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

DSRIP Implementation Plan Project

NewYork-Presbyterian/Queens (PPS ID:40)

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Quarterly Report - Implementation Plan for NewYork-Presbyterian/Queens

Year and Quarter: DY2, Q4 **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.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Completed
2.b.v	Care transitions intervention for skilled nursing facility (SNF) residents	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	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.d.ii	Expansion of asthma home-based self-management program	Completed
3.g.ii	Integration of palliative care into nursing homes	Completed
4.c.ii	Increase early access to, and retention in, HIV care	Completed

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Section 01 – Budget

IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	1,837,562	1,958,237	3,166,715	2,804,114	1,837,562	11,604,191
Cost of Project Implementation & Administration	**1,700,986**	**2,756,579**	**2,397,954**	**2,382,946**	**2,370,076**	**11,608,541**
Cost of Implementation	644,161	1,264,160	1,279,168	1,264,160	1,251,290	5,702,939
Administration	1,056,825	1,492,419	1,118,786	1,118,786	1,118,786	5,905,602
Revenue Loss	**523,053**	**535,137**	**655,975**	**619,724**	**523,053**	**2,856,942**
Internal PPS Provider Bonus Payments	**2,294,738**	**1,364,645**	**2,786,616**	**2,520,246**	**1,763,632**	**10,729,877**
Cost of non-covered services	**261,527**	**267,569**	**327,988**	**309,862**	**261,527**	**1,428,473**
Other	**450,229**	**427,442**	**391,220**	**364,461**	**312,245**	**1,945,597**
Contingency	261,527	267,569	327,988	309,862	261,527	1,428,473
Workforce	188,702	159,873	63,232	54,599	50,718	517,124
Total Expenditures	**5,230,533**	**5,351,372**	**6,559,753**	**6,197,239**	**5,230,533**	**28,569,430**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
sak2047	Baseline or Performance Documentation	40_DY1Q2_BDGT_MDL11_BASE_Baseline_Budget_2177.pdf	NYP/Q PPS Baseline Budget	06/06/2016 11:05 AM

Narrative Text :

The PPS was awarded Safety Net Equity funds which were included in the budget building and forecasting process. Therefore, the information entered in the budget table exceeds the pre-built totals per DY.

Additionally, the Other bucket in the table is inclusive of the contingency funds and the workforce training funds.

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue 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 DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
1,958,237	11,604,191	-84,869	8,480,511

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**346,277**	**1,821,605**	**1,720,850**	**62.43%**	**9,786,936**	**84.31%**
Cost of Implementation	19,291					
Administration	326,986					
Revenue Loss	**0**	**113,100**	**518,505**	**96.89%**	**2,743,842**	**96.04%**
Internal PPS Provider Bonus Payments	**207,728**	**495,569**	**911,576**	**66.80%**	**10,234,308**	**95.38%**
Cost of non-covered services	**46,078**	**129,375**	**164,969**	**61.65%**	**1,299,098**	**90.94%**
Other	**216,954**	**564,031**	**-7,634**	**-1.79%**	**1,381,566**	**71.01%**
Contingency	185,502					
Workforce	31,452					
Total Expenditures	**817,037**	**3,123,680**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	1,837,562	1,958,237	3,166,715	2,804,114	1,837,562	11,604,191
Practitioner - Primary Care Provider (PCP)	203,352	217,510	351,362	311,464	203,352	1,287,040
Practitioner - Non-Primary Care Provider (PCP)	123,382	131,972	213,186	188,978	123,382	780,900
Hospital	203,352	217,510	351,362	311,464	203,352	1,287,040
Clinic	128,454	137,397	221,948	196,745	128,454	812,998
Case Management / Health Home	108,391	115,938	187,284	166,017	108,391	686,021
Mental Health	175,261	187,462	302,824	268,437	175,261	1,109,245
Substance Abuse	33,158	35,467	57,292	50,787	33,158	209,862
Nursing Home	110,899	118,620	191,617	169,858	110,899	701,893
Pharmacy	81,307	86,968	140,487	124,534	81,307	514,603
Hospice	35,109	37,553	60,663	53,774	35,109	222,208
Community Based Organizations	61,245	65,509	105,823	93,806	61,245	387,628
All Other	0	0	0	0	0	0
Uncategorized						0
PPS PMO	1,056,825	1,492,419	1,118,786	1,118,786	1,118,786	5,905,602
Total Funds Distributed	**2,320,735**	**2,844,325**	**3,302,634**	**3,054,650**	**2,382,696**	**13,905,040**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

New York State Department Of Health
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 - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. 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 DY2	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
1,958,237.00	11,604,191.00	795,486.00	10,088,040.56

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	Percent Spent By Project											DY Adjusted Difference	Cumulative Difference
						Projects Selected By PPS												
						2.a.ii	2.b.v	2.b.vi	2.b.vii	3.a.i	3.b.i	3.d.ii	3.g.ii	4.c.ii				
Practitioner - Primary Care Provider (PCP)	0	0.00%	7,125	84.90%	11,541.98	0	0	0	0	0	0	0	0	0			209,118	1,275,498.02
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			131,972	780,900
Hospital	0	0.00%	97,830	100.00%	213,157.32	0	0	0	0	0	0	0	0	0			119,680	1,073,882.68
Clinic	0	0.00%	49,547	100.00%	72,087.55	0	0	0	0	0	0	0	0	0			87,850	740,910.45
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			115,938	686,021
Mental Health	0	0.00%	24,229	100.00%	29,791.48	0	0	0	0	0	0	0	0	0			163,233	1,079,453.52
Substance Abuse	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			35,467	209,862
Nursing Home	0	0.00%	60,675	100.00%	60,675	0	0	0	0	0	0	0	0	0			57,945	641,218
Pharmacy	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0			86,968	514,603
Hospice	0	0.00%	1,974	100.00%	1,974	0	0	0	0	0	0	0	0	0			35,579	220,234
Community Based Organizations	0	0.00%	0	0.00%	33,334	0	0	0	0	0	0	0	0	0			47,175	354,294
All Other	0	0.00%	10,834	100.00%	14,865.24	0	0	0	0	0	0	0	0	0			0	0
Uncategorized	0	0.00%	22,459	100.00%	22,459	0	0	0	0	0	0	0	0	0			0	0
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	326,986	100.00%	868,477	100.00%	1,056,264.87												623,942	4,849,337.13
Total	**326,986**	**100.00%**	**1,143,150**	**98.31%**	**1,516,150.44**													

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Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Templates	40_DY2Q4_BDGT_MDL14_TEMPL_PITT_List_(DY2Q4)_11383.xlsx	PITT List (DY2Q4)	04/21/2017 04:16 PM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**0**
	Hospital	0
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**0**
	Community Based Organizations	0
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

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* Safety Net Providers in Green

Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
	Additional Providers		0

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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	Completed	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... PMO to create project-specific provider roles, budgets, and funds flow distribution models	Completed	Step 1... PMO to create project-specific provider roles, budgets, and funds flow distribution models	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2... PMO finance staff to create a partner level funds flow risk model	Completed	Step 2... PMO finance staff to create a partner level funds flow risk model	09/01/2015	11/01/2015	09/01/2015	11/01/2015	12/31/2015	DY1 Q3	
Task Step 3... PMO finance staff to create a multi-year anticipated funds distribution plan based on anticipated AV values	Completed	Step 3... PMO finance staff to create a multi-year anticipated funds distribution plan based on anticipated AV values	08/01/2015	10/01/2015	08/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 4... PMO Executive to present budget, funds flow models, risk model, and multi-year anticipated distribution plan to the Finance Committee for review and approval	Completed	Step 4... PMO Executive to present budget, funds flow models, risk model, and multi-year anticipated distribution plan to the Finance Committee for review and approval	10/01/2015	11/15/2015	10/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Step 5... Finance Committee to present to Executive Committee for approval	Completed	Step 5... Finance Committee to present to Executive Committee for approval	11/15/2015	12/31/2015	11/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6... Executive Committee, project committees, and the PMO provider agreement process will all inform the communication of financial funds flow plan to PPS partners.	Completed	Step 6... Executive Committee, project committees, and the PMO provider agreement process will all inform the communication of financial funds flow plan to PPS partners.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 7…Legal team to incorporate funds flow plan into PPS participating agreements & addendums	Completed	Step 7…Legal team to incorporate funds flow plan into PPS participating agreements & addendums	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 8…PMO Executive to communicate funds flow plan to PPS partners & clinical sub committees	Completed	Step 8…PMO Executive to communicate funds flow plan to PPS partners & clinical sub committees	12/01/2015	12/31/2015	12/01/2015	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	

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - VBP, Finance, Budget	Completed	Mid-Point Assessment Narrative - VBP, Finance, Budget	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - VBP, Finance, Budget	

