS colleagues around the state. The Project Manager has participated and presented in State-wide PPS Workgroups organized by the Greater New York Hospital Association. She has also presented in a 2di Workgroup hosted by the Finger Lakes PPS (FLPPS) on 9/10/15.
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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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). • 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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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.	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Ongoing	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	

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IPQR Module 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

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

Instructions :

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

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

Instructions :

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

INFRASTRUCTURE CHALLENGES: 1) The PPS will need to properly manage workforce transitions, including the hiring of more BH staff and retraining existing staff to adjust to new model. 2) Agencies may not be able to meet the demand as additional people in need are identified. 3) Demand for CM outstrips supply.
INFRASTRUCTURE REMEDIES:1) Experienced current staff within the PPS will train providers and develop curricula for future workforce. Stony Brook's Psychiatry Residency is developing a community-based Residency to expand the number of psychiatrists. The PPS will seek out interested participating partners to identify opportunities for collaboration while developing this program. The PPS will actively pursue collaborative relationships with labor unions 2) Address through workforce training and developing a web-based platform for disease self-management and telepsychiatry as an alternative solution for providing care. 3) As a part of the 2.a.i project, the PPS is developing a CM staffing plan to increase the care management capacity across Suffolk County to meet patient demand.

PROVIDER CHALLENGES: 1)Participating PCPs/FQHCs within the PPS may struggle with meeting and maintaining PCMH standards. 2) PCPs lack understanding of antidepressant medication management (AMM), documentation and treatment of BH conditions. 3) Lack of overall provider participation.
PROVIDER REMEDIES: 1) Leverage Current PCMH providers to provide technical assistance. Stony Brook practices have already achieved 2011 PCMH certification and will be relied upon to advise other practice partners on transitioning to Level 3. 2) Engage prescribing experts to provide education and work with payers to improve AMM HEDIS measures. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation. Finally, the formation of a PPS wide MCO Relations team will utilize the provider feedback to better structure value-based provider payment methodologies so that providers are being appropriately compensated for DSRIP participation.

PATIENT CHALLENGES: 1) Language, health literacy, cultural competency barriers prevent patients from receiving the care that they need in a timely manner 2) Food/housing issues for target population lead to increased likelihood of decreased health status 3) Transportation and health care access challenges.
PATIENT REMEDIES: 1) The PPS will provide access to Spanish speaking providers, patient materials translated, and at 5th grade reading level. The PPS will also emphasize staff training on cultural competency 2) The PPS will address food/housing issues through geographic collaborative linking sites with CM, housing providers, food pantries. 3) CM Service Dollars for legacy providers available for medical/non-medical transportation, but will build or expand additional resource.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	45,059

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
2,545	8,430	375.50%	-6,185	18.71%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030120243_SCC BH (3.a.i) D1Q2.xlsx	Roster for engaged members for (3.a.i) BH	10/30/2015 12:03 PM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

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

State University of New York at Stony Brook University Hospital (PPS ID:16)

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)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner		Project		In Progress	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis		Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	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 Step 5: Hire vendor or establish local resource base for PCMH certification support process		Project		In Progress	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing		Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH		Project		In Progress	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes		Project		In Progress	08/01/2015	07/31/2016	08/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation		Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules		Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met		Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	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		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
processes.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)		Project		In Progress	04/01/2015	10/31/2016	04/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation		Project		Completed	06/01/2015	08/30/2015	06/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and		Project		In Progress	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers		Project		In Progress	05/01/2015	06/30/2016	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	05/01/2015	07/31/2016	05/01/2015	07/31/2016	09/30/2016	DY2 Q2
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)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	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 Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule		Project		In Progress	09/30/2015	11/30/2015	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers		Project		In Progress	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop procedures to document screenings		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained		Project		In Progress	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	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	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 or Advanced Primary Care Model Practices by the end of DY3.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support		Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practice needs and scope of work for primary care practitioner										
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis		Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).		Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process		Project		In Progress	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Based on current state assessment results PCMH		Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites		Project		In Progress	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes		Project		In Progress	08/01/2015	07/30/2016	08/01/2015	07/30/2016	09/30/2016	DY2 Q2
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation		Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules		Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met		Project		In Progress	08/01/2015	09/30/2017	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
certification for all engaged/contracted primary care practices										
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings		Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 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 Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, standard workflows)		Project		Completed	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation		Project		Completed	06/01/2015	07/31/2015	06/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	06/01/2015	07/31/2016	06/01/2015	07/31/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 16: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	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)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	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 Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule		Project		In Progress	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics		Project		In Progress	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop procedures to document screenings		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	04/30/2016	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained		Project		In Progress	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	12/31/2017	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2

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Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation		Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	06/01/2015	04/30/2016	06/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		In Progress	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 Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.		Project		In Progress	04/01/2015	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		Completed	04/01/2015	04/30/2015	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Develop project 3.a.i project plan		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Organize weekly communications and meeting series with key project stakeholders		Project		Completed	04/01/2015	08/30/2015	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols		Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.		Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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 Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers		Project		In Progress	04/01/2015	05/31/2016	04/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	04/01/2015	11/30/2015	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	07/31/2016	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule		Project		In Progress	06/01/2015	07/31/2016	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met		Project		In Progress	08/01/2016	03/31/2017	08/01/2016	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	07/01/2015	03/31/2017	07/01/2015	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	07/01/2015	03/31/2017	07/01/2015	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	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers										
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	04/30/2016	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training		Project		In Progress	05/01/2016	12/31/2016	05/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.		Project		In Progress	07/01/2015	03/30/2017	07/01/2015	03/30/2017	03/31/2017	DY2 Q4

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Task Step 11: Monitor Depression Care managers to ensure program expectations are being met		Project		In Progress	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup		Project		In Progress	06/01/2015	10/31/2015	06/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists		Project		In Progress	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Create registry of IMPACT model participants		Project		In Progress	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule		Project		In Progress	09/01/2015	11/30/2016	09/01/2015	11/30/2016	12/31/2016	DY2 Q3
Task		Project		In Progress	09/01/2015	11/30/2016	09/01/2015	11/30/2016	12/31/2016	DY2 Q3

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Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists		Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients		Project		In Progress	09/01/2015	04/30/2016	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step: 11: Key project stakeholders to confirm EHR scope of work		Project		In Progress	07/01/2015	05/31/2016	07/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup		Project		In Progress	11/30/2015	06/30/2016	11/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist		Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
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 Step 1: Develop method to collect and data warehouse to store roster of patients screened		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	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
receiving screenings										
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	06/30/2017	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 5: Collect roster of patients screened		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
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 Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders		Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan		Project		In Progress	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.		Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).		Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.		Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)		Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Strategic reporting system is finalized, patient		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 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	142	142
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	8	23
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner										
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
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 Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
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).										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	20	50
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as										

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providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	0	0	0	0	0	2	4
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	2	4
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	8	23
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner										
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with										

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vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
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 Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, standard workflows)										
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 16: Implementation plan initiated with engaged/contracted partners										
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
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.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 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 Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training										
Task Step 10: Engage PPS Workforce Project Lead to assist in										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	78	156
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
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 Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 3: Develop project 3.a.i project plan										
Task Step 4: Organize weekly communications and meeting series with key project stakeholders										
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to										

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ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.										
Task Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers										
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule										
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met										
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.										

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Task Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers										
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records										
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training										
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training										
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients										
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.										
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation										

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planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup										
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists										
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist										
Task Step 4: Create registry of IMPACT model participants										
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists										
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients										

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Task Step: 11: Key project stakeholders to confirm EHR scope of work										
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup										
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Step 1: Develop method to collect and data warehouse to store roster of patients screened										
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings										
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 5: Collect roster of patients screened										
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals										
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level										
Task Step 7a: Monitor and Evaluate partners Using the IMPACT										

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Fidelity Scale, assess success in implementing IMPACT model among PPS partners										
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 Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders										
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites										
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan										
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics										
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care										
Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by										

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	142	430	430	430	430	430	430	430	430	430
Task Behavioral health services are co-located within PCMH/APC practices and are available.	45	70	70	70	70	70	70	70	70	70
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner										
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
process.										
Task 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 Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
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.	80	110	110	110	110	110	110	110	110	110
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with providers and Behavioral Health										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	6	8	8	8	8	8	8	8	8	8
Task Primary care services are co-located within behavioral Health practices and are available.	6	8	8	8	8	8	8	8	8	8
Task Primary care services are co-located within behavioral Health practices and are available.	44	74	74	74	74	74	74	74	74	74
Task Step 1: Determine which behavioral health practices will										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
participate in Model 2 including co-location of Primary Care Services										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner										
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
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,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
including a medication management and care engagement process.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, standard workflows)										
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 16: Implementation plan initiated with engaged/contracted partners										
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
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	0	0	0	0	0	0	0	0	0	0

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
provider as measured by documentation in Electronic Health Record.										
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
roles of team staff who are trained										
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.	234	312	312	312	312	312	312	312	312	312
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
partner sites and develop quarterly reporting updates as necessary										
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 Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 3: Develop project 3.a.i project plan										
Task Step 4: Organize weekly communications and meeting series with key project stakeholders										
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.										
Task Step 7: Develop Clinical Guidelines Summary, evidence based										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers										
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule										
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met										
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 Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers										
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records										
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 4: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training										
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training										
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients										
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.										
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup										
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists										
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist										
Task Step 4: Create registry of IMPACT model participants										
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists										
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients										
Task Step: 11: Key project stakeholders to confirm EHR scope of work										
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup										
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Step 1: Develop method to collect and data warehouse to store roster of patients screened										
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings										
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 5: Collect roster of patients screened										
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals										
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level										
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners										
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 Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders										
Task Step 2: Initiate Suffolk Care Collaborative evidence based										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
practice guidelines to provide "stepped care" at participating PCP sites										
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan										
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics										
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care										
Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites.	General Program Narrative:

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Our PPS has committed to implementing all 3 models associated with project 3ai. Early this year the project team began to work in a collaborative manner with the PCMH lead to ensure the 3ai project plans are in line with the PCMH Behavioral Health requirements. The goal is to align various project requirements in an effort to streamline the efforts when engaging with partners. The PPS has established a project 3ai workgroup to assist in the development of the Integrated Care Models. The project workgroup, made up of various PPS partners including representatives from Brookhaven Memorial Hospital Medical Center, North Shore LIJ Health System, HRHCare, Catholic Health Services, Stony Brook Medicine, Family Service League and Association for Mental Health and Wellness to name a few, was successful in completing and submitting the Clinical Guidelines Summary to the Clinical Governance Committee. The goal of this clinical summary is to provide a snapshot of the project for providers including which screening tools are evidence based. Additionally, the Suffolk Care Collaborative has begun to develop the implementation strategy for the various models within this project. Recognizing that Behavioral Health capacity within our community is a risk to the success of this project, we have begun to explore various opportunities to partner with agencies in our PPS in an effort to scale up the number Behavioral Health Practitioners. SCC has identified a subject matter expert to provide intellectual capital as we work to build a strong and sustainable Integrated Care project framework as well as an Integrated Care technical assistance model for implementation. Immediate objectives include: • Conduct an in-depth assessment of the current state of integration practices with selected pilot providers • Build the SCC's evidence based collaborative standards of care guidelines, clinical protocols for integration, workflow guidance for providers and policies and procedures for warm handoffs and collaborative care efforts • Develop a project implementation strategy and provide technical assistance to pilot partners
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	
Milestone #9	Pass & Ongoing	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Ongoing	
Milestone #15	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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Project 3.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.