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IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	3,393,047	3,393,047	3,393,047	3,393,047	3,393,047	16,965,235
Cost of Project Implementation & Administration	**0**	**0**	**0**	**0**	**0**	**0**
Administration	0	0	0	0	0	0
Implementation	0	0	0	0	0	0
Revenue Loss	**0**	**0**	**0**	**0**	**0**	**0**
Internal PPS Provider Bonus Payments	**0**	**0**	**0**	**0**	**0**	**0**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**0**	**0**	**0**	**0**	**0**	**0**
Total Expenditures	**0**	**0**	**0**	**0**	**0**	**0**
Undistributed Revenue	**3,393,047**	**3,393,047**	**3,393,047**	**3,393,047**	**3,393,047**	**16,965,235**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Communication Documentation	40_DY2Q1_BDGT_MDL17_COMM_DY2Q4_EPP_EIP_Funding_Memo_11384.pdf	DY2Q4 EPP EIP Funding Memo	04/21/2017 04:21 PM
daniel18	Communication Documentation	40_DY2Q1_BDGT_MDL17_COMM_DY2Q3_EPP_EIP_Funding_Memo_8675.pdf	EPP/EIP Funding Memo	01/25/2017 02:29 PM
daniel18	Documentation/Certification	40_DY2Q1_BDGT_MDL17_DOC_DY2Q2_EPP_EIP_Funding_Memo_6808.pdf	EPP/EIP Funding Memo	10/26/2016 01:41 PM
sak2047	Communication Documentation	40_DY2Q1_BDGT_MDL17_COMM_EPP_EIP_Funding_Memo_4893.pdf	EPP/EIP Funding Memo	08/02/2016 05:00 PM

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on non-waiver revenue 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

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
3,393,047	16,965,235	3,393,047	16,965,235

Budget Items	DY2 Q4 Quarterly Amount - Update	Cumulative Spending to Date (DY1 - DY5)	Remaining Balance in Current DY	Percent Remaining in Current DY	Cumulative Remaining Balance	Percent Remaining of Cumulative Balance
Cost of Project Implementation & Administration	**0**	**0**	**0**		**0**	
Administration	0					
Implementation	0					
Revenue Loss	**0**	**0**	**0**		**0**	
Internal PPS Provider Bonus Payments	**0**	**0**	**0**		**0**	
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**		**0**	
Total Expenditures	**0**	**0**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Communication Documentation	40_DY2Q4_BDGT_MDL18_COMM_DY2Q4_EPP_EIP_Funding_Memo_11385.pdf	DY2Q4 EPP EIP Funding Memo	04/21/2017 04:22 PM

Narrative Text :

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Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Non-Waiver Revenue	3,393,047	3,393,047	3,393,047	3,393,047	3,393,047	16,965,235
Practitioner - Primary Care Provider (PCP)	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0	0	0	0	0
Hospital	0	0	0	0	0	0
Clinic	0	0	0	0	0	0
Case Management / Health Home	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Substance Abuse	0	0	0	0	0	0
Nursing Home	0	0	0	0	0	0
Pharmacy	0	0	0	0	0	0
Hospice	0	0	0	0	0	0
Community Based Organizations	0	0	0	0	0	0
All Other	0	0	0	0	0	0
Uncategorized	0	0	0	0	0	0
PPS PMO	0	0	0	0	0	0
Total Funds Distributed	**0**	**0**	**0**	**0**	**0**	**0**
Undistributed Non-Waiver Revenue	**3,393,047**	**3,393,047**	**3,393,047**	**3,393,047**	**3,393,047**	**16,965,235**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Communication Documentation	40_DY2Q1_BDGT_MDL19_COMM_DY2Q4_EPP_EIP_Funding_Memo_11386.pdf	DY2Q4 EPP EIP Funding Memo	04/21/2017 04:23 PM
daniel18	Communication Documentation	40_DY2Q1_BDGT_MDL19_COMM_DY2Q3_EPP_EIP_Funding_Memo_8677.pdf	EPP/EIP Funding Memo	01/25/2017 02:33 PM
daniel18	Documentation/Certification	40_DY2Q1_BDGT_MDL19_DOC_DY2Q2_EPP_EIP_Funding_Memo_6809.pdf	EPP/EIP Funding Memo	10/26/2016 01:43 PM
sak2047	Communication Documentation	40_DY2Q1_BDGT_MDL19_COMM_EPP_EIP_Funding_Memo_4900.pdf	EPP/EIP Funding Memo	08/02/2016 05:16 PM

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Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. 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

Non-Waiver Revenue DY2	Total Non-Waiver Revenue	Undistributed Non-Waiver Revenue YTD	Undistributed Non-Waiver Revenue Total
3,393,047.00	16,965,235.00	3,393,047.00	16,965,235.00

Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
Practitioner - Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	0	0.00%	0	0.00%	0	0	0
Hospital	0	0.00%	0	0.00%	0	0	0
Clinic	0	0.00%	0	0.00%	0	0	0
Case Management / Health Home	0	0.00%	0	0.00%	0	0	0
Mental Health	0	0.00%	0	0.00%	0	0	0
Substance Abuse	0	0.00%	0	0.00%	0	0	0
Nursing Home	0	0.00%	0	0.00%	0	0	0
Pharmacy	0	0.00%	0	0.00%	0	0	0
Hospice	0	0.00%	0	0.00%	0	0	0
Community Based Organizations	0	0.00%	0	0.00%	0	0	0
All Other	0	0.00%	0	0.00%	0	0	0
Uncategorized	0	0.00%	0	0.00%	0	0	0
Additional Providers	0	0.00%	0	0.00%	0		

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Funds Flow Items	DY2 Q4 Quarterly Amount - Update	Percentage of Safety Net Funds - DY2 Q4 Quarterly Amount - Update	Safety Net Funds Flowed YTD	Safety Net Funds Percentage YTD	Total Amount Disbursed to Date (DY1-DY5)	DY Adjusted Difference	Cumulative Difference
PPS PMO	0	0.00%	0	0.00%	0	0	0
Total	**0**		**0**		**0**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Communication Documentation	40_DY2Q4_BDGT_MDL110_COMM_DY2Q4_EPP_EIP_Funding_Memo_11387.pdf	DY2Q4 EPP EIP Funding Memo	04/21/2017 04:24 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider		
Provider Name	**Provider Category**	**DY2Q4**
Practitioner - Primary Care Provider (PCP)		**0**
	Practitioner - Primary Care Provider (PCP)	0
Practitioner - Non-Primary Care Provider (PCP)		**0**
	Practitioner - Non-Primary Care Provider (PCP)	0
Hospital		**0**
	Hospital	0
Clinic		**0**
	Clinic	0
Case Management / Health Home		**0**
	Case Management / Health Home	0
Mental Health		**0**
	Mental Health	0
Substance Abuse		**0**
	Substance Abuse	0
Nursing Home		**0**
	Nursing Home	0
Pharmacy		**0**
	Pharmacy	0
Hospice		**0**
	Hospice	0
Community Based Organizations		**0**
	Community Based Organizations	0
All Other		**0**
	All Other	0
Uncategorized		**0**
	Uncategorized	0

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* Safety Net Providers in Green

Non-Waiver Quarterly Update Amount By Provider			
Provider Name	**Provider Category**	**IA Provider Approval/Rejection Indicator**	**DY2Q4**
Additional Providers			**0**
	Additional Providers		0

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IPQR Module 1.11 - IA Monitoring

Instructions :

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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	07/30/2015	04/01/2015	07/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1…Obtain approval from Lead Hospital (NYHQ) Board of Trustees for Executive Committee	Completed	Step 1…Obtain approval from Lead Hospital (NYHQ) Board of Trustees for Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Step 2…Create governing structure to include committees & sub-committees	Completed	Step 2…Create governing structure to include committees & sub-committees	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Step 3…Solicit volunteers from partners for all committees & sub-committees for presentation to the Exec Committee	Completed	Step 3…Solicit volunteers from partners for all committees & sub-committees for presentation to the Exec Committee	05/01/2015	06/01/2015	05/01/2015	06/01/2015	06/30/2015	DY1 Q1	
Task Step 4…Draft charters with input from the legal team and DSRIP executives	Completed	Step 4…Draft charters with input from the legal team and DSRIP executives	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task Step 5...Hold first meeting of Executive Committee: a. Adopt Executive Committee charter & ratify membership b. Approve committee charters and committee chairs/co-chairs	Completed	Step 5...Hold first meeting of Executive Committee: a. Adopt Executive Committee charter & ratify membership b. Approve committee charters and committee chairs/co-chairs	06/01/2015	07/01/2015	06/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task	Completed	Step 6…Distribute & present governing structure to	06/01/2015	07/15/2015	06/01/2015	07/15/2015	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 6…Distribute & present governing structure to committees, sub-committees, and PAC		committees, sub-committees, and PAC							
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Completed	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1…PMO & Committee Chair/Vice-Chair to review charters for Clinical Integration & Quality Committee	Completed	Step 1…PMO & Committee Chair/Vice-Chair to review charters for Clinical Integration & Quality Committee	07/01/2015	10/01/2015	07/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 2… PMO & Committee chair/vice-chair to finalize membership of clinical Integration & Quality committee	Completed	Step 2… PMO & Committee chair/vice-chair to finalize membership of clinical Integration & Quality committee	07/01/2015	10/01/2015	07/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 3…Host initial Clinical Integration and Quality Committee meeting & communicate expectations	Completed	Step 3…Host initial Clinical Integration and Quality Committee meeting & communicate expectations	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 4…PMO to establish clinical sub-committees with membership listing & complete the initial kick-off meeting to align committee with expectations & provide DSRIP education	Completed	Step 4…PMO to establish clinical sub-committees with membership listing & complete the initial kick-off meeting to align committee with expectations & provide DSRIP education	04/01/2015	09/01/2015	04/01/2015	09/01/2015	09/30/2015	DY1 Q2	
Task Step 5… Clinical sub-committee chairs, and the IT/Performance Reporting Committee leads to make recommendations on metrics for tracking performance of the clinical sub committees	Completed	Step 5… Clinical sub-committee chairs, and the IT/Performance Reporting Committee leads to make recommendations on metrics for tracking performance of the clinical sub committees	07/01/2015	10/01/2015	07/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 6…Clinical sub committees to review, revise, and adopt quality metrics for monthly/quarterly reporting specific to project in alignment with DSRIP Domains 2-4 metrics	Completed	Step 6…Clinical sub committees to review, revise, and adopt quality metrics for monthly/quarterly reporting specific to project in alignment with DSRIP Domains 2-4 metrics	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3	
Task Step 7…Clinical sub committee chair to communicate quality expectations to partners	Completed	Step 7…Clinical sub committee chair to communicate quality expectations to partners and the Executive Committee	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
and the Executive Committee									
Task Step 8…PMO to communicate clinical governance structure to PAC	Completed	Step 6…PMO to communicate clinical governance structure to PAC	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Completed	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1...Establish the PPS operating agreement appropriate for Collaborative Contracting Mode	Completed	Step 1...Establish the PPS operating agreement appropriate for Collaborative Contracting Mode	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2...List number of policies that require Executive Committee approval and schedule for submission at Executive Committee monthly meetings. a. Policies may include but are not limited to: provider performance improvement, code of conduct, funds flow distribution, committee charters	Completed	Step 2...List number of policies that require Executive Committee approval and schedule for submission at Executive Committee monthly meetings. a. Policies may include but are not limited to: provider performance improvement, code of conduct, funds flow distribution, committee charters	06/01/2015	08/15/2015	06/01/2015	08/15/2015	09/30/2015	DY1 Q2	
Task Step 3…PMO to create system to track all documents that require Executive Committee approval via a project management software tool	Completed	Step 3…PMO to create system to track all documents that require Executive Committee approval via a project management software tool	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4…Communicate bylaw & policies to PAC	Completed	Step 4…Communicate bylaw & policies to PAC	08/01/2015	09/30/2015	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 5… Executive Committee to approve and adopt agreements, bylaws and policies	Completed	Step 5… Executive Committee to approve and adopt agreements, bylaws and policies	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	Completed	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1...Establish in each committee charter the reporting and monitoring process that will be conducted by each committee including two-way	Completed	Step 1...Establish in each committee charter the reporting and monitoring process that will be conducted by each committee including two-way communication and developing initial metrics for tracking performance	07/01/2015	09/30/2015	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
communication and developing initial metrics for tracking performance									
Task Step 2… PMO & IT/Performance Reporting Committee to establish the types of reports and dashboards that will be provided to each committee to conduct its oversight responsibilities	Completed	Step 2… PMO & IT/Performance Reporting Committee to establish the types of reports and dashboards that will be provided to each committee to conduct its oversight responsibilities	09/01/2015	11/30/2015	09/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 3...Establish schedule of Executive Committee meetings for the year, minutes and official document processes and storage	Completed	Step 3...Establish schedule of Executive Committee meetings for the year, minutes and official document processes and storage	06/01/2015	07/01/2015	06/01/2015	07/01/2015	09/30/2015	DY1 Q2	
Task Step 4…PMO to utilize project management tool, Performance Logic, to ensure monthly reporting and progress updates from committees by partner/committee entry and establishment of monthly/quarterly dashboards	Completed	Step 4…PMO to utilize project management tool, Performance Logic, to ensure monthly reporting and progress updates from committees by partner/committee entry and establishment of monthly/quarterly dashboards	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5…Executive Committee to approve final dashboard	Completed	Step 5…Executive Committee to approve final dashboard	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1…PMO to review community stakeholder list and determine needed additions/deletions given work required to accomplish project goals	Completed	Step 1…PMO to review community stakeholder list and determine needed additions/deletions given work required to accomplish project goals	06/01/2015	09/30/2015	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2… PMO and Communications Committee to determine current community engagement programs to be leveraged, such as PPS partners in school clinics or the hospital Community Action Council, and identify gaps to be	Completed	Step 2… PMO and Communications Committee to determine current community engagement programs to be leveraged, such as PPS partners in school clinics or the hospital Community Action Council, and identify gaps to be addressed in the community engagement plan	06/01/2015	09/01/2015	06/01/2015	09/01/2015	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
addressed in the community engagement plan									
Task Step 3… Communications Committee to write community engagement plan describing purpose, messages, frequency of communication exchange, types of organizations to be engaged	Completed	Step 3… Communications Committee to write community engagement plan describing purpose, messages, frequency of communication exchange, types of organizations to be engaged	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4...Identify and schedule community engagement events including use of website, newsletter, quarterly meetings, and annual community forums	Completed	Step 4...Identify and schedule community engagement events including use of website, newsletter, quarterly meetings, and annual community forums	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5…Community Engagement plan submitted to Communications Committee and Executive Committee for review and approval	Completed	Step 5…Community Engagement plan submitted to Communications Committee and Executive Committee for review and approval	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Step 6…Community engagement plan presented to PAC	Completed	Step 6…Community engagement plan presented to PAC	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Completed	Signed CBO partnership agreements or contracts.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1... PPS to draft PPS partner agreements, inclusive of project expectations and deliverables	Completed	Step 1... PPS to draft PPS partner agreements	10/01/2015	11/15/2015	10/01/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Step 2... PPS to execute PPS partner agreements	Completed	Step 2... PPS to execute PPS partner agreements	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 3...PMO to identify list of CBO's for contracting specific to NYHQ project needs	Completed	Step 3...PMO to identify list of CBO's for contracting specific to NYHQ project needs	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4…PMO to identify role and expectations of CBO's to be included in the partnership agreements and write agreements specific to project engagement & expectations	Completed	Step 4…PMO to identify role and expectations of CBO's to be included in the partnership agreements and write agreements specific to project engagement & expectations	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6…PMO to engage CBOs in contracting	Completed	Step 6…PMO to engage CBOs in contracting process	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
process through face to face and electronic communication		through face to face and electronic communication							
Task Step 8..PMO to Identify and schedule community engagement events that CBO's will participate in	Completed	Step 8..PMO to Identify and schedule community engagement events that CBO's will participate in	10/01/2015	10/31/2015	10/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task Step 5…Present CBO list & draft CBO contracts to Executive Committee for approval	Completed	Step 5…Present CBO list & draft CBO contracts to Executive Committee for approval	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7…PMO to complete and execute CBO agreements	Completed	Step 7…PMO to complete and execute CBO agreements	04/01/2016	06/15/2016	04/01/2016	06/15/2016	06/30/2016	DY2 Q1	
Task Step 9…Present CBO listing & agreement summary to PAC	Completed	Step 9…Present CBO listing & agreement summary to PAC	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Completed	Agency Coordination Plan.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…PMO and Communications Committee to identify list of state and local public sector agencies to be engaged in each project	Completed	Step 1…PMO and Communications Committee to identify list of state and local public sector agencies to be engaged in each project	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 2… Communications Committee to develop Public Agency Coordination Plan specific to the need of NYHQ projects	Completed	Step 2… Communications Committee to develop Public Agency Coordination Plan specific to the need of NYHQ projects	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task Step 3...Identify frequency of planning meetings with Agencies	Completed	Step 3...Identify frequency of planning meetings with Agencies	04/01/2016	06/15/2016	04/01/2016	06/15/2016	06/30/2016	DY2 Q1	
Task Step 4…Community Engagement plan submitted to Communications committee and Executive Committee for review and approval	Completed	Step 4…Community Engagement plan submitted to Communications committee and Executive Committee for review and approval	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Step 5… Integrate agencies into committees & sub-committee	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 5… Integrate agencies into committees & sub-committee as appropriate based on project needs		as appropriate based on project needs							
Milestone #8 Finalize workforce communication and engagement plan	Completed	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).	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1…PMO Identify workforce groups that need communication and engagement	Completed	Step 1…PMO Identify workforce groups that need communication and engagement	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2 Identify common themes & best methods for communication to all workforce groups and to specific groups working directly with unions by gathering data	Completed	Step 2 Identify common themes & best methods for communication to all workforce groups and to specific groups working directly with unions by gathering data	08/01/2015	02/15/2016	08/01/2015	02/15/2016	03/31/2016	DY1 Q4	
Task Step 3…PMO Executive and Workforce Committee Chair to meet with 1199TEF to identify partnership opportunities and union limitations for project implementation	Completed	Step 3…PMO Executive and Workforce Committee Chair to meet with 1199TEF to identify partnership opportunities and union limitations for project implementation	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 4…Workforce & Communications Committees to write workforce communication plan and obtain approval from Workforce, Communication Committees	Completed	Step 4…Workforce & Communications Committees to write workforce communication plan and obtain approval from Workforce, Communication Committees	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5…Plan for Employee Engagement Town Hall Meetings quarterly & publish schedule	Completed	Step 5…Plan for Employee Engagement Town Hall Meetings quarterly & publish schedule	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6…Establish a Workforce Dashboard Reporting Tool to be used to communicate deliverables of the committee as well as risks, planned mitigations, forecasting, etc.	Completed	Step 6…Establish a Workforce Dashboard Reporting Tool to be used to communicate deliverables of the committee as well as risks, planned mitigations, forecasting, etc.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7…Present to Workforce Communication & Engagement plan to the Executive Committee for	Completed	Step 7…Present to Workforce Communication & Engagement plan to the Executive Committee for approval	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4	