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PATIENT CHALLENGES: 1) Within Suffolk County, large disparities in race, ethnicity, language and other cultural factors results in the need for diverse health literacy and patient education materials. 2) Lack of public transportation and limited transportation provided by community organizations results in missed follow-up appointments.
PATIENT REMEDIES: 1) Develop patient education materials at a 5th grade reading level. Translation services at health screenings and workshops. Use available resources such as Dr. Harold Fernandez, co-director of Stony Brook University Heart Institute, who can provide assistance in partnering with community leaders regarding solutions to address disparities. 2) Expansion of Suffolk County Accessible Transportation (SCAT), streamline process to make it more accessible. Outreach and educational efforts will be held in the community where these patients live.

PROVIDER CHALLENGES: 1) Lack of standardized communication and coordination processes when facilitating handoffs between multiple entities who will touch the patient. 2) Providers have difficulty impacting smoking; other attempts to address blood pressure are likely to be unsuccessful without addressing smoking first. 3) Obtaining PCP participation in progressing towards meeting project requirements 4) Lack of willingness to participate in additional IT training or delayed rollout of IT training programs
PROVIDER REMEDIES: 1)Develop a more effective OP CM structure and documentation platform with a dedicated practice support team to ensure accurate tracking, care coordination and follow-up of all targeted patients across the continuum of PPS providers. 2) Partner with community organizations that currently have successful smoking cessation programs. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.4) PPS to engage providers to receive their input and insights on best practices for implementing IT training programs across the PPS.

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

Instructions :

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

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	14,556

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
1,941	2,775	190.98%	-1,322	19.06%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030121354_SCC Cardiovascular (3.b.i) D1Q2.xlsx	Roster for engaged members for (3.b.i) Cardio	10/30/2015 12:14 PM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

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the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt evidence based guidelines	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements									
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)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.	Project		In Progress	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Project		In Progress	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment	Project		In Progress	06/01/2015	10/01/2015	06/01/2015	10/01/2015	12/31/2015	DY1 Q3

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directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.									
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)	Project		In Progress	04/01/2015	06/30/2016	04/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 11: Develop written training materials on secure messaging	Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners	Project		In Progress	03/01/2016	12/31/2016	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Project		In Progress	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	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)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Technology PCP interoperability and integration assessment)									
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners	Project		In Progress	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Project		In Progress	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3

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Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process									
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing	Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices	Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

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certification for all engaged/contracted primary care practices									
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	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	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Sep 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.	Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	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	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	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	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	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 Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH	Project		In Progress	03/01/2016	03/01/2017	03/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 5: Develop training curriculum as well as written training	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH									
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Identify expert trainers to support needs assessment results for training	Project		In Progress	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Identify training needs if any from baseline assessment	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols	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

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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 Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training plan for all identified providers	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present policies and procedures to Project 3.b.i committee for review	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Aggregate and develop written training materials	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Task Step 9: Present training curriculum to Project 3.b.i committee for review	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Identify expert trainer/trainers	Project		In Progress	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, 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
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	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)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment	Project		In Progress	11/01/2015	03/01/2016	11/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Task Step 3: Develop strategy to implement and engage external key stakeholders	Project		In Progress	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 4: Develop policies and procedures related to blood pressure checks	Project		In Progress	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 6: Present training curriculum to PPS Board for review and approval	Project		In Progress	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up	Project		In Progress	03/01/2016	12/01/2016	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment	Project		In Progress	12/31/2016	12/31/2017	12/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 9: Monitor project and collect roster of patients engaged	Project		In Progress	12/31/2016	03/31/2018	12/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
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

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Develop strategy to implement policies and procedures as well as training	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	09/01/2015	05/01/2016	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	05/01/2016	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 7: Present training curriculum to PPS Board for review and approve	Project		In Progress	09/01/2015	05/01/2016	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainers	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and establish	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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calendar of training dates and locations to train staff									
Task Step 14: Keep record training dates and number of staff trained	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained	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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation									
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 12: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 13: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Keep record training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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methods that include documentation of self-management goals.									
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals	Project		In Progress	03/01/2016	05/01/2016	03/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Engage Workforce Project Lead to review training curriculum	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff	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

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Step 12: Keep record raining dates and number of staff trained									
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Create communication strategy and ensure there is bidirectional communication	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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stage of the workflow									
Task Step 6: Obtain written participation agreements with CBOs as applicable	Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Develop training curriculum as well as written training materials	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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

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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 Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations	Project		In Progress	04/01/2015	12/01/2015	04/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager	Project		In Progress	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Develop training curriculum as well as written training	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
materials in reference to home blood pressure monitoring and warm handoff									
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 14: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Keep record 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 Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.	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 Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project									
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified 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 Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process	Project		In Progress	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices	Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Monitor utilization of referral process	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
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.	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 Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations	Project		In Progress	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)	Project		In Progress	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Design and document process and workflow including responsible resources at each stage	Project		In Progress	06/30/2016	12/31/2016	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Adapt written training materials	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 9: Engage Workforce Project Lead in training curriculum design									
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Present training curriculum to Clinical Governance for review	Project		In Progress	09/30/2015	12/31/2015	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)	Project		In Progress	12/31/2015	03/31/2016	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record raining dates and number of staff trained	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #18	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Mental Health	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Develop communication strategy for the Million Hearts Campaign	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Workforce Project Lead to review training curriculum	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Present policies and procedures to PPS Board for review and approval									
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials	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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy									
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit	Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or evidence of agreements	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Identify metrics and the method of collection to create baseline assessment	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP	Project		In Progress	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Maintain directory of engaged and contracted PCPs	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Initiate Implementation plan and schedule to engage PCPs	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity	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 Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model										
Task Step 2: Identify and adapt evidence based guidelines										
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements										
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	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	62
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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)										

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Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
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	142	142
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from										

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individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										

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Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										

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Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Sep 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
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										

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EHR to prompt the use of 5 A's of tobacco control.										
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS										
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record										
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.										
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials										
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 Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)										
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol										
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols										
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH										

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Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH										
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Present training curriculum to Project 3.b.i Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers to support needs assessment results for training										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Identify training needs if any from baseline assessment										
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols										
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,										

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pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model										
Task Step 6: Present policies and procedures to Project 3.b.i committee for review										
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Present training curriculum to Project 3.b.i committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Identify expert trainer/trainers										
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff										

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Task Step 13: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained										
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	142	142
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships										
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment										
Task Step 3: Develop strategy to implement and engage external key stakeholders										
Task Step 4: Develop policies and procedures related to blood pressure checks										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up										

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Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment										
Task Step 9: Monitor project and collect roster of patients engaged										
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks										
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 Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment										
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement										
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment										
Task Step 4: Develop strategy to implement policies and procedures as well as training										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 7: Present training curriculum to PPS Board for review and										

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approve										
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to Clinical Governance Committee for review										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained										
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 Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up										

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Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension										
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up										
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit										
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation										
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites										
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 10: Present training curriculum to Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Present training curriculum to PPS Board for review and approval										
Task Step 13: Identify expert trainers										
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 15: Keep record training dates and number of staff trained										

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Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
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 Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors										
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate										
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH										
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure										
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.										

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Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process										
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals										
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 5: Engage Workforce Project Lead to review training curriculum										
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 7: Present training curriculum to Project 3.b.i Committee for review										
Task Step 8: Present training curriculum to Clinical Governance Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Keep record raining dates and number of staff trained										
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool										

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documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
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 Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off										
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan										
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO										
Task Step 4: Create communication strategy and ensure there is bidirectional communication										
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow										
Task Step 6: Obtain written participation agreements with CBOs as applicable										
Task Step 7: Develop training curriculum as well as written training materials										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										

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Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow										
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 Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations										
Task Step 2: Develop and create policies and procedures										

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Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support										
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget										
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager										
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP										
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record										
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 13: Present training curriculum to Project 3.b.i Committee for review										
Task Step 14: Identify expert trainers										
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 16: Keep record training dates and number of staff trained										

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Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.										
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 Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record										
Task Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project										
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites										
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process										
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval										

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Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget										
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices										
Task Step 5: Monitor utilization of referral process										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols										
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 Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy										
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)										
Task Step 6: Design and document process and workflow including										

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responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule										
Task Step 8: Adapt written training materials										
Task Step 9: Engage Workforce Project Lead in training curriculum design										
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)										
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record raining dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities										
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes										
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and										

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written attestation or evidence of agreement with community patrons										
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	142	142
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	465	930
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	20	54
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program										
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 3: Develop communication strategy for the Million Hearts Campaign										
Task Step 4: Engage Workforce Project Lead to review training curriculum										
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review										
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review										
Task Step 7: Present policies and procedures to PPS Board for review and approval										

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Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project										
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites										
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials										
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 Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening										
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy										
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit										
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or 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	344	344	344
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee										
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i										
Task Step 6: Maintain directory of engaged and contracted PCPs										
Task Step 7: Initiate Implementation plan and schedule to engage PCPs										
Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders										
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity										

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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 Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model										
Task Step 2: Identify and adapt evidence based guidelines										
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies										
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements										
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.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY	62	162	162	162	162	162	162	162	162	162

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requirements.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										

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Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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 Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
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).										