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approval									
Milestone #9 Inclusion of CBOs in PPS Implementation.	Completed	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task NYHQ PPS plans to maximize the engagement of our Community Based Organizations by ensuring strong collaboration, communication, and coordination among all patterns, practitioners, and organizations with specific insight into the expectations of all projects and or functions. CBO's will include organizations that will benefit our projects and patients such as; the Asthma Coalition of Queens, Catholic Charities, Self-help Community Services, Silvercrest Housing, and many more. There are currently 22 CBO partners which reflect 12 unique organizations that serve our population. The Community Based Organizations will be critical members of our PAC as well as appropriate governing committees, including project sub-committees, communications/stakeholder engagement, and workforce, outlined through our collaborative model and will be contracted based on an individual project, patient, and CBO need to ensure alignment with each DRSRIP deliverable expectation. Examples of CBO's include the Asthma Coalition, the NYCHA and others that have an impact on the clinical projects. The CBO contracting will be managed through the Executive Committee with recommendations	Completed	NYHQ PPS plans to maximize the engagement of our Community Based Organizations by ensuring strong collaboration, communication, and coordination among all patterns, practitioners, and organizations with specific insight into the expectations of all projects and or functions. CBO's will include organizations that will benefit our projects and patients such as; the Asthma Coalition of Queens, Catholic Charities, Self-help Community Services, Silvercrest Housing, and many more. There are currently 22 CBO partners which reflect 12 unique organizations that serve our population. The Community Based Organizations will be critical members of our PAC as well as appropriate governing committees, including project sub-committees, communications/stakeholder engagement, and workforce, outlined through our collaborative model and will be contracted based on an individual project, patient, and CBO need to ensure alignment with each DRSRIP deliverable expectation. Examples of CBO's include the Asthma Coalition, the NYCHA and others that have an impact on the clinical projects. The CBO contracting will be managed through the Executive Committee with recommendations from each clinical and/or function based committee and will be tailored according to need. Funds flow modeling & budgeting will outline a specific category for CBO's and deliverables will be assigned specific to the direct involvement & funds flow of a CBO. Clinical governance committees will outline specifics of CBO involvement as each project plan actualization plan is	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
from each clinical and/or function based committee and will be tailored according to need. Funds flow modeling & budgeting will outline a specific category for CBO's and deliverables will be assigned specific to the direct involvement & funds flow of a CBO. Clinical governance committees will outline specifics of CBO involvement as each project plan actualization plan is finalized and will make final recommendations through the Executive Committee. Individual CBO contractual agreements will be executed based on need & timing of each project and will outline and overall expectation as well as brief descriptions of all distribution year(s) expected to be engaged.		finalized and will make final recommendations through the Executive Committee. Individual CBO contractual agreements will be executed based on need & timing of each project and will outline and overall expectation as well as brief descriptions of all distribution year(s) expected to be engaged.							

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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Governance	Completed	Mid-Point Assessment Narrative - Governance	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Governance	

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

Instructions :

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

Risk 1...Maintain all participating parties engaged in the process throughout the long-term, including governance members, providers, and stakeholders.
Mitigation...Promote continuous engagement through several initiatives which
consist of inclusion, two-way communication, financial incentives where appropriate for performance, and formal recognition of best practices and engagement. The PPS will also continue to partner with bordering PPS lead entities in order to plan collaboratively and identify issues as clinical programs are implemented and funds flow models are established.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The Governing structure is the core foundation of the NYHQ PPS collaborative model and will set initial and long term expectations of our projects and partners to collectively affect our patient population. This structure is critical to the success of all work streams as it will be the authority figure of the PPS to provide guidance, approvals, strategy, and accountability for all involved. Governance will be supported by all function based workflows such as Finance, IT, Performance Reporting, etc. and will be successful based on effective implementation of structure and accountability of all workflows.

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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
Chair	Maureen Buglino - NYP/Q	Provide leadership and strategic direction to the committee ensuring a focus to the DSRIP mission and deliverables Act as the primary point-of-contact to the Lead Applicant for progress, performance, or risk reporting Ensure collaboration & transparency among all PPS partners
Vice-Chair & Member - Clinical Integration	Robert Crupi, MD - Medical Director of Ambulatory care and Population Health-NYP/Q	Partner with the Chair, Secretary & Members to accomplish deliverables outlined in the Executive Committee Charter or DSRIP deliverable schedule Provide updates & feedback pertaining to Clinical Integration Perform Chair responsibilities when Chair is not present
Secretary	Maria D'Urso - NYP/Q	Perform duties as any other stated Member Maintain records & minutes of Executive Committee meetings Ensure adherence to voting processes & policies set forth by the Executive Committee
Member - IT Committee	Mark Greaker- NYP/Q	Active participant in the Executive Committee Provide updates & feedback pertaining to IT & Reporting Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - Finance Committee	Chris Caufield- NYP/Q	Active participant in the Executive Committee Provide updates & feedback pertaining to Finance, Budget, Funds Flow, Revenue Risk & Outcomes

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member- Workforce Committee	Lorraine Orlando - NYP/Q	Active participant in the Executive Committee Provide updates & feedback pertaining to Workforce Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - Long Term Care	Mike Tretola, Silvercrest	Active participant in the Executive Committee Provide updates & feedback specific to Long Term care initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Executive Committee Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - Long Term Care	Daniel Muskin, The Grand Nursing Home (Formerly the Queens Center for Nursing Rehab)	Provide updates & feedback specific to Long Term care initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Executive Committee Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - Behavioral Health	John Lavin, MHPWQ	Active participant in the Executive Committee Provide updates & feedback specific to Behavioral Health initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Executive Committee Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - CBO	Paul Vitale - QCCP	Active participant in the Executive Committee

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Provide updates & feedback specific to Community Based Organizations, market dynamics, or community happenings Become a liaison between the partner & provider community & the Executive Committee Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Member - Home Care	Penina Mezi, Americare	Active participant in the Executive Committee Provide updates & feedback specific to Community Based Organizations, market dynamics, or community happenings Become a liaison between the partner & provider community & the Executive Committee Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions
Ex-Officio Member	Ashook Ramsaran - PAC Member	Advise Executive Committee of PAC feedback or questions Non-voting member of the Executive Committee Provide ongoing feedback of project implementation & provide guidance to forecasted risks

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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		
PAC	Ex-Officio Member of Executive Committee (Ashook Ramsaran) Provide insight to the committee of a partner perspective on project implementation, budget, IT, etc.	Advise on project development and forecasted risks
PPS Providers & Organizations	Seats on Executive Committee Provide input into the committee to all aspects of the PPS and projects	Advise on project development, forecasted risks, and provider engagement related issues
Community Based Organizations Examples of CBOs to be engaged include: the Asthma Coalition of Queens, Catholic Charities, Self-help Community Services, Silvercrest Housing	Seat on Executive Committee Provide input into the committee to all aspects of the PPS and projects	Advise on community need regarding non-clinical services
External Stakeholders		
Community Stakeholders	Directly influenced by projects Open access to the Executive Committee	Provide advice and pulse of the community
1199TEF	Directly influenced by projects Open access to the Executive Committee	Provide expertise and regulations related to union employees
Political Officials & Departments	Indirectly influenced by projects or PPS Open access to Executive Committee	Partner to provide feedback regarding community or political climate or initiatives
Bordering PPS's	Directly influenced by projects Open access to the Executive Committee	Create a collaborative crossing PPS boundaries that encourages synergy and transparency to effectively implement & manage DSRIP programs

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.

The development of a shared IT infrastructure across NYHQ PPS will be an indirect support of the Governance work stream as it is mission critical for the success of our projects and functions but not direct in the sense that this work stream will not directly utilize the functionality of the patient IT infrastructure. With a collaborative model, the focus of the IT infrastructure will be shared patient information with a focus to the success implementation of 9 projects with outcomes specific to milestones, metrics, and project requirements (patient-centric versus organizational function).

Specific to the IT infrastructure of the Governance structure, Performance Logic has been purchased by the PMO to track milestones/tasks/metrics/outcomes/data to include those identified above. All committee & sub committee tasks, agendas, and notes will be housed in this tool to ensure communication with the PMO & levels of accountability for outcomes.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

The NYHQ Project Management Office will utilize a project management tool(s), Performance Logic, that will manage milestone & key step level deliverables with assigned due dates. The PMO tool will be constructed utilizing the Implementation Plan, Project Requirements, & Metrics and align with workflows &/or project committees and/or actualization plans in order to provide real-time progress updates that will be distributed through the governing structure to provide progress & accountability reports. The system will be built with functionality and ease of reporting as the primary focus to ensure strong transparent reporting from all committees and the PMO. An escalation schedule will be implemented to quickly identify risks or trends by project or function by expected deliverable & due date. The reporting package(s) will be utilized throughout the PPS and will allow committees access to critical data to ensure success.

The success of this work stream will be measured by the tracking of all milestones & tasks with associated timelines with accountability directly linked to the PMO, Committee, or sub committee. The tracking and accountability will be managed by the PMO Executive Leader.

IPQR Module 2.9 - IA Monitoring

Instructions :

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Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task Step 1...Confirm Finance Committee membership assignments / a. Prepare Organizational Chart that defines relationships between Finance and other PPS governing functions	Completed	Step 1...Confirm Finance Committee membership assignments / a. Prepare Organizational Chart that defines relationships between Finance and other PPS governing functions	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2...Draft Committee charter w/ responsibilities & reporting structure / a. Present overview of Finance functions, membership and organization to providers and internal stakeholders	Completed	Step 2...Draft Committee charter w/ responsibilities & reporting structure / a. Present overview of Finance functions, membership and organization to providers and internal stakeholders	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 3... Obtain PPS Executive Committee approval	Completed	Step 3... Obtain PPS Executive Committee approval	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Completed	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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…Finance Committee to draft process for routine collection of network partners' financials / a. Select metrics, consistent with industry standards, to measure the relative financial health of networks partners; establish baseline positions from initial screen	Completed	Step 1…Finance Committee to draft process for routine collection of network partners' financials / a. Select metrics, consistent with industry standards, to measure the relative financial health of networks partners; establish baseline positions from initial screen	12/01/2015	03/01/2016	12/01/2015	03/01/2016	03/31/2016	DY1 Q4	
Task Step 2…PMO Financial Analyst to perform ongoing screening of financials to identify fragile partners with metrics approved by the finance committee / a. Identify fragile and distressed providers; monitor status quarterly for early warning signals	Completed	Step 2…PMO Financial Analyst to perform ongoing screening of financials to identify fragile partners with metrics approved by the finance committee / a. Identify fragile and distressed providers; monitor status quarterly for early warning signals	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 3…Finance Committee to draft mitigation strategies/solutions to address financial issues	Completed	Step 3…Finance Committee to draft mitigation strategies/solutions to address financial issues	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4...Obtain PPS Executive Committee approval to implement mitigation strategies	Completed	Step 4...Obtain PPS Executive Committee approval to implement mitigation strategies	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 5...CFO & Finance Committee to implement strategies / mitigation / a. Establish a reserve sub fund to rescue/subsidize the sustainability of financially challenged/fragile network providers	Completed	Step 5...CFO & Finance Committee to implement strategies / mitigation / a. Establish a reserve sub fund to rescue/subsidize the sustainability of financially challenged/fragile network providers	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Completed	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1...Establish Audit & Compliance Committee membership and charter	Completed	Step 1...Establish Audit & Compliance Committee membership and charter	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2...Draft policies/procedures for a NY363-d	Completed	Step 2...Draft policies/procedures for a NY363-d PPS compliance plan	07/01/2015	09/30/2015	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
PPS compliance plan									
Task Step 3…Establish metrics for audit process & dashboard to be reported to the Audit & Compliance Committee quarterly	Completed	Step 3…Establish metrics for audit process & dashboard to be reported to the Audit & Compliance Committee quarterly	10/01/2015	11/30/2015	10/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 4…Obtain Executive Committee approval of the PPS compliance plan & reporting dashboards & process	Completed	Step 4…Obtain Executive Committee approval of the PPS compliance plan & reporting dashboards & process	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 5...Confirm that PPS network providers have compliance plans	Completed	Step 5...Confirm that PPS network providers have compliance plans	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 6...Implement compliance plan	Completed	Step 6...Implement compliance plan	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Completed	Administer VBP activity survey to network	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	YES
Task Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 1… Create VBP Workgroup with representation from a variety of PPS providers	Completed	Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 1… Create VBP Workgroup with representation from a variety of PPS providers	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 2…Develop Charter & Membership for VBPWG	Completed	Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 2…Develop Charter & Membership for VBPWG	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2	
Task Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 3…VBPWG to develop communication plan & education materials for providers to facilitate	Completed	Sub-Milestone 1: Establish Value Based Payment Work Group and Initiate Engagement / Step 3…VBPWG to develop communication plan & education materials for providers to facilitate	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 1… VBPWG to implement communication &	Completed	Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 1…VBPWG to implement communication & education plan for PPS partners	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
education plan for PPS partners									
Task Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 2… VBPWG to develop strategy for surveying PPS partners to determine baseline assessment	Completed	Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 2…VBPWG to develop strategy for surveying PPS partners to determine baseline assessment	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 3… VBPWG to create and release survey for baseline assessment on VBP to PPS partners	Completed	Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 3… VBPWG to create and release survey for baseline assessment on VBP to PPS partners	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 4… VBPWG to compile stakeholder VBP baseline assessment survey results and analyze findings	Completed	Sub-Milestone 2: Conduct Stakeholder Engagement with PPS Providers / Step 4… VBPWG to compile stakeholder VBP baseline assessment survey results and analyze findings	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 3: Conduct Stakeholder Engagement with MCOs / Step 1… VBPWG to conduct stakeholder engagement sessions with MCOs to understand potential contracting options and PPS options	Completed	Sub-Milestone 3: Conduct Stakeholder Engagement with MCOs / Step 1… VBPWG to conduct stakeholder engagement sessions with MCOs to understand potential contracting options and PPS options	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 4: Finalize PPS VBP Baseline Assessment / Step 1…VBPWG to submit the VBP baseline assessment to the Finance Committee for approval	Completed	Sub-Milestone 4: Finalize PPS VBP Baseline Assessment / Step 1…VBPWG to submit the VBP baseline assessment to the Finance Committee for approval	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Sub-Milestone 4: Finalize PPS VBP Baseline Assessment / Step 2… Executive Committee to approval VBP Baseline Assessment	Completed	Sub-Milestone 4: Finalize PPS VBP Baseline Assessment / Step 2… Executive Committee to approval VBP Baseline Assessment	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	In Progress	Submit VBP support implementation plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task Sub-Milestone 1: Prioritize potential opportunities	On Hold	Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 1…VBPWG to	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
and providers for VBP arrangements / Step 1… VBPWG to analyze total cost of care data from NYS DOH and other relevant agencies to identify opportunities related to VBP, including Integrated Primary Care (IPC) and ACO upside-only shared savings model (UOSSM)		analyze total cost of care data from NYS DOH and other relevant agencies to identify opportunities related to VBP, including Integrated Primary Care (IPC) and ACO upside-only shared savings model (UOSSM)							
Task Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 2… VBPWG to identify accelerators and challenges related to the implementation of the UOSSM and IPC models, including existing pay for performance experience, existing and planned ACO programs and other MCO models with current incentive performance elements, and infrastructural requirements including IT, contracting and population health sophistication	On Hold	Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 2…VBPWG to identify accelerators and challenges related to the implementation of the UOSSM and IPC models, including existing pay for performance experience, existing and planned ACO programs and other MCO models with current incentive performance elements, and infrastructural requirements including IT, contracting and population health sophistication	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 3… VBPWG to utilize VBP Baseline Assessment (Milestone 4) to determine partners that are best prepared to engage in identified VBP	On Hold	Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 3…VBPWG to utilize VBP Baseline Assessment (Milestone 4) to determine partners that are best prepared to engage in identified VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 4… VBPWG to host engagement session between partners (determine in Step 3) and MCOs to discuss process & requirements for engaging in VBP	On Hold	Sub-Milestone 1: Prioritize potential opportunities and providers for VBP arrangements / Step 4…VBPWG to host engagement session between partners (determine in Step 3) and MCOs to discuss process & requirements for engaging in VBP	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Sub-Milestone 2: Develop VBP Adoption Plan / Step 1…VBPWG to develop timeline for adoption of VBP for PPS partners, ensuring utilization of the baseline analysis and cost of care analysis	On Hold	Sub-Milestone 2: Develop VBP Adoption Plan / Step 1… VBPWG to develop timeline for adoption of VBP for PPS partners, ensuring utilization of the baseline analysis and cost of care analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	On Hold	Sub-Milestone 2: Develop VBP Adoption Plan / Step 2…	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Sub-Milestone 2: Develop VBP Adoption Plan / Step 2…VBPWG to draft VBP Adoption Plan for PPS partners to include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting		VBPWG to draft VBP Adoption Plan for PPS partners to include analyzing provider and PPS performance, proposing methods of dispersing shared savings and building infrastructure required to support performance monitoring and reporting							
Task Sub-Milestone 2: Develop VBP Adoption Plan / Step 3…VBPWG to present VBP Adoption Plan to Finance Committee	On Hold	Sub-Milestone 2: Develop VBP Adoption Plan / Step 3… VBPWG to present VBP Adoption Plan to Finance Committee	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Sub-Milestone 2: Develop VBP Adoption Plan / Step 4…Executive Committee to approve VBP Adoption Plan	On Hold	Sub-Milestone 2: Develop VBP Adoption Plan / Step 4… Executive Committee to approve VBP Adoption Plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Sub-Milestone 2: Develop VBP Adoption Plan / Step 5…Present VBP Adoption Plan to PPS Partners and PAC	On Hold	Sub-Milestone 2: Develop VBP Adoption Plan / Step 5… Present VBP Adoption Plan to PPS Partners and PAC	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #6 Develop partner engagement schedule for partners for VBP education and training	In Progress	Initial Milestone Completion: Submit VBP education/training schedule Ongoing Reporting: Submit documentation to support implementation of scheduled trainings, including training materials and attendance sheets through quarterly reports	07/01/2017	03/31/2020	07/01/2017	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Not Started		07/01/2017	03/31/2020	07/01/2017	03/31/2020	03/31/2020	DY5 Q4	YES
Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated	Not Started		04/01/2018	03/31/2020	04/01/2018	03/31/2020	03/31/2020	DY5 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
plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher									

IA Instructions / Quarterly Update

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

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Value Based Payments Needs Assessment ("VNA")	daniel18	Documentation/Certification	40_DY2Q4_FS_MDL31_PRES4_DOC_Value_Based_Payment_(VBP)_Survey_Results_Final_updated_March_2017_11395.pptx	Value Based Payments Needs Assessment ("VNA")	04/21/2017 04:37 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop a Value Based Payments Needs Assessment ("VNA")	This Milestone was pushed out by the State and assigned a due date of DY2Q4. Supporting documentation (VNA) has been attached.
Develop an implementation plan geared towards addressing the needs identified within your VNA	
Develop partner engagement schedule for partners for VBP education and training	
≥50% of total MCO-PPS payments (in terms of total dollars)	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	
≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
Milestone #2	Pass & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
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
Milestone Mid-Point Assessment Narrative - finance, VBP, sin. sustainability	Completed	Mid-Point Assessment Narrative - finance, VBP, sin. sustainability	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - finance, VBP, sin. sustainability	

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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.