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Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	142	430	430	430	430	430	430	430	430	430
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										

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Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										

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Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Sep 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within										

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the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 11: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
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 Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS										
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record										
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.										
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.										
Task Step 5: Collect and maintain, in a centralized location, all										

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pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials										
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 Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)										
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol										
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols										
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH										
Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH										
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Present training curriculum to Project 3.b.i Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers to support needs assessment results for training										

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Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Identify training needs if any from baseline assessment										
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols										
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 Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project										

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3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model										
Task Step 6: Present policies and procedures to Project 3.b.i committee for review										
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Present training curriculum to Project 3.b.i committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Identify expert trainer/trainers										
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained										
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	142	430	430	430	430	430	430	430	430	430

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
pressure checks without copayment or advanced appointments.										
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships										
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment										
Task Step 3: Develop strategy to implement and engage external key stakeholders										
Task Step 4: Develop policies and procedures related to blood pressure checks										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up										
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment										
Task Step 9: Monitor project and collect roster of patients engaged										
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks										
Milestone #9 Ensure that all staff involved in measuring and recording blood										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
pressure 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 Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment										
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement										
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment										
Task Step 4: Develop strategy to implement policies and procedures as well as training										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 7: Present training curriculum to PPS Board for review and approve										
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to Clinical Governance Committee for review										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained										
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 Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up										
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension										
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up										
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit										
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation										
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites										

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Delivery System Reform Incentive Payment Project

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 10: Present training curriculum to Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Present training curriculum to PPS Board for review and approval										
Task Step 13: Identify expert trainers										
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 15: Keep record training dates and number of staff trained										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
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 Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate										
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH										
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure										
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 Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process										
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals										
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
warm handoff										
Task Step 5: Engage Workforce Project Lead to review training curriculum										
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 7: Present training curriculum to Project 3.b.i Committee for review										
Task Step 8: Present training curriculum to Clinical Governance Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Keep record raining dates and number of staff trained										
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
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.										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off										
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan										
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO										
Task Step 4: Create communication strategy and ensure there is bidirectional communication										
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow										
Task Step 6: Obtain written participation agreements with CBOs as applicable										
Task Step 7: Develop training curriculum as well as written training materials										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow										
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 Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations										
Task Step 2: Develop and create policies and procedures										
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support										
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget										
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager										
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
work flow and coordinates seamlessly with the PCP										
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record										
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 13: Present training curriculum to Project 3.b.i Committee for review										
Task Step 14: Identify expert trainers										
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 16: Keep record training dates and number of staff trained										
Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.										
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 Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project										
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites										
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process										
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval										
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget										
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices										
Task Step 5: Monitor utilization of referral process										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols										
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										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy										
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)										
Task Step 6: Design and document process and workflow including responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule										
Task Step 8: Adapt written training materials										
Task Step 9: Engage Workforce Project Lead in training curriculum design										
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record raining dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities										
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes										
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons										
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.	142	430	430	430	430	430	430	430	430	430
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	1,395	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	94	144	144	144	144	144	144	144	144	144
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes										

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written training materials, and the home blood pressure monitoring program										
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 3: Develop communication strategy for the Million Hearts Campaign										
Task Step 4: Engage Workforce Project Lead to review training curriculum										
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review										
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review										
Task Step 7: Present policies and procedures to PPS Board for review and approval										
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project										
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites										
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials										

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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 Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening										
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy										
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services										
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit										
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or 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.	344	430	430	430	430	430	430	430	430	430
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i										

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Committee										
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i										
Task Step 6: Maintain directory of engaged and contracted PCPs										
Task Step 7: Initiate Implementation plan and schedule to engage PCPs										
Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders										
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity										

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.	General Program Narrative: During a Project Committee meeting held on June 5, the SCC Patient Engagement Definition was approved. In addition, the Clinical Guidelines Summary adopted from the Million Hearts Campaign, designed by the Project 3.b.i Workgroup was approved by the Project 3.b.i Committee, Clinical Governance Committee, and the Board of Directors. The Clinical Guidelines Summary act as the foundation for the implementation of the project, enabling providers to incorporate these guidelines into their practice. An additional highlight, the PMO team, in concert with our partners in the Biomedical Informatics Department of Stony Brook Medicine, evaluated Stony Brook University Hospital data to determine areas with the highest prevalence of disease in the County. This information will be used to support engaging and identifying particular partners during project implementation.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

Milestone Review Status

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

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #16	Pass & Ongoing	
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Ongoing	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Ongoing	

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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Project 3.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

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

Instructions :

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

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PROVIDER CHALLENGES: 1) Difficulty in engaging at least 80% of primary care practices within the PPS. 2) Difficulty addressing issues with medication errors: omissions, duplications, dosing errors or drug interactions. Medication errors are a large driver of readmissions, which will negatively impact the performance of the PPS 3) Ability to achieve PMCH Level 3 recognition by DY 03. The process requires a high degree of coordination and is a key deliverable of project 2.a.i, in addition to this project. 4) Address growing epidemic of Diabetes and Obesity. There is potential difficulty in identifying and engaging the appropriate patients. 5) Engaging PCPs to participate in this project. PCP participation is a key driver of success across all projects and a lack of participation among PCPs will negatively impact achievement of Speed and Scale commitments.

PROVIDER REMEDIES: 1) Show value to PCPs by improving access to comprehensive diabetes education and point-of-care testing (POC-HbA1c). Provide effective care management support. 2) Build medication reconciliation into diabetes care management program to occur at every transition of care: when new medications are ordered, existing orders are adjusted or patients report non-prescriptive medications. Medication adherence will be embedded in all case management protocols, pharmacist support, and will be part of the Stanford Chronic Care educational platform. 3) Provide practice support teams to engage PPS primary care practices to redesign their care delivery processes to move to Level 3 and Advanced Medical Home model. 4)Increase Stanford education resources and also increase CDE resources at a ratio of 2 CDEs to 1,000 people with diabetes in the target population (doubling current capacity in the county) 5)The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.

PATIENT CHALLENGES: 1) Lack of available public transportation prevents patients from being able to access the necessary care at the appropriate time
PATIENT REMEDIES: 1) Deployment of POC-testing will prevent patients from extra traveling to physician's offices or clinical laboratories, enhancing compliance with national guidelines for regular testing/monitoring. The PPS will also look to partner with existing transportation resources within Suffolk County, such as Suffolk County Accessible Transportation (SCAT), to provide additional transportation resources to patients

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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	12,094

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
0	4,964	164.26%	-1,942	41.05%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030101456_SCC Diabetes (3.c.i) D1Q2.xlsx	Roster for engaged members for (3.c.i) Diabetes	10/30/2015 10:15 AM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

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the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings	Project		In Progress	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present policies and procedures to Project 3.c.i committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan	Project		In Progress	09/01/2016	12/31/2016	09/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8: Monitor development of written training materials	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage workforce lead to review training program plan	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Present training materials to Project 3.c.i committee for review	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Present training materials to Clinical Governance Committee for review	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Keep record of process and workflow, including responsible resources 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 Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Engage at least 80% of primary care providers within the PPS in	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
the implementation of disease management evidence-based best practices.									
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop implementation plan and schedule for selected PCPs	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Identify metrics and the method of collection to create baseline assessment	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Maintain directories of engaged/contracted PCPs	Project		In Progress	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Inititate implemention plan and schedule to engage PCPs	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Monitor plan by Project 3.c.i workgroup	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and list of PCPs engaged in this activity	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,	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
pharmacists, dieticians, community health workers, and Health Home care managers where applicable.									
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 Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training plan for all identified providers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.c.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.c.i care coordination mode	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Present policies and procedures to Project 3.c.i committee for review	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Present training program to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Identify team members to collect information on diabetic training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Aggregate and develop written training materials	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training curriculum to Project 3.c.i committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 11: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainer/trainers	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number for staff trained	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 Step 1: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and measures to collect for the support of hot spot strategy									
Task Step 2: Implement collection of valid and reliable REAL (Race, Ethnicity, and Language) data to develop Hot Spotting strategy	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Utilize Community Needs Assessment to support hot spot strategy	Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations	Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for project 3.c.i (Stanford model)	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Design and document process and workflow including responsible resources at each stage	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Develop written training materials	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Engage Workforce project lead in training materials development	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Present training materials to Clinical Governance for review	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Identify expert trainer/trainers for project 3.c.i (Stanford model)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of training dates and number of staff	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
trained									
Task Step 15: Identify locations for Stanford Model to be implemented in Hot Spot communities	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Contract with partner organizations for use of space to hold classes (if applicable) and schedule classes	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Conduct Diabetes Self-Management classes on ongoing basis	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by project 3.c.i workgroup	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community partners	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	04/01/2015	03/31/2018	04/01/2015	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	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 2: Include MCO Stakeholders to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

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
Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements									
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage and coordination of service benefits	Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written attestation or evidence of agreements	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)									
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Project	N/A	In Progress	04/01/2015	03/31/2018	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	Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
into the assessment criteria).									
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		Completed	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards	Project		In Progress	06/01/2015	03/31/2016	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
individual project teams to support project engagement requirements									
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners	Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).	Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process	Project		In Progress	08/31/2015	12/31/2015	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)	Project		In Progress	06/01/2015	12/31/2015	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH	Project		In Progress	08/31/2015	03/31/2016	08/31/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.									
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners	Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing	Project		In Progress	11/01/2015	09/30/2017	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)	Project		In Progress	09/30/2015	03/31/2016	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices	Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices	Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes										
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures										
Task Step 4: Present policies and procedures to Project 3.c.i committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices										
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan										
Task Step 8: Monitor development of written training materials										
Task Step 9: Engage workforce lead to review training program plan										
Task Step 10: Present training materials to Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance Committee for review										
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow										
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model										
Task Step 14: Determine necessary frequency of staff training and create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner										
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations										
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	344	344	344
Task Step 1: Develop implementation plan and schedule for selected PCPs										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup										
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i										
Task Step 6: Maintain directories of engaged/contracted PCPs										
Task Step 7: Inititate implemention plan and schedule to engage PCPs										
Task Step 8: Monitor plan by Project 3.c.i workgroup										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and list of PCPs engaged in this activity										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 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 Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.c.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.c.i care coordination mode										
Task Step 6: Present policies and procedures to Project 3.c.i committee for review										
Task Step 7: Present training program to Clinical Governance Committee for review										
Task Step 8: Identify team members to collect information on diabetic training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 9: Aggregate and develop written training materials										
Task Step 10: Present training curriculum to Project 3.c.i committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number for staff trained										
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 Step 1: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and measures to collect for the support of hot spot strategy										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 2: Implement collection of valid and reliable REAL (Race, Ethnicity, and Language) data to develop Hot Spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spot strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for project 3.c.i (Stanford model)										
Task Step 6: Design and document process and workflow including responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule										
Task Step 8: Develop written training materials										
Task Step 9: Engage Workforce project lead in training materials development										
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for project 3.c.i (Stanford model)										
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record of training dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in Hot Spot communities										
Task Step 16: Contract with partner organizations for use of space to hold classes (if applicable) and schedule classes										

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Task Step 17: Conduct Diabetes Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community partners										
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 Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening										
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements										
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
pertinent project artifacts such as written attestation or 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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
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	142	142
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	62
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										

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

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 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 Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Technology PCP interoperability and integration assessment)										
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										