Risk 1...Create a common understanding among the network providers about the changing reimbursement environment
Mitigation....Host education sessions and ensure partner engagement in the transition process from FFS to VBP

Risk 2...Successful transition from FFS to VBP with MCOs
Mitigation...PPS will leverage tools provided by NYS, ie VBP roadmap, to determine strategic plan for engaging MCOs in this process

Risk 3...Partner dis-engagement from DSRIP due to incentive payments being linked to a PPS wide performance system and not an individual performance system
Mitigation...Provide PMO support and appropriate tools to ensure participation and engagement and work with the Practitioner Engagement sub-committee to ensure continued engagement

IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

In many respects, the Financial Sustainability function is the glue that ties together all of the PPS workstreams, converting clinical and service activities into performance data and incentive distributions. Governance will depend on utilization and financial reporting to focus its guidance. Workforce activities will be gauged on relative demand and productivity measures. IT Systems/Processes will be designed to produce financial reporting requirements. Population Health will be measured to reflect utilization and financial consumption. Clinical Integration will be measured by its increases in productivity. Practitioner Engagement will be coordinated to align efforts to maximized economic incentives. Performance Reporting will detail how well all of these functions achieved their objectives.

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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
Finance Committee - PPS PMO Executive Leadership	Maureen Buglino & Maria D'Urso, NYP/Q	Responsible for development and management of the PMO Finance function, including functional roles (AR, AP, treasury, etc.), subject matter experts, financial analysts, reporting resources, consultants (as needed) and supporting IT. The PMO will provide guidance and oversight related to the Financial Stability Plan.
PPS Finance Committee - Chair and Vice Chair	Chris Caulfield, NYP/Q & TBD	Responsible for the leadership and management of the PPS Finance Committee in its role in overseeing PPS Network Member financial sustainability, including adoption of thresholds, standards and framework.
Finance Committee - Compliance Officer	Deborah Marsden, NYP	Will oversee the development and implementation of the compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The PPS Lead - Compliance will advise the Executive Committee.
Finance Committee - Audit	Chris Caulfield, NYP/Q	Engages and oversees internal and/or external auditors reporting to the Compliance/Audit Committee who will perform the audit of the PPS related to DSRIP services according to the audit plan recommended by the PPS Compliance/Audit Committee and approved by the PPS Finance Committee and Committees.
Finance Committee - Members	William O'Hara, Chapin Home Michael Tretola, Silvercrest Felix Rosado, Americare Evan Zuckerman, Brightpoint Health Debra Timms, MHPWQ Ropo Oyebode, Elmcor Youth & Family Alan Wengrofsky, Community Health Network	Actively participate in committee discussions & decision making. Become a liaison between the committee and partnering organizations or providers to provide updates regarding progress or policies.
Finance Committee - Value Based Payment MCO Member	Lauren Marino, NYP/Q	Partner with committee members & clinical sub committees to outline plans for achieving VBP plans for partners.

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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		
Mark Greaker, NYP/Q	IT/PR Committee Vice Chair	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
Lorraine Orlando, NYP/Q	Workforce Committee Vice Chair	Workforce related requirements, including training budget, for the finance function
Deborah Marsden, NYP	Audit Committee Chair	Oversight of compliance plan development, implementation and enforcement
Various Executive Committee Member (Rotating)	Executive Committee	Oversight of PPS Finance and Audit Committee recommendations; review of VBP Adoption Plan
External Stakeholders		
Various PAC Member (Rotating)	PAC	Communication of community needs and interests related to network financial sustainability and compliance
MCOs and other payers, including special needs plans	VBPWG	Productive engagement with the PPS VBPWG
PPS Partners	PPS Partner Organizations & Providers	Inform committee of financial needs and make recommendations on uncovered services for VBP transition
NYS DOH	Defines related DSRIP requirements	Timely, exhaustive requirements; robust support for fulfilling; and easy access to enabling data, technology and other tools

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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.

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools (Performance Logic) and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool, Performance Logic, has been contracted and is in the implementation phase for all aspects of the PPS.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

The success of the Financial Sustainability workstream will ultimately be measured on how well it designs and implements the PPS performance and financial reporting system. To the extent that the PPS network participants and PPS organizational functions receive timely, comprehensive and accurate measurements of utilization, resource consumption, productivity, quality, etc., then the financial functions will have accomplished its objective.

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.	Completed	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Step 1... PMO Executive to establish a committee structure to coordinate, oversee and align PPS cultural competency, health literacy and community engagement structures, processes and interventions.	Completed	Step 1... PMO Executive to establish a committee structure to coordinate, oversee and align PPS cultural competency, health literacy and community engagement structures, processes and interventions.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2... PMO Executive to use the pre-existing 24 member multi-ethnic, Community Advisory Council (CAC) as a liaison and to target specific ethnic communities and areas of high	Completed	Step 2... PMO Executive to use the pre-existing 24 member multi-ethnic, Community Advisory Council (CAC) as a liaison and to target specific ethnic communities and areas of high concentration for those groups	07/01/2015	09/30/2015	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
concentration for those groups									
Task Step 3…Cultural Competency Committee & Clinical sub committee to identify existing linguistically appropriate patient assessments and tools within PPS and determine needs for new/updated documents based on PPS CNA	Completed	Step 3…Cultural Competency Committee & Clinical sub committee to identify existing linguistically appropriate patient assessments and tools within PPS and determine needs for new/updated documents based on PPS CNA	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 4... Cultural Competency Committee to develop the cultural competency / health literacy strategy based on recommendations from PPS CNA, CAC, and partner organizations & providers	Completed	Step 4... Cultural Competency Committee to develop the cultural competency / health literacy strategy based on recommendations from PPS CNA, CAC, and partner organizations & providers	08/01/2015	10/01/2015	08/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 5…Committee Chair to submit the Cultural Competency & Health Literacy Strategy to the Executive Committee for approval	Completed	Step 5…Committee Chair to submit the Cultural Competency & Health Literacy Strategy to the Executive Committee for approval	10/01/2015	11/01/2015	10/01/2015	11/01/2015	12/31/2015	DY1 Q3	
Task Step 6…Cultural Comp Chair to present strategy to PAC	Completed	Step 6…Cultural Comp Chair to present strategy to PAC	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 7… PMO Executive & Committee Chair to utilize Community Advisory Counsel, patient representatives, and PPS partners to provide ongoing feedback on the cultural competency & health literacy strategy. Committee to update the strategy and relevant documents as needed based on feedback received.	Completed	Step 7… PMO Executive & Committee Chair to utilize Community Advisory Counsel, patient representatives, and PPS partners to provide ongoing feedback on the cultural competency & health literacy strategy. Committee to update the strategy and relevant documents as needed based on feedback received.	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).	Completed	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	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1	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
		and effective patient engagement approaches							
Task Step 1... PMO Executive & Committee Chair to identify approaches and best practices for cultural competency & health literacy training strategy	Completed	Step 1... PMO Executive & Committee Chair to identify approaches and best practices for cultural competency & health literacy training strategy	10/01/2015	02/05/2016	10/01/2015	02/05/2016	03/31/2016	DY1 Q4	
Task Step 2... Committee Chair & Workforce Chair to analyze current workforce readiness including the current cultural competency training programs and the best practices for incorporating updated training into the expectations for the PPS partners and staff	Completed	Step 2... Committee Chair & Workforce Chair to analyze current workforce readiness including the current cultural competency training programs and the best practices for incorporating updated training into the expectations for the PPS partners and staff	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1	
Task Step 3…Committee to utilize PPS CNA to inform the cultural competency & health literacy training strategy to focus on drivers of health disparities specific to the Queens population	Completed	Step 3…Committee to utilize PPS CNA to inform the cultural competency & health literacy training strategy to focus on drivers of health disparities specific to the Queens population	01/01/2016	06/15/2016	01/01/2016	06/15/2016	06/30/2016	DY2 Q1	
Task Step 4... Committee Chair & Workforce Chair to create the training strategy to incorporate cultural sensitivity into daily work practices while incorporating industry best practices to ensure high quality service to all patients among all of the partner institutions	Completed	Step 4... Committee Chair & Workforce Chair to create the training strategy to incorporate cultural sensitivity into daily work practices while incorporating industry best practices to ensure high quality service to all patients among all of the partner institutions	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1	
Task Step 5... Communication team to create a communication plan for the training strategy for PPS partners and staff	Completed	Step 5... Communication team to create a communication plan for the training strategy for PPS partners and staff	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6... Committee Chair to submit the Training Strategy and communication plan to the PPS Executive Committee for approval	Completed	Step 6... Committee Chair to submit the Training Strategy and communication plan to the PPS Executive Committee for approval	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 7…Committee Chair & PMO Executive to present plan to PAC	Completed	Step 7…Committee Chair & PMO Executive to present plan to PAC	06/01/2016	06/30/2016	06/01/2016	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
Finalize cultural competency / health literacy strategy.	sadia88	Documentation/Certification	40_DY2Q4_CCHL_MDL41_PRES1_DOC_Cultural_Comp_and_Health_Literacy;_Milestone#_1_Meeings_11897.xlsx	DY2Q4 Cultural Competency and Health Literacy Meeting Template	04/24/2017 05:49 PM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - cultural comp. & health literacy	Completed	Mid-Point Assessment Narrative - cultural comp. & health literacy	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - cultural comp. & health literacy	

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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.