Project 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										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task Step 1: Establish team of key project stakeholders (including SMEs, interal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.c.i care coordination model for the managemnt and control of diabetes										
Task Step 2: Determine clear work flow processes for the care management/care coordination function that will support the diabetes program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 3: Identify treatment protocols and develop project 3.c.i care coordination model policies and procedures										
Task Step 4: Present policies and procedures to Project 3.c.i committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Implement policies and procedures at engaged/contracted particiating PCP practices										
Task Step 7: Establish team of experts to develop training process and workflow for engaged providers plan										
Task Step 8: Monitor development of written training materials										
Task Step 9: Engage workforce lead to review training program plan										
Task Step 10: Present training materials to Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance Committee for review										
Task Step 12: Keep record of process and workflow, including responsible resources at each stage of the workflow										
Task Step 13: Identify expert trainer/trainers for project 3.c.i care coordination model										
Task Step 14: Determine necessary frequency of staff training and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
create calendar of training dates with site locations to train staff and train staff for project 3.c.i care coordination model										
Task Step 15: Keep record of training dates and number of staff trained at each engaged/contracted PCP partner										
Task Step 16: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 17: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 18: Collect and maintain, in a centralized location, all pertinent project artifacts such as disease management protocols, documentation of process and workflow, list of training dates along with number of staff trained, written training materials and self-audit reports and recommendations										
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.	344	430	430	430	430	430	430	430	430	430
Task Step 1: Develop implementation plan and schedule for selected PCPs										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by project 3.c.i workgroup										
Task Step 4: Collect and Aggregate baseline data and determine baseline for each selected PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.c.i										
Task Step 6: Maintain directories of engaged/contracted PCPs										
Task Step 7: Inititate implemention plan and schedule to engage PCPs										
Task Step 8: Monitor plan by Project 3.c.i workgroup										
Task Step 9: Collect and maintain, in a centralized location, all pertinent project artifacts such list of total PCPs in the PPS and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
list of PCPs engaged in this activity										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task Step 1: Identify scope of work with Project 3.c.i workgroup for Project 3.d.i care coordination model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.c.ii care coordination model. The team should include but is not limited to, contracted/engaged particpating partners, diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.c.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.c.i care coordination mode										
Task Step 6: Present policies and procedures to Project 3.c.i committee for review										
Task Step 7: Present training program to Clinical Governance Committee for review										
Task Step 8: Identify team members to collect information on diabetic training program for care management/coordination staff. Team										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										
Task Step 9: Aggregate and develop written training materials										
Task Step 10: Present training curriculum to Project 3.c.i committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.c.i workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number for staff trained										
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 Step 1: Engage with Project 3.c.i workgroup, health homes, BMI and other identified pertinent stakeholders to define objective and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
measures to collect for the support of hot spot strategy										
Task Step 2: Implement collection of valid and reliable REAL (Race, Ethnicity, and Language) data to develop Hot Spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spot strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for project 3.c.i (Stanford model)										
Task Step 6: Design and document process and workflow including responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule										
Task Step 8: Develop written training materials										
Task Step 9: Engage Workforce project lead in training materials development										
Task Step 10: Present training materials to Workforce Committee and Project 3.c.i committee for review										
Task Step 11: Present training materials to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for project 3.c.i (Stanford model)										
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record of training dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in Hot Spot communities										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 16: Contract with partner organizations for use of space to hold classes (if applicable) and schedule classes										
Task Step 17: Conduct Diabetes Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by project 3.c.i workgroup										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community partners										
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 Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders to Project Committee Meetings for Diabetes Protocol development for the coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening										
Task Step 3: Engage MCO Team to develop Diabetes Payment Strategy for Diabetes-related Services into payer agreements										
Task Step 4: Meet with payers during the planning phase to identify triggers and processes for payer care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Step 5: Execute Payment Agreements or MOU with MCO for Diabetes-related Services and ensure payers provide coverage										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written attestation or 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 Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
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.	142	430	430	430	430	430	430	430	430	430
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	62	162	162	162	162	162	162	162	162	162
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): Draft Current State Assessment Questionnaire for										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 12 (PCMH): Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 13 (PCMH): Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	General Program Narrative: During DY1Q2, the Project Manager and Project Lead engaged the Diabetes Education Workgroup, a sub-group of the 3ci Project Committee, in monthly meetings to collect and review patient education materials, working toward identify best practices for the SCC resource library. The Project Manager initiated a Microsoft SharePoint Partner Portal website to members of the Workgroup to submit materials/literature for review by the Workgroup. The selected materials will ultimately be distributed throughout the PPS as SCC endorsed patient education literature as a means to reduce variability in patient education best practices for Diabetes. The Project Manager and Project Lead conducted regular meetings with PPS partners around the county to learn about current Diabetes Self-Management Training (DSMT) programs, with a focus on the Stanford Model. The PPS will be looking to implement the Stanford Model Chronic Disease Self-Management Program (CDSMP) in hot spots, and is currently developing the funds flow model and budget for the program. These meetings help inform the SCC what is involved in the program and anticipated costs. Some examples of partners include: North Shore Long Island Jewish (NSLIJ) and Catholic Health Services (CHS); Eastern Long Island Hospital (ELIH); Cornell Cooperative Extension/Suffolk County DOH; Retired Senior Volunteers Program; and Hudson River HealthCare. A Clinical Guidelines Summary, based on established clinical protocols and guidelines for Diabetes management, and including the Target Population, Clinical Goals, the Plan/Process to achieve goals, Tools to be employed and References/Guidelines, was developed by key internal stakeholders in June. The Guidelines were approved by the Project Committee on 6/23/15, and were reviewed by the Clinical Committee on 8/10/15. They were approved by the Board on 10/8/15. The Project Manager worked with staff in the Bio-Medical Informatics (BMI) at Stony Brook University Hospital (SBUH) to review Salient data and identify doctors in SC who bill for Hemoglobin A1c exams and whose patients meet the Patient Engagement definition. BMI was also integral in developing hot-spot maps for the identification of the target population to begin exploring where the Stanford Model CDSMP will be implemented The SCC has engaged PPS Partners and Health Systems, including NSLIJ and CHS for 2nd Quarter Patient Engagement data. Business Associate Agreements (BAA) were signed by the SCC and relevant partners for the collection of PHI to submit into MAPP for DY1Q2. The Project Manager developed and completed the Work Plan for the 3ci program, comprising tasks and sub-tasks required to achieve Domain 1 Milestones. The Work Plan also includes an Implementation Plan for Primary Care Providers (PCPs) to execute the project in their respective practices.
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.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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	

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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

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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

Instructions :

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Project 3.d.ii – Expansion of asthma home-based self-management program

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

Instructions :

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

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PATIENT CHALLENGES: Families eligible for Medicaid/uninsured are more likely to have challenges (e.g., low health literacy, difficulty obtaining medications, transportation problems, etc.) that contribute to increased risk for poor asthma-related health outcomes.
PATIENT REMEDIES: Our multi-disciplinary teams will provide consistent asthma education at each encounter within the PPS (i.e. hospital/ED, office, home visit) and tailor interventions to address the unique challenges faced by each patient.

PROVIDER CHALLENGES: 1) Some PPS providers will experience barriers in implementing NHLBI asthma guidelines. 2) Some PPS providers may not have resources to address the cultural/linguistic needs of the diverse Suffolk County population. 3) Provider participation
PROVIDER REMEDIES: 1) The project team will offer all PPS providers education and care redesign support required to meet project goals. This support will include a readiness assessment and guidance on best practices for achieving PCMH Level 3 status, including centralized scheduling, practitioners working at top of license, etc. 2) The PCP practice support teams will offer cultural competency training, including interpretation services use, for all practice staff. 3) Align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

INFRASTRUCTURE CHALLENGES: 1) Consistency in hiring, training, and supervision of CHWs. 2) Potential difficulty exists in developing collaborative relationships across a diverse group of providers and community partners. If experienced, this could delay patients from receiving appropriate care in a timely manner.
INFRASTRUCTURE REMEDIES: 1) Building upon our existing program, we will hire and train additional management personnel to provide consistent workforce training and supervision. 2) The project team will hold monthly meetings with all project participants, including community partners, to monitor progress and implement shared governance.

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IPQR Module 3.d.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	6,751

Patient Update		% of Semi-Annual Commitment To-Date	Semi-Annual Variance of Projected to Actual	% of Total Actively Engaged Patients To-Date
DY1, Q1	DY1,Q2			
1,140	2,539	376.71%	-1,865	37.61%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
jhajagos	Rosters	16_null_1_2_20151030092718_SCC Asthma (3.d.ii) D1Q2.xlsx	Roster for engaged members for (3.d.ii) Asthma	10/30/2015 09:28 AM

Narrative Text :

The Suffolk Care Collaborative began preparing for the collection of PHI data in July of 2015. To start, we engaged legal counsel to draft template BAA's to support HIPAA for our PPS network (including HUB BAA's for our Health System partners CHS and NSLIJ). Our Project Managers also began circulating the SCC Domain 1 Project Patient Engagement definitions, patient engagement data request specification document and a template excel report with key internal project stakeholders for education and approvals (i.e. Project Workgroups and PMO leadership).

In August the PMO hosted a Domain 1 Patient Engagement Data Request webinar for our PPS partners to begin to capture forecasting data. Using our forecasting data we received, we prioritized our partners for BAA's, where we had the month of September to collect BAA's. At this time we identified about 20 partners who we confirmed met our patient engagement expectations.

On October 5th the SCC held it's second data request webinar, at this time we invited partners of whom we've extended BAA's to join, the recorded webinar was posted to our website at this link: http://www.suffolkcare.org/forpartners/datarequest. The Domain 1 Data Request webinar Learning Objectives included, (1) Describe the DSRIP Domain 1 Patient Engagement reporting requirements and commitments made to the Department of Health, (2) Identify the SCC data request timeline and DOH reporting schedule, (3) Explain the patient engagement data specs needed by DSRIP project, (4) Discuss the temporary strategy for transmitting Protected Health Information (PHI) to the Suffolk Care Collaborative to meet DY1 Q2 Patient Engagement Quarterly Reporting Requirements. Following the webinar we surveyed the participants for their perception of effectiveness of

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the Data Request webinar.

During the month of October, our program licensed the BOX Software tool (https://www.box.com/home/b/), which was evaluated by our SCC Security Officer and IT Leadership to host secure PHI. Each of our partners who signed a BAA, also identified a BOX user for the software product. This user also received BOX training. Following the 10/5/2015 Data Request webinar, the deadline for returning data reports through BOX was October 16th. In partnership with our Biomedical Informatics team, we collected, quality controlled and monitored the data, aggregated each Data Request and de-duped the data to adhere to the NYS DOH Patient Engagement Counting Rules. The final metric is presented herein, coupled with the patient engagement registry requested.

To date, here is the list of SCC Coalition Partners of whom we've received a BAA:

1. North Shore LIJ Health System ("HUB")
2. CHS Health System ("HUB")
3. Stony Brook University Hospital Network
4. John T. Mather Memorial Hospital
5. Brookhaven Memorial Hospital Medical Center
6. Eastern Long Island Hospital
7. Southampton Hospital
8. Peconic Bay Medical Center
9. HRHcare Inc
10. Peconic Pediatrics (Allied)
11. Family Service League
12. Huntington Hills Center
13. Gurwin Jewish Nursing & Rehabilitation Center
14. Long Island State Veterans home
15. Smithtown Center for Rehab and Nursing Care
16. Riverhead Care Center
17. Suffolk Center for Rehabilitation and Nursing
18. Island Nursing and Rehab Center
19. Our Lady of Consolation
20. St. Catherine of Siena Nursing and Rehab Care Center
21. Good Samaritan Nursing Home
22. East Neck Nursing and Rehab Center
23. St. James Rehab and Healthcare Center
24. Stony Brook Clinical Practice Management Plan, Inc.

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.d.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 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	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 a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Present scope of work to Project 3.d.ii Committee	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 4: Present scope of work to Clinical Governance committee for review and approval	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii	Project		Completed	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
patients that received home-care interventions									
Task Step 8: Identify eligible patients to receive home-assessments	Project		In Progress	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Finalize agreements with partners and initiate terms	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of asthma patients that receive assessment	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed intervention protocols and identified	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
resources in the community to assist patients with needed evidence-based trigger reduction interventions.									
Task Step 1: Identify and establish team of experts to develop intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Workforce project lead to review training curriculum	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers	Project		In Progress	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Collect and consolidate patient education materials for distribution	Project		In Progress	03/31/2016	03/31/2017	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and implement evidence-based asthma management	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
guidelines.									
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)	Project		In Progress	04/01/2015	10/01/2015	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.	Project		In Progress	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Implement evidence-based guidelines	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8: Monitor and document the efficacy of the guidelines	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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for review									
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training materials	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present training materials to Project 3.d.ii Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present training materials to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case									
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Identify and engage vendors to contract for defined scope of work	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Keep record of training dates and attendance roster	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and 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 conducted training of all providers, including social services and support.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)									
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Present policies and procedures to Project 3.d.ii committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Present policies and procedures to Clinical Governance Committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers	Project		In Progress	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Aggregate and develop written training materials	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Workforce project lead to review training plan for all identified providers	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Present training program to Project 3.d.ii committee for review	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 11: Present training program to Clinical Governance Committee for review	Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 12: Identify expert trainer/trainers	Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Determine frequency of staff training and establish	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
calendar of training dates and locations to train staff									
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Monitor efficacy of curriculum by Project 3.d.ii workgroup	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families	Project		In Progress	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Present plan to Clinical Governance committee for review	Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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

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State University of New York at Stony Brook University Hospital (PPS ID:16)

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
Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family									
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.	Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project	Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development	Project		In Progress	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Engage with stakeholder group to identify triggers and processes for care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Execute Payment Agreements or MOU with MCO for Asthma-related Services and ensure payers provide coverage and coordination of service benefits	Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written agreements	Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively	Project		In Progress	06/01/2015	03/31/2017	06/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged patients for project milestone reporting.									
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	06/30/2016	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.	Project		In Progress	09/01/2015	09/30/2016	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent	Project		In Progress	01/31/2016	06/30/2016	01/31/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
applications.									
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.										
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Present scope of work to Project 3.d.ii Committee										
Task Step 4: Present scope of work to Clinical Governance committee for review and approval										
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii										
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers										
Task										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions										
Task Step 8: Identify eligible patients to receive home-assessments										
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient										
Task Step 10: Finalize agreements with partners and initiate terms										
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments										
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 13: Keep record of asthma patients that receive assessment										
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform										
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions										
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.										
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.										
Task Step 1: Identify and establish team of experts to develop										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training curriculum										
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review										
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review										
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out										
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers										
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 9: Collect and consolidate patient education materials for distribution										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials										
Milestone #3 Develop and implement evidence-based asthma management guidelines.										
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.										
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control										
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.										
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review										
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review										
Task Step 7: Implement evidence-based guidelines										
Task Step 8: Monitor and document the efficacy of the guidelines										
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines										
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of										

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environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training materials										
Task Step 4: Present training materials to Project 3.d.ii Committee for review										
Task Step 5: Present training materials to Clinical Governance Committee for review										
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors										
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services										
Task Step 9: Identify and engage vendors to contract for defined scope of work										
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff										
Task Step 11: Keep record of training dates and attendance roster										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.										
Task PPS has developed and conducted training of all providers, including social services and support.										
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.										
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.										
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)										
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support										
Task Step 4: Present policies and procedures to Project 3.d.ii committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers										
Task Step 8: Aggregate and develop written training materials										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 9: Engage Workforce project lead to review training plan for all identified providers										
Task Step 10: Present training program to Project 3.d.ii committee for review										
Task Step 11: Present training program to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.d.ii workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation										
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.										
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.										
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials										
Task Step 3: Present plan to Clinical Governance committee for review										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners										
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family										
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.										
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development										
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements										
Task Step 4: Engage with stakeholder group to identify triggers and processes for care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Step 5: Execute Payment Agreements or MOU with MCO for Asthma-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written agreements										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and										

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Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.										
Task PPS has developed a strategy for the collaboration of community medical and social services providers to assess a patient's home and provide self-management education for the appropriate control of asthma.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup and committee for an asthma home assessment program that will include, but is not limited to: home-based self- management recognition and reduction of environmental triggers; and patient educational materials.										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Present scope of work to Project 3.d.ii Committee										
Task Step 4: Present scope of work to Clinical Governance committee for review and approval										
Task Step 5: Identify and create list of community medical and social service providers to engage for Project 3.d.ii										
Task Step 6: Develop budget and schedule for the collaboration of community medical and social services providers										
Task Step 7: Identify metrics and deliverables to measure and monitor program, which will include, but is not limited to, rosters of patients that received home-care interventions										
Task Step 8: Identify eligible patients to receive home-assessments										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 9: Engage community medical and social services providers to present proposals for the assessment of the patient's home environment and supply self-management educational materials to the patient										
Task Step 10: Finalize agreements with partners and initiate terms										
Task Step 11: Coordinate with contracted CHW Supervisor to monitor schedule for home assessments										
Task Step 12: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 13: Keep record of asthma patients that receive assessment										
Task Step 14: Keep record of CHWs who perform home assessments and the frequency of the assessments they perform										
Task Step 15: Engage key stakeholders to monitor efficacy of program including provider performance against identified metrics, budget and schedule										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as documented agreements with partners, patient educational materials and patient rosters of individuals who received home-based interventions										
Milestone #2 Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.										
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.										
Task Step 1: Identify and establish team of experts to develop intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers. Team of experts to include the availability of care support resources such as care managers and specialist access										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training curriculum										
Task Step 4: Present intervention protocols and training materials to Project 3.d.ii Committee for review										
Task Step 5: Present intervention protocols and training materials to Clinical Governance committee for review										
Task Step 6: Identify areas of high asthma prevalence to strategize training roll-out										
Task Step 7: Identify, evaluate and prioritize a list of trainers to train staff of community medical and social service providers										
Task Step 8: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 9: Collect and consolidate patient education materials for distribution										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as documentation of process and workflow, written training materials, list of training dates along with number of staff trained and patient educational materials										
Milestone #3 Develop and implement evidence-based asthma management guidelines.										
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.										
Task Step 1: Establish team of experts to develop and review evidence-based guidelines (Project Leads, Project Workgroup, & Project Teams)										
Task Step 2: Develop and create evidence-based guidelines incorporating NEAPP EPR 3 Guidelines for the Diagnosis and Management of Asthma as the basis for implementing evidence-based asthma management care, together with The Community Preventative Service Task Force evidence-based										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
recommendations for Home-Based Multi-Trigger, Multicomponent Environmental Interventions for Asthma Control										
Task Step 3: Develop strategy to implement and monitor the efficacy of the guidelines										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the asthma program. Ensure seamless coordination of patient outreach and care management effort across all involved providers.										
Task Step 5: Present evidence-based guidelines and implementation plan to Project 3.d.ii Committee for review										
Task Step 6: Present evidence-based guidelines and implementation plan to Clinical Governance Committee for review										
Task Step 7: Implement evidence-based guidelines										
Task Step 8: Monitor and document the efficacy of the guidelines										
Task Step 9: Present results and recommendations as needed for revisions of the guidelines to the Clinical Governance Committee for review										
Task Step 10: Collect and maintain, in a centralized location, all pertinent project artifacts such as standard clinical protocols, treatment plans and reviewed and revised guidelines										
Milestone #4 Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task PPS has developed training and comprehensive asthma self-management education, to include basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.										
Task Step 1: Establish team of experts to develop training materials for patient education, ensuring that training is comprehensive and										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
utilizes national guidelines for asthma self-management education, with Project 3.d.ii Workgroup										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient educational materials										
Task Step 3: Engage Workforce project lead to review training materials										
Task Step 4: Present training materials to Project 3.d.ii Committee for review										
Task Step 5: Present training materials to Clinical Governance Committee for review										
Task Step 6: Identify and engage with expert Community Health Worker trainer/trainers to determine scope of work for vendors										
Task Step 7: Create a process to coordinate care with either a Health Home care manager or SCC care manager who may already be on, or needs to be on the case										
Task Step 8: Determine scope of work, budget, schedule and the appropriate stakeholders to engage for the implementation of the training and asthma self- management education services										
Task Step 9: Identify and engage vendors to contract for defined scope of work										
Task Step 10: Determine frequency of staff training and create calendar of training dates with locations on an ongoing basis to train staff										
Task Step 11: Keep record of training dates and attendance roster										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as staff training rosters and patient educational materials										
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.										
Task PPS has developed and conducted training of all providers, including social services and support.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.										
Task PPS has assembled a care coordination team that includes use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Step 1: Identify scope of work with Project 3.d.ii workgroup for Project 3.d.ii care coordination model.										
Task Step 2: Identify and assemble care coordination team to implement Project 3.d.ii care coordination model. The team should include but is not limited to, contracted/engaged participating partners, Health Home CMs and SCC CMs (some of whom may be embedded in PCMHs)										
Task Step 3: Create and formalize policies and procedures for Project 3.d.ii care coordination model, ensuring coordinated care for asthma patients include social support										
Task Step 4: Present policies and procedures to Project 3.d.ii committee for review										
Task Step 5: Present policies and procedures to Clinical Governance Committee for review										
Task Step 6: Engage IDS Workgroup to align Project 2.a.i and Project 3.d.ii objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 7: Identify team members to collect information on asthma training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians and community health workers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Engage Workforce project lead to review training plan for all identified providers										
Task Step 10: Present training program to Project 3.d.ii committee for review										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 11: Present training program to Clinical Governance Committee for review										
Task Step 12: Identify expert trainer/trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 15: Monitor efficacy of curriculum by Project 3.d.ii workgroup										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as care coordination team rosters, written training materials, list of training dates and staff trained, contracts, reports, vendor system documentation and process and workflow documentation										
Milestone #6 Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.										
Task Follow-up services implemented after ED or hospital visit occurs. Root cause analysis is conducted and shared with patient's family.										
Task Step 1: Identify and engage key project stakeholders (both internal and external) to develop plan for follow-up services; methods of when and how to perform and document root cause analysis; and as communicating findings with patients and families										
Task Step 2: Engage the Cultural Competency & Health Literacy Advisory Group to review patient-facing materials										
Task Step 3: Present plan to Clinical Governance committee for review										
Task Step 4: Implementation of Project 3.d.ii post discharge follow-up plan with engaged contracted partners										
Task Step 5: Collect and maintain record of post discharge follow-up data which may include follow-up dates and details of follow-up										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such rosters demonstrating follow-up is conducted, and materials supporting that root cause analysis was conducted and shared with family										
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.										
Task PPS has established agreements with MCOs that address the coverage of patients with asthma health issues. PPS has established agreements with health home care managers, PCPs, and specialty providers.										
Task Step 1: Develop MCO, Health Home care managers, primary care providers, and specialty providers stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Health Home care managers, primary care providers, and specialty providers stakeholders to care coordination model development										
Task Step 3: Engage MCO Team to develop Asthma Payment Strategy for Asthma-related Services into payer agreements										
Task Step 4: Engage with stakeholder group to identify triggers and processes for care coordination and chronic care services to ensure coordination, gaps in care and/or redundant services.										
Task Step 5: Execute Payment Agreements or MOU with MCO for Asthma-related Services and ensure payers provide coverage and coordination of service benefits										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as written agreements										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details.										
Task Step 9: Test, validate, configure, integrate and maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 11: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										