Risk 1...possible imbalance of focus for cultural makeup of the community and how to address the various cultural components of the community equally with program funding
Mitigation...PPS will identify sustainable funding for key programs addressing health disparities, appoint subcommittees that will represent each identified group to ensure balance in project planning and development

Risk 2....CBOs may not currently have the bandwidth to support the implementation of a PPS wide training strategy
Mitigation...PPS will work with the CBOs to create a collaborative plan and ensure a reasonable roll out schedule for PPS wide cultural competency training

Risk 3...engaging the patients in the health literacy strategy of the PPS- patient engagement will be key to the success of the cultural competency & health literacy work flow
Mitigation...PPS will collaborate with CBOs to engage patients across the PPS. Additionally, the training of PPS staff in cultural competency & health literacy will aid in the patient engagement aspect portion of the success of this workstream

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

Cultural competency and health literacy strategies applies to and influences all DSRIP projects and will be embedded into all project planning and implementation plans. Planning and executing the training strategy will be coordinated with the Workforce workstream to leverage existing training resources and infrastructure and to track training participation and completion. Governance will oversee project milestone attainment, Practitioner Engagement sessions for cultural competency will be integrated into the implementation plans. Financial funding will be needed for sustainability of projects. IT interoperability will have a major impact on this stream, refer to IT component.

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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
Cultural Competency Committee, Chair	Maureen Buglino, NYP/Q (Interim Chair)	Manage Cultural Comp. & Health Lit. Committee to ensure completion of Milestones Ensure transparency & collaboration among all partners Present monthly/quarterly updates to the Executive Committee regarding developments
Cultural Competency Committee, Vice Chair	Sarah Kalinowski, NYP/Q (Interim Vice-Chair)	Provide support to the Chair and Committee as a lead role Ensure progression of discussions & planning to ensure successful deliverable completion
Cultural Competency Committee, PPS PMO Executive Leadership	Maureen Buglino & Maria D'Urso, NYP/Q	Active participant in the Cultural Competency & Health Literacy Committee; Liaison for PPS PMO
Cultural Competency Committee, Workforce Committee Representative	Rosemarie Liguigli, NYP/Q	Active participant in the Cultural Competency & Health Literacy Committee; Provide updates & feedback specific to workforce initiatives Engage in strategic planning, decision making, and conflict resolution of all DSRIP projects or functions and ensure that strategy is aligned with workforce strategy
Cultural Competency Committee, Member	Connie Tejeda, Centerlight Health System Lina Scacco, Parker Jewish Tasha Lewis, Franklin Center for Rehabilitation and Nursing John Lavin, MHPWQ Sarah McQuad, MHPWQ Jonathan Mawere, Queens Boulevard Extended Care Facility Penina Mezei, Americare Evelyn Morales, Bright Point Health Christian Valesco, NYP/Q Maddy Jacobs, SelfHelp Michelle Williams, NYP/Q	Actively participate in committee discussions & decision making Become a liaison between the committee and partnering organizations or providers to provide updates regarding progress or policies

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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		
CNO	Michaelle Williams	Resource to align clinical perspective with the cultural competency training strategy, assist with practitioner buy-in for training
Community Medicine Clinical Director	Margaret Cartmell	Resource to align clinical perspective with the cultural competency training strategy, assist with practitioner buy-in for training
Chief Learning Officer	Patricia Woods	Resource for existing training materials and implementing new training strategies
PPS Partners	All PPS Partners	Provide information for current state analysis and training needs, participate in training and provide feedback to PPS PMO
Community Advisory Council	CAC	Existing council to maximize cultural competency efforts through engagement of DSRIP
Workforce Committee Chair	Lorraine Orlando	Resource for workforce strategies & alignment with cultural competency
External Stakeholders		
CBOs	Contract for PPS Workforce Training	Contract for PPS workforce training
PPS Partners	All PPS Partners	Provide information for current state analysis and training needs, participate in training and provide feedback to PPS PMO

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.

Information technology expectations include 1) the ability to identify and document additional socio-economic characteristics and health literacy status on intake and admissions fields to flag patient status for staff, care providers, and care givers and activate cultural competency/health literacy guidelines; 2) the ability to sort outcomes according to disparate population characteristics; and 3) use of the educational platform to offer, track and manage educational and training offerings.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning. In order to track the progress of this workstream, the PPS will conduct surveys of the staff regarding the success of the cultural competency training.

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).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	10/01/2015	02/15/2016	10/01/2015	02/15/2016	03/31/2016	DY1 Q4	NO
Task Step 2…Assess partners and RHIO's IT capabilities to address gaps related specific to data sharing and integration including DSRIP reporting to include: 1. Determine what data is available to support the DSRIP reporting 2. Determine what providers are connected to Healthix 3. Determine how the data is currently captured and measures would be created (e.g., central vs. individual PPS partners)	Completed	Step 2…Assess partners and RHIO's IT capabilities to address gaps related specific to data sharing and integration including DSRIP reporting to include: 1. Determine what data is available to support the DSRIP reporting 2. Determine what providers are connected to Healthix 3. Determine how the data is currently captured and measures would be created (e.g., central vs. individual PPS partners)	08/01/2015	09/15/2015	08/01/2015	09/15/2015	09/30/2015	DY1 Q2	
Task Step 3…Perform an analysis of DSRIP Project Requirements to clearly define IT needs, including member segment engagement and data needs.	Completed	Step 3…Perform an analysis of DSRIP Project Requirements to clearly define IT needs, including member segment engagement and data needs.	10/01/2015	10/01/2015	10/01/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 4…Identify and document critical gaps in being ready to support DSRIP project IT needs.	Completed	Step 4…Identify and document critical gaps in being ready to support DSRIP project IT needs.	10/01/2015	11/01/2015	10/01/2015	11/01/2015	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 5…Compile and document a current state assessment of IT capabilities, that includes results of the partner survey (Step 2), partner assessment (Step 3), and critical gap identification (Step 4), and defines options and high-level budget estimates to close critical gaps.	Completed	Step 5…Compile and document a current state assessment of IT capabilities, that includes results of the partner survey (Step 2), partner assessment (Step 3), and critical gap identification (Step 4), and defines options and high-level budget estimates to close critical gaps.	10/15/2015	11/15/2015	10/15/2015	11/15/2015	12/31/2015	DY1 Q3	
Task Step 6…Distribute draft current state assessment to partners to ensure accuracy and incorporate feedback into the finalized assessment.	Completed	Step 6…Distribute draft current state assessment to partners to ensure accuracy and incorporate feedback into the finalized assessment.	11/15/2015	11/30/2015	11/15/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 7…IT Committee reviews current state assessment and options to close critical gaps and recommends direction to guide the IT future state to the Executive Committee for approval	Completed	Step 7…IT Committee reviews current state assessment and options to close critical gaps and recommends direction to guide the IT future state to the Executive Committee for approval	12/01/2015	02/12/2016	12/01/2015	02/12/2016	03/31/2016	DY1 Q4	
Task Step 1…Survey partners of IT capabilities (e.g., EHR/PMS adoption and Meaningful Use, Enterprise Data Warehousing and analytics, Patient Engagement Tools and Strategies, Population health tools and strategies)	Completed	Step 1…Survey partners of IT capabilities (e.g., EHR/PMS adoption and Meaningful Use, Enterprise Data Warehousing and analytics, Patient Engagement Tools and Strategies, Population health tools and strategies)	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2	
Milestone #2 Develop an IT Change Management Strategy.	Completed	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	04/15/2015	03/31/2016	04/15/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1…PPS Executive & PMO to formalize IT Committee that a includes a charter with deliverables that address change management and an IT governance change management	Completed	Step 1…PPS Executive & PMO to formalize IT Committee that a includes a charter with deliverables that address change management and an IT governance change management oversight process that includes workflows for authorizing and implementing IT changes with appropriate	04/15/2015	09/15/2015	04/15/2015	09/15/2015	09/30/2015	DY1 Q2	