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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
Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	General Program Narrative: In the 2nd Quarter, "deep dive" meetings were initiated by the Project Manager (PM) and Project Workgroup with the Stony Brook University Hospital (SBUH) IT Department to develop a plan for asthma patient data registry. Patient data information submitted into a central registry is obligatory in order to achieve patient engagement requirements. The PM, Project Workgroup and SBUH IT staff reviewed the RedCap software program, currently used in SBUH's Keeping Families Healthy (KFH) Program. KFH is the Asthma Home-Assessment program that served as the model for the SCC Asthma Program. The Project Manager and Project Workgroup initiated meetings with xG Health Consultants to design Care Management (CM) integration for project. Considerations include developing the protocol for high-risk patient to be referred from Asthma program to CM program if additional CM support is needed, and determining if a high-risk referral differs if the CM is embedded in a PCP clinic (i.e. do all high risk patients getting home visit automatically get referred to the embedded CM). The Project Manager developed and completed the Work Plan for the 3dii program, comprising tasks and sub-tasks required to achieve Domain 1 Milestones. The Work Plan also includes an Implementation Plan for Primary Care Providers (PCPs) to execute the project in their respective practices. The Project Manager and Project Workgroup worked with the SCC Chief Operating Officer (COO) and Business Manager to develop a program budget and schedule for the collaboration of community medical and social services providers to engage for the project. The Project Manager initiated a Microsoft SharePoint Partner Portal website to members of the Workgroup for the development and review of materials and documents comprising: intervention protocols, which include workflow processes, staff training materials and patient educational materials to reduce patient's exposure to environmental triggers; work flow processes for the care management/care coordination function that will support the asthma program; training materials for patient education; plan for follow-up services; methods of when and how to perform and document root cause analysis; and communicating findings with patients and families.
Establish procedures to provide, coordinate, or link the client to resources for evidence-based trigger reduction interventions. Specifically, change the patient's indoor environment to reduce exposure to asthma triggers such as pests, mold, and second hand smoke.	
Develop and implement evidence-based asthma management guidelines.	
Implement training and asthma self-management education	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
services, including basic facts about asthma, proper medication use, identification and avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.	
Ensure coordinated care for asthma patients includes social services and support.	
Implement periodic follow-up services, particularly after ED or hospital visit occurs, to provide patients with root cause analysis of what happened and how to avoid future events.	
Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

Milestone Review Status

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

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

Instructions :

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

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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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Project 4.a.ii – Prevent Substance Abuse and other Mental Emotional Behavioral Disorders

IPQR Module 4.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.

INFRASTRUCTURE CHALLENGES: 1) Recruiting staff to meet demand and staff's adjustment to Project ASSERT/SBIRT will take time. To be addressed through existing/future workforce training, ongoing mentoring/technical assistance, engagement of Peers and establishment of web-based platform for disease self-management/tele-health. 2) Workflow issues in ED settings where time is a significant factor in throughput. IT can be leveraged to help. 3) The project will need to consider the role of parents/ caregivers/coalitions /teachers/lawmakers/ pastors/youth /peers, etc.

INFRASTRUCTURE RISK MITIGATION a) Work with schools to promote prevention activities/referral relationships. b) Leverage existing health educators to raise awareness of available resources. c) Leverage existing community health workers to address health literacy. d) Leverage community coalitions/prevention providers to support environmental strategies and the building of protective factors while reducing risk factors. e) Leverage a nationally competitive Drug Free Communities grants to promote sustainability.

PROVIDER CHALLENGES: 1) ED/Hospital physicians will need re-training about documentation of SUD/MEB to properly include screening/intervention processes on claims. 2) Difficulties engaging teens in treatment for SUDs. 3) Overcoming myths/attitudes about smoking cessation among those with mental illness. 4) Psychiatrists/Psychiatric Nurse Practitioners will need education about smoking cessation medications/prescriptions. 5) Encouraging overall provider participation.
PROVIDER RISK MITIGATION: 1) Integration/coding/billing experts will be engaged to provide consultation and training for PPS billing and coding staff. 2) Targeted Patient Engagement programs will be aimed at engaging teens in treatment. 3) Contingency Management/Harm Reduction approaches will be used as possible solutions/motivators. 4) Psychiatrists/Psychiatric Nurse Practitioners will need education about smoking cessation medications/prescriptions. 5) Providers will be encouraged and supported to participate through financial incentives, e.g. pay for performance.

PATIENT CHALLENGES: 1) Encouraging people to accept help and/or education (i.e. risking drinking/signs of depression needing to be addressed). 2) Language, health literacy, cultural competency barriers need to be overcome. 3) Transportation to/from appointments in order to engage in care. Capacity to conduct offsite/home visits will be developed by treatment providers.

PATIENT RISK MITIGATION 1)The PPS will develop a Patient Engagement team focused on helping and educating targeted populations 2)The PPS will provide access to Spanish speaking providers, translated patient materials and materials at a 5th grade reading level. Provide staff training on cultural competency. 3)Capacity to conduct offsite/home visits will be developed by treatment providers.

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IPQR Module 4.a.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 Milestone 1: Identification and engagement of community partners to collaborate in the SBIRT drug and alcohol abuse prevention efforts	In Progress	Model 1: SBIRT	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 1: Invite community partners including local health departments to take part in planning	Completed	Step 1: Invite community partners including local health departments to take part in planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Develop specific program objectives	Completed	Step 2: Develop specific program objectives	05/01/2015	07/31/2015	05/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage with community partners and key project stakeholders who can support project implementation	In Progress	Step 3: Engage with community partners and key project stakeholders who can support project implementation	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Developing SBIRT Implementation Plan and Schedule for Suffolk County participating hospital	In Progress	Step 4: Developing SBIRT Implementation Plan and Schedule for Suffolk County participating hospital	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Suffolk Care Collaborative to sponsor individuals to attend the OASAS SBIRT Train the Trainer Certification	In Progress	Step 5: Suffolk Care Collaborative to sponsor individuals to attend the OASAS SBIRT Train the Trainer Certification	09/01/2015	11/30/2015	09/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 6: Develop geographical collaborations among partners to ensure adequate supports are in place	In Progress	Step 6: Develop geographical collaborations among partners to ensure adequate supports are in place	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Develop tracking system to measure number of Individuals screened and engaged in early interventions.	In Progress	Step 7: Develop tracking system to measure number of Individuals screened and engaged in early interventions.	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 2: Implement SBIRT protocols in Suffolk County Hospital Emergency Departments to identify residents at high risk for substance misuse and abuse.	In Progress	Model 1: SBIRT	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Formalize SBIRT Implementation Team, ensuring adequate representation from PPS partners participating in project	Completed	Step 1: Formalize SBIRT Implementation Team, ensuring adequate representation from PPS partners participating in project	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Establish learning collaborative within implementation team, leveraging partners already implementing SBIRT protocol	Completed	Step 2: Establish learning collaborative within implementation team, leveraging partners already implementing SBIRT protocol	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Host meetings with implementation team to share best practices and implementation considerations; Track meeting agendas, minutes and attendance on ongoing basis	Completed	Step 3: Host meetings with implementation team to share best practices and implementation considerations; Track meeting agendas, minutes and attendance on ongoing basis	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 4: Develop SBIRT training plan to staff to ensure effective implementation and identification of patients at high risk / in need of further interventions	In Progress	Step 4: Develop SBIRT training plan to staff to ensure effective implementation and identification of patients at high risk / in need of further interventions	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 5: Collect list of training dates along with number of staff trained	In Progress	Step 5: Collect list of training dates along with number of staff trained	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 6: Assist each hospital partner in early implementation following best practices put forth by OASAS	In Progress	Step 6: Assist each hospital partner in early implementation following best practices put forth by OASAS	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 7: Participating partners implement SBIRT protocol in Emergency Departments	In Progress	Step 7: Participating partners implement SBIRT protocol in Emergency Departments	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 8: Measure Number of Individuals Screened and engaged in early interventions as identified by SBIRT protocol	In Progress	Step 8: Measure Number of Individuals Screened and engaged in early interventions as identified by SBIRT protocol	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4
Task	In Progress	Step 9: Operationalize tracking system to monitor project	12/31/2017	03/31/2018	12/31/2017	03/31/2018	03/31/2018	DY3 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 9: Operationalize tracking system to monitor project implementation, monitor risk and develop risk mitigation strategies		implementation, monitor risk and develop risk mitigation strategies						
Milestone Milestone 3: Engage with Prevention Resource Center to design and implement program to reduce underage drinking among Suffolk County youth following the National Strategic Prevention Planning Framework	In Progress	Model 2: Underage Drinking	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Identify appropriate point of contact at PRC	Completed	Step 1: Identify appropriate point of contact at PRC	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage point of contact at PRC to establish scope of work, program objectives & goals, and fee structure for contracting	Completed	Step 2: Engage point of contact at PRC to establish scope of work, program objectives & goals, and fee structure for contracting	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Establish metrics to measure project goals	In Progress	Step 3: Establish metrics to measure project goals	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Collaborate with PRC to write detailed Implementation Plan	In Progress	Step 4: Collaborate with PRC to write detailed Implementation Plan	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 5: PRC implements project	In Progress	Step 5: PRC implements project	11/30/2015	03/31/2019	11/30/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 4: Monitor Prevention Resource Center implementation of program to reduce underage drinking among Suffolk County Youth	In Progress	Model 2: Underage Drinking	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Collect list of training dates along with number of staff trained	In Progress	Step 1: Collect list of training dates along with number of staff trained	03/31/2016	07/31/2016	03/31/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 2: Collect project metrics and data from PRC to monitor program	In Progress	Step 2: Collect project metrics and data from PRC to monitor program	08/01/2016	12/31/2018	08/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Step 3: Measure Number of youth who received support services associated with underage drinking prevention	In Progress	Step 3: Measure Number of youth who received support services associated with underage drinking prevention	03/31/2018	03/31/2019	03/31/2018	03/31/2019	03/31/2019	DY4 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Milestone 5: Engage and implement tobacco-free regulations at participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health	In Progress	Model 3: Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Invite community partners including local health department to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	Completed	Step 1: Invite community partners including local health department to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, minutes and attendance on ongoing basis	Completed	Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, minutes and attendance on ongoing basis	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Identify and engage with OMH facilities to develop participating provider registry	In Progress	Step 3: Identify and engage with OMH facilities to develop participating provider registry	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 4: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	In Progress	Step 4: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	11/01/2015	07/31/2016	11/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 5: Implement tobacco-free regulations in participating OMH facilities	In Progress	Step 5: Implement tobacco-free regulations in participating OMH facilities	08/01/2016	12/31/2018	08/01/2016	12/31/2018	12/31/2018	DY4 Q3
Task Step 6: Track number of OMH facilities that adopt tobacco-free regulations	In Progress	Step 6: Track number of OMH facilities that adopt tobacco-free regulations	12/31/2018	03/31/2019	12/31/2018	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 6: Engage and implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health.	In Progress	Model 3: Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Identify and engage with participating OMH facilities	In Progress	Step 1: Identify and engage with participating OMH facilities	04/01/2015	10/31/2015	04/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task	In Progress	Step 2: Identify current smoking cessation practices for those with	11/01/2015	07/31/2016	11/01/2015	07/31/2016	09/30/2016	DY2 Q2

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 2: Identify current smoking cessation practices for those with mental illness		mental illness						
Task Step 3: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	In Progress	Step 3: Develop evidence based guidelines for implementation, leveraging existing tobacco-free OMH facilities	11/01/2015	07/31/2016	11/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 4: Engage with workforce lead and project workgroup to design training program for OMH facilities using evidence based guidelines	In Progress	Step 4: Engage with workforce lead and project workgroup to design training program for OMH facilities using evidence based guidelines	08/01/2016	10/31/2016	08/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Step 5: Initiate training with engaged OMH facilities	In Progress	Step 5: Initiate training with engaged OMH facilities	11/01/2016	03/31/2017	11/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities implement evidence based smoking cessation practices to reduce tobacco use among adults who report poor mental health	In Progress	Step 6: Implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities implement evidence based smoking cessation practices to reduce tobacco use among adults who report poor mental health	03/31/2017	12/31/2018	03/31/2017	12/31/2018	12/31/2018	DY4 Q3
Task Step 7: Track number of OMH facilities that adopt tobacco-free regulations	In Progress	Step 7: Track number of OMH facilities that adopt tobacco-free regulations	12/31/2018	03/31/2019	12/31/2018	03/31/2019	03/31/2019	DY4 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Identification and engagement of community partners to collaborate in the SBIRT drug and alcohol abuse prevention efforts	General Program Narrative: The SCC has initiated work in each of the 3 models within project 4a2. Project 4a2 SBIRT Workgroup which is made up for various PPS partner has drafted the

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	SBIRT Clinical Guidelines Summary for the Clinical Governance Committee to review. The goal of this clinical summary is to summarize SBIRT and describe each evidence-based screening tool endorsed by the SCC. SCC has developed an SBIRT learning collaborative for partners to share lessons learned. We've hosted 2 webinars for the collaborative to highlight topics including: "An Introduction to SBIRT" and "Billing Considerations for SBIRT". Webinar presenters included partners from Stony Brook Medicine and North Shore LIJ and offered other partners the opportunity to introduce questions about the project. In September 2015 SCC applied to send two PPS partners for training to become OASAS (Office of Alcoholism and Substance Abuse Services) Certified SBIRT Training Providers. Once trained, the new trainers will support training efforts for participating hospital staff in the delivery of SBIRT as we work to roll out SBIRT in all Emergency Departments across the county. We were happy to learn the two individuals were accepted into the training program for October development of a training plan and schedule will guide our newly trained partners moving forward. The PPS has engaged with the Prevention Resource Center to begin planning the implementation of the Underage Drinking Prevention program under project 4a2 model. The goal of the Underage Drinking Prevention program is to address the negative social and environmental conditions which expose the youth to risk related to widespread and accepted drug use patterns. The Project 4a2 Tobacco Cessation workgroup, representative of experts who have experience with training and implementing tobacco cessation programs in OMH facilities, began development of the project model. The group has started to explore training opportunities to address the unique needs of the providers such as behavioral health specialists and support staff at the participating OMH facilities.
Milestone 2: Implement SBIRT protocols in Suffolk County Hospital Emergency Departments to identify residents at high risk for substance misuse and abuse.	
Milestone 3: Engage with Prevention Resource Center to design and implement program to reduce underage drinking among Suffolk County youth following the National Strategic Prevention Planning Framework	
Milestone 4: Monitor Prevention Resource Center implementation of program to reduce underage drinking among Suffolk County Youth	
Milestone 5: Engage and implement tobacco-free regulations at participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health	
Milestone 6: Engage and implement evidence based smoking cessation practices participating Office of Mental Health (OMH) facilities to reduce tobacco use among adults who report poor mental health.	

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 4.a.ii.3 - IA Monitoring

Instructions :

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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.

PATIENT/SOCIOECONOMIC ISSUES RISK #1Limited public transportation results in patients not receiving preventive services, cancer prevention screenings, and missing follow-up appointments.
SOLUTION: Convenient locations developed for on-site education/screening events, leverage the use of mobile screening resources, and engagement of transportation companies to expand availability of transport resources. Through expansion of Suffolk County Accessible Transportation (SCAT) program; the PPS will work to streamline the process to make transportation services more accessible to the patient.
PATIENT/SOCIOECONOMIC ISSUES RISK #2 Large disparities in Race/Ethnicity/Language and other cultural factors results in need for diverse health literacy/patient education materials that are not being met.
SOLUTION: Explore and obtain existing resources and develop those needed with the assistance of national/state experts and PPS partners who know the community.

PRACTICE EFFECTIVENESS RISK #1 Lack of expanded hours to help improve access to education and screening services. Providers might also be resistant to changing their way of operating (e.g., expanded hours, delegating decision making, etc.)
SOLUTION: Work with providers to expand access/hours through the efficiencies recognized within the implementation of the Patient Centered Medical Home model; leverage on-call systems and telehealth options. If providers are not currently using, or familiar with, telehealth technologies, they will receive additional training from the PPS Provider Engagement team. Provider Engagement Team also to work closely with PPS provider network throughout training process to ensure that feedback from the provider community is received and utilized, when appropriate.
PRACTICE EFFECTIVENESS RISK #2 Trend of clinical office staff not practicing at "top of license" to do education and schedule necessary screenings, which contributes to access issues.
SOLUTION: Workforce training/mentoring and build efficiencies into workflows with clearer role definitions to be sure that the necessary education and screenings get accomplished.
PRACTICE EFFECTIVENESS RISK #3 Lack of education and awareness on the part of providers of current best practice prevention recommendations and community resources.
SOLUTION: Provider and office staff education on current recommendations; create tool kits that providers can use to refer patients to available free or low cost education and screening resources in the community.
PRACTICE EFFECTIVENESS RISK #4 Lack of resources for PCPs to tackle myriad issues.
SOLUTION: Align PCPs through pay for performance incentives. The PPS wide Provider Engagement Team will also work with the PPS provider network to identify alternative solutions (non-financial) for incentivizing providers to increase participation. This will occur through the two-way communication strategy and will seek input and insights from the PPS provider network.

CARE MANAGEMENT RISK #1
1) Few warm handoffs or standard routes of communication or registries regarding patients who may be in need of education or screenings.

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SOLUTION: Leverage a PPS-wide care management documentation platform that includes a registry function and ultimately links with EHRs/RHIO. This will ensure that at every opportunity an individual who is in need of services can be easily identified.

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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 Milestone 1: Identify and engage those at high risk for obesity in an effort to decrease the number of Suffolk County Residents who are obese	In Progress	Obesity	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Invite community partners including local health departments to take part in planning program initiatives and formalize Project 4b2 Obesity Prevention Workgroup	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning. Workgroup will be also include representation from local CBO's whose mission is obesity prevention	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Formalize meeting schedule with Project 4b2 Obesity Prevention Workgroup; Track meeting agendas, and attendance on ongoing basis	Completed	Meeting schedule to be posted on PPS website and sent to all committee members	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Identify current programs in the community which share common objective of reducing the prevalence of obesity in Suffolk County	In Progress	The committee will help to identify the programs through use of a survey tool	06/01/2015	11/30/2015	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 4: Develop specific programs objectives	In Progress	Leveraging the committee's expertise in this field, the PPS plans to refine the program objectives	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Identify and engage with community partners to support project implementation such as PPS Primary Care Practitioners, Hudson River Health Care, and Cornell Cooperative Extension	In Progress	There are many under utilized obesity prevention programs in the county - the PPS plans to spread awareness among partners to ensure those at risk are made aware of programs	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Designated partners implement project initiatives	In Progress	Participating primary care providers and PPS care managers to implement risk assessment and being referral activity	01/01/2017	12/31/2018	01/01/2017	12/31/2018	12/31/2018	DY4 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 7: Collect and monitor identified metrics to measure progress of implementation	In Progress	Step 7: Collect and monitor identified metrics to measure progress of implementation	01/01/2019	03/31/2019	01/01/2019	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 2: Promote community based programs which support nutrition and weight loss in an effort to decrease in the number of Suffolk County Residents who are obese	In Progress	Obesity	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Engage Project 4b2 Obesity Prevention Workgroup to develop comprehensive resource guide and calendar of events, educational activities and health fairs highlighting those which share common objectives of reducing the prevalence of obesity in Suffolk County	In Progress	Develop a centralized resource including as many known resources as possible to distribute to care management and provider community	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Suffolk Care Collaborative Obesity Prevention Resource Guide and events calendar is published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients who are engaged in PAM project as well when necessary	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established programs	In Progress	Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established programs	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 4: Collaborate with care management, community based organizations and other members of care team to coordinate care for identified patients	In Progress	Step 4: Collaborate with care management, community based organizations and other members of care team to coordinate care for identified patients	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 3: Identify and engage Suffolk County residents who may have a desire to quit smoking in an effort to decrease the number of adults 18+ who use tobacco products	In Progress	Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Invite community partners including local health departments to take part in planning program initiatives and formalize Tobacco Cessation Workgroup	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Formalize meeting schedule with Tobacco Cessation Workgroup; Track meeting agendas, and attendance on ongoing basis	Completed	Meeting schedule to be posted on PPS website and sent to all committee members	04/01/2015	08/31/2015	04/01/2015	08/31/2015	09/30/2015	DY1 Q2
Task Step 3: Develop clinical goals to reflect evidence based tools such as the 5 A's of tobacco control	Completed	Step 3: Develop clinical goals to reflect evidence based tools such as the 5 A's of tobacco control	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 4: Develop strategy to incorporate 5 A's of tobacco control into EMR of participating PPS providers to identify Suffolk County residents who may have a desire to quit smoking	In Progress	PPS will collaborate with internal IT department to explore how 5 A's will be incorporated	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 5: Develop strategy to assist in the adoption of electronic NYS Quitline "opt to quit" protocol by participating PPS providers to engage Suffolk County residents who may have a desire to quit smoking	In Progress	Collaboration from PPS internal IT department and NYS Quitline	06/01/2015	12/31/2017	06/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 6: Connect with the NYS Quitline and patient care team, including care management, to ensure adequate follow up and patient navigation. This may include utilizing Quiline's Trained Quit Coaches to provide cessation counseling.	In Progress	The goal is to partner with NYS Quitline to ensure patient receives adequate but not duplicative care	12/31/2015	03/31/2019	12/31/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 4: Promote community based programs which support smoking cessation in an effort to decrease the number of adults 18+ who use tobacco products in Suffolk County	In Progress	Tobacco Cessation	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task	In Progress	Resource guide to include all current smoking cessation programs in	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 1: Engage Tobacco Cessation Workgroup to develop comprehensive resource guide to connect patients to community based smoking cessation resources including group counseling, medication assistance and other evidence based smoking cessation options		the county including Suffolk County's "Learn to be Tobacco Free"						
Task Step 2: Suffolk Care Collaborative Tobacco Cessation Resource Guide published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients who are engaged in PAM project as well when necessary	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Step 3: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 4: Collaborate with care management and community based organizations to coordinate patient navigation utilizing established resource guide	In Progress	Step 4: Collaborate with care management and community based organizations to coordinate patient navigation utilizing established resource guide	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Milestone Milestone 5: Identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	In Progress	Lung Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Develop Lung Cancer Screening workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	09/01/2015	04/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 2: Determine criteria for those at risk and eligible for Lung cancer screening using current evidence based recommendations	In Progress	Workgroup will assist in developing evidence-based Clinical Guidelines for PPS care managers and PCPs	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 3: Determine target areas using hotspot mapping and community needs assessment findings and engage with partners in those areas to begin identifying Suffolk County residents who are at risk and eligible for Lung cancer screening	In Progress	The workgroup will collaborate with the PPS practitioner engagement group to target those providers who serve patients at highest risk. Efforts will continue to be spread across entire PPS.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Initiate Project 4b2 Lung Cancer Screening Identification efforts among identified PPS partners including Primary Care Practitioners and Care Management	In Progress	Identified partners will begin to identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	11/01/2015	03/31/2020	11/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 6: Promote early detection of Lung Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Lung Cancer Screening	In Progress	Lung Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Engage Lung Cancer Screening workgroup to develop comprehensive resource guide to refer patients to current Lung Cancer Screening programs and community screening events	In Progress	Resource guide to include Lung Cancer Screening programs in the county which meet the standards endorsed by workgroup	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials	In Progress	Cultural competency committee will review resources to ensure unique patient needs are addressed	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Suffolk Care Collaborative Lung Cancer Screening Resource Guide and	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients engaged in PAM	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4

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educational materials are published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers		project as well						
Task Step 4: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 5: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation	In Progress	Resource guide will be utilized by participating providers and partners	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Workgroup and PPS staff along with IT will look into various options for a means to track patient activity	03/31/2016	03/31/2020	03/31/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 7: Identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	In Progress	Breast Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Develop Breast Cancer Screening workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning.	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Determine criteria for those at risk and eligible for Breast cancer screening using current evidence based recommendations	In Progress	Workgroup will assist in developing evidence-based Clinical Guidelines for PPS care managers and PCPs	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Determine target areas using hotspot mapping and community needs assessment findings and engage with partners in those areas to begin identifying Suffolk County	In Progress	The workgroup will collaborate with the PPS practitioner engagement group to target those providers who serve patients at highest risk. Efforts will continue to be spread across entire PPS.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
residents who are at risk and eligible for Breast cancer screening								
Task Step 4: Initiate Project 4b2 Breast Cancer Screening Identification efforts among identified PPS partners including Primary Care Practitioners and Care Management	In Progress	Identified partners will begin to identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives	08/01/2016	03/31/2017	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Step 5: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	11/01/2015	03/31/2020	11/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 8: Promote early detection of Breast Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Breast Cancer Screening	In Progress	Breast Cancer	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 1: Engage Breast Cancer Screening workgroup to develop comprehensive resource guide to refer patients to current Breast Cancer Screening programs and community screening events	In Progress	Resource guide to include Breast Cancer Screening programs in the county which meet the standards endorsed by workgroup including the NYSDOH Cancer Screening Program Suffolk Contractor	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials	In Progress	Cultural competency committee will review resources to ensure unique patient needs are addressed	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Suffolk Care Collaborative Breast Cancer Screening Resource Guide and educational materials are published to PPS website, intermittently highlighted in PPS newsletter, and distributed among PPS partners including Primary Care Providers and Care Managers	In Progress	PPS Care Managers will utilize the resource guide to ensure patients are being provided with accurate, evidence-based information. Resource guide will be used to connect patients engaged in PAM project as well	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 4: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 5: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation	In Progress	Resource guide will be utilized by participating providers and partners	03/31/2016	03/31/2019	03/31/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Determine feasibility of utilizing tracking system capable of tracking prescreen and referral activity	In Progress	Workgroup and PPS staff along with IT will look into various options for a means to track patient activity	03/31/2016	03/31/2020	03/31/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Milestone 9: Promote early detection of Colorectal Cancer through education about the importance of screening and about current screening options and programs available in the Suffolk County Community in an effort to help increase prevalence of early detection of Colorectal Cancer	In Progress	Colorectal Cancer Screening Education	04/01/2015	03/31/2019	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1: Develop Colorectal Cancer Screening Education workgroup to assist in planning project initiatives and objectives	Completed	To ensure adequate representation of the PPS, the 4b2 project manager will recruit PPS partners and content experts to participate in the project planning	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Engage Colorectal Cancer Screening Education workgroup to develop accurate resource guide to connect patients to current Colorectal Cancer Screening programs	In Progress	Resource guide to include Colorectal Cancer Screening programs in the county which meet the standards endorsed by workgroup including the NYSDOH Cancer Screening Program Suffolk Contractor	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Develop or adopt evidence based patient and provider education materials to educate patients about Colorectal Cancer Screening importance and screening options as well as available screening resources	In Progress	Step 3: Develop or adopt evidence based patient and provider education materials to educate patients about Colorectal Cancer Screening importance and screening options as well as available screening resources	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task	In Progress	Step 4: Ensure materials are developed and delivered in a culturally	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 4: Ensure materials are developed and delivered in a culturally sensitive manner by consulting with cultural competency committee for review and approval of materials		sensitive manner by consulting with cultural competency committee for review and approval of materials						
Task Step 5: Publish resource guide to PPS website and distribute among PPS partners including Primary Care Providers and Care Managers	In Progress	Step 5: Publish resource guide to PPS website and distribute among PPS partners including Primary Care Providers and Care Managers	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 6: Resources to be reviewed periodically and updated as information becomes available to connect patients with established screening programs	In Progress	Workgroup will be engaged to review and make necessary edits to resources.	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 7: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation utilizing resource guides	In Progress	Step 7: Collaborate with PPS providers, care management and community based organizations to connect patients and coordinate patient navigation utilizing resource guides	11/01/2015	03/31/2019	11/01/2015	03/31/2019	03/31/2019	DY4 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1: Identify and engage those at high risk for obesity in an effort to decrease the number of Suffolk County Residents who are obese	General Program Narrative: The 4b2 Project framework has been organized into Chronic Disease Workgroups. The various workgroups including Lung Cancer Screening, Breast Cancer Screening, Colorectal Cancer Screening Education, Obesity Prevention and Tobacco Cessation each began meeting to further develop the 4b2 implementation plans. The workgroups include representation from various PPS partners include CBOs, the county health department, hospitals, and PCPs. To date the workgroups have explored collecting patient and provider education materials related to each Chronic Disease such as the CDC and those endorsed by The U.S. Preventive Services Task Force. In addition, the workgroups have begun to develop Clinical Guidelines Summaries which serve as an education tool

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	for PPS partners detailing screening protocols and recommended preventive services. Workgroup highlights include designing: • How SCC and its partners can engage PCPs to adopt strategies to implement the project successfully taking into account current workflow challenges • How a care manager might provide support in connecting patients to resources • What social barriers will need to be considered when connecting patients with screening and preventive services • What existing community resources and connections will help to eliminate the barriers identified
Milestone 2: Promote community based programs which support nutrition and weight loss in an effort to decrease in the number of Suffolk County Residents who are obese	
Milestone 3: Identify and engage Suffolk County residents who may have a desire to quit smoking in an effort to decrease the number of adults 18+ who use tobacco products	
Milestone 4: Promote community based programs which support smoking cessation in an effort to decrease the number of adults 18+ who use tobacco products in Suffolk County	
Milestone 5: Identify Suffolk County residents who are at risk for Lung Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	
Milestone 6: Promote early detection of Lung Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Lung Cancer Screening	
Milestone 7: Identify Suffolk County residents who are at risk for Breast Cancer through pre-screening initiatives in an effort to connect more patients who meet screening criteria to available services	
Milestone 8: Promote early detection of Breast Cancer through current screening programs in an effort to increase percentage of patients who meet criteria for screening who complete the screening process and decrease time from identification of need to completion of Breast Cancer Screening	
Milestone 9: Promote early detection of Colorectal Cancer through education about the importance of screening and about current screening options and programs available in the Suffolk County Community in an effort to help increase prevalence of	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
early detection of Colorectal Cancer	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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Attestation

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

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

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

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

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

Primary Lead PPS Provider:	UNIVERSITY HOSPITAL
Secondary Lead PPS Provider:	
Lead Representative:	Gary Bie
Submission Date:	12/15/2015 01:00 PM

Comments:

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q2	Adjudicated	Gary Bie	sv590918	12/31/2015 09:31 PM
DY1, Q2	Submitted	Gary Bie	garybie	12/15/2015 01:00 PM
DY1, Q2	Returned	Gary Bie	sacolema	12/01/2015 12:47 PM
DY1, Q2	Submitted	Gary Bie	garybie	10/30/2015 01:55 PM
DY1, Q2	In Process		ETL	10/01/2015 12:14 AM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	DY1 Q2 Quarterly Report has been returned for remediation.	sacolema	12/01/2015 12:47 PM

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

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

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

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

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

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

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

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

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

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

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

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

State University of New York at Stony Brook University Hospital (PPS ID:16)

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

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