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
oversight process that includes workflows for authorizing and implementing IT changes with appropriate representation on the Executive Committee		representation on the Executive Committee							
Task Step 2…IT Committee & IT PMO staff to complete a SWOT analysis that identifies hurdles of the system in order to properly define an interactive change management process	Completed	Step 2…IT Committee & IT PMO staff to complete a SWOT analysis that identifies hurdles of the system in order to properly define an interactive change management process	08/15/2015	10/01/2015	08/15/2015	10/01/2015	12/31/2015	DY1 Q3	
Task Step 3…PMO IT staff to establish a training program with a focus of EHR integration and change management and a communication plan for keeping everyone informed of progress	Completed	Step 3…PMO IT staff to establish a training program with a focus of EHR integration and change management and a communication plan for keeping everyone informed of progress	01/01/2016	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4	
Task Step 4…Present an IT Change Management Strategy to the IT Committee for review & approval of implementation	Completed	Step 4…Present an IT Change Management Strategy to the IT Committee for review & approval of implementation	03/01/2016	03/15/2016	03/01/2016	03/15/2016	03/31/2016	DY1 Q4	
Task Step 5…Present IT Change Management Strategy for review & approval to the Executive Committee	Completed	Step 5…Present IT Change Management Strategy for review & approval to the Executive Committee	03/15/2016	03/30/2016	03/15/2016	03/30/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Completed	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI	08/01/2015	03/31/2016	08/01/2015	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
		to be shared and the purpose of this sharing).							
Task Step 1…PMO Executive & IT Chair to create a governance framework with overarching rules of the road for interoperability and clinical data sharing including appropriate policies and procedures	Completed	Step 1…PMO Executive & IT Chair to create a governance framework with overarching rules of the road for interoperability and clinical data sharing including appropriate policies and procedures	08/01/2015	12/15/2015	08/01/2015	12/15/2015	12/31/2015	DY1 Q3	
Task Step 2…IT Lead to validate existing data exchange legal and compliance framework to ensure that it supports DSRIP data exchange requirements that meet patient consent needs including: care management records (complete subcontractor Data Exchange Applications and Agreement (DEAAs) with all Medicaid providers within PPS; contracts with all Community Based Organizations (CBOs) including a BAA documenting the level of Patient Health Information (PHI) to be shared and the purpose of this data sharing	Completed	Step 2…IT Lead to validate existing data exchange legal and compliance framework to ensure that it supports DSRIP data exchange requirements that meet patient consent needs including: care management records (complete subcontractor Data Exchange Applications and Agreement (DEAAs) with all Medicaid providers within PPS; contracts with all Community Based Organizations (CBOs) including a BAA documenting the level of Patient Health Information (PHI) to be shared and the purpose of this data sharing	08/01/2015	12/15/2015	08/01/2015	12/15/2015	12/31/2015	DY1 Q3	
Task Step 3…IT Committee to use current state IT Assessment and related program standards, such as PCMH & Meaningful Use standards, to develop an IT future state and roadmap of tactical and strategic recommendations that builds incrementally on existing infrastructures and support DSRIP project requirements, with high-level budget estimates and resource requirements to support data sharing and implementation of interoperable IT platform	Completed	Step 3…IT Committee to use current state IT Assessment and related program standards, such as PCMH & Meaningful Use standards, to develop an IT future state and roadmap of tactical and strategic recommendations that builds incrementally on existing infrastructures and support DSRIP project requirements, with high-level budget estimates and resource requirements to support data sharing and implementation of interoperable IT platform	01/01/2016	02/15/2016	01/01/2016	02/15/2016	03/31/2016	DY1 Q4	
Task Step 4…Present an IT future state and roadmap to the IT Committee for review & approval of for implementation	Completed	Step 4…Present an IT future state and roadmap to the IT Committee for review & approval of for implementation	02/15/2016	03/01/2016	02/15/2016	03/01/2016	03/31/2016	DY1 Q4	
Task Step 5…IT Chair & PMO IT staff to present IT	Completed	Step 5…IT Chair & PMO IT staff to present IT future state and roadmap to partners to ensure accuracy & transparency	03/01/2016	03/15/2016	03/01/2016	03/15/2016	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
future state and roadmap to partners to ensure accuracy & transparency									
Task Step 6…IT Chair to present IT future state and roadmap to partner RHIO's for review & feedback	Completed	Step 6…IT Chair to present IT future state and roadmap to partner RHIO's for review & feedback	03/01/2016	03/15/2016	03/01/2016	03/15/2016	03/31/2016	DY1 Q4	
Task Step 7…IT Chair to seek approval of IT future state and roadmap from the Executive Committee	Completed	Step 7…IT Chair to seek approval of IT future state and roadmap from the Executive Committee	03/01/2016	03/15/2016	03/01/2016	03/15/2016	03/31/2016	DY1 Q4	
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Completed	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.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…PMO IT staff to complete a systematic review of existing tools, both qualitative and quantitative, that engage the Medicaid population of PPS partners such as patient portal(s), texting, RHIOs, and mobile technology	Completed	Step 1…PMO IT staff to complete a systematic review of existing tools, both qualitative and quantitative, that engage the Medicaid population of PPS partners such as patient portal(s), texting, RHIOs, and mobile technology	08/01/2015	09/15/2015	08/01/2015	09/15/2015	09/30/2015	DY1 Q2	
Task Step 2…PMO IT staff to define member segments and associated specific engagement needs (e.g., geo-access assessment, cultural/linguistic needs)	Completed	Step 2…PMO IT staff to define member segments and associated specific engagement needs (e.g., geo-access assessment, cultural/linguistic needs)	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 3…PMO Staff & IT Chair to determine appropriate methods and incremental technological services needed for engaging patients and delivering care including EMR & RHIO use (e.g., patient portal, text messages, and mobile technology)	Completed	Step 3…PMO Staff & IT Chair to determine appropriate methods and incremental technological services needed for engaging patients and delivering care including EMR & RHIO use (e.g., patient portal, text messages, and mobile technology)	09/01/2015	09/30/2015	09/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 4…IT Chair to present findings to the IT Committee of the existing tools with recommendations of improvements or implementations to include financial implications	Completed	Step 4…IT Chair to present findings to the IT Committee of the existing tools with recommendations of improvements or implementations to include financial implications and project alignment	02/15/2016	03/01/2016	02/15/2016	03/01/2016	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
and project alignment									
Task Step 5…IT Committee to define and publish a patient engagement plan (e.g., outreach strategies, patient portals, call centers, etc.,) for PPS engagement of attributed members specific to patient, project and partner need that includes defining patient engagement metrics	Completed	Step 5…IT Committee to define and publish a patient engagement plan (e.g., outreach strategies, patient portals, call centers, etc.,) for PPS engagement of attributed members specific to patient, project and partner need that includes defining patient engagement metrics	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1	
Task Step 6…IT Committee to work with Cultural Competency Committee to develop appropriate, multi-lingual patient education materials and content and disseminate using appropriate communication methods (e.g. Patient portal, text messages)	Completed	Step 6…IT Committee to work with Cultural Competency Committee to develop appropriate, multi-lingual patient education materials and content and disseminate using appropriate communication methods (e.g. Patient portal, text messages)	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	Completed	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.	08/01/2015	06/30/2016	08/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…PMO IT staff participating in clinical sub committees will define PPS data needs, including protected data and establishing PPS-wide protocols for protected data, including data collection, data exchange, data use, data storage, and data disposal policies with 2-factor authentication processes	Completed	Step 1…PMO IT staff participating in clinical sub committees will define PPS data needs, including protected data and establishing PPS-wide protocols for protected data, including data collection, data exchange, data use, data storage, and data disposal policies with 2-factor authentication processes	08/01/2015	09/15/2015	08/01/2015	09/15/2015	09/30/2015	DY1 Q2	
Task Step 2…PMO Executive & IT Chair to identify additional business agreements required for successful IT interoperability and clinical integration across the PPS	Completed	Step 2…PMO Executive & IT Chair to identify additional business agreements required for successful IT interoperability and clinical integration across the PPS	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3	
Task Step 3…PMO IT staff to assess IT security of all partners	Completed	Step 3…PMO IT staff to assess IT security of all partners	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	AV
Task Step 4…IT Chair to develop a data security & confidentiality plan that includes monitoring and auditing of PPS-wide protocols for protected data	Completed	Step 4…IT Chair to develop a data security & confidentiality plan that includes monitoring and auditing of PPS-wide protocols for protected data	02/15/2016	06/30/2016	02/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5…IT Chair to present IT Committee and Executive Committee with recommendations of security enhancements with financial implications	Completed	Step 5…IT Chair to present IT Committee and Executive Committee with recommendations of security enhancements with financial implications	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6…IT Committee to communicate the approved IT security plan to all PPS partners & PAC	Completed	Step 6…IT Committee to communicate the approved IT security plan to all PPS partners & PAC	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	cod9034	Documentation/Certification	40_DY2Q4_IT_MDL51_PRES3_DOC_IT_Systems_&_processes,_Milestone#_3_Trainings_13950.xlsx	IT Training Template	04/27/2017 03:33 PM
	cod9034	Documentation/Certification	40_DY2Q4_IT_MDL51_PRES3_DOC_IT_Systems_&_processes,_Milestone#_3_Meetings_13925.xlsx	IT Meeting Template	04/27/2017 02:45 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).	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - IT Systems	Completed	Mid-Point Assessment Narrative - IT Systems	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - IT Systems	

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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.

Risk 1...Partners with varying IT infrastructures; some including paper based systems
Mitigation: Identify funding sources, in addition to DSRIP funding, for potential IT upgrades or new system implementation

Risk 2...Lack of approval for capital budget (CRFP) funding for PPS/partners
Mitigation: Implement a performance based system that will heavily incentivize those providers who require a capital outlay to meet requirements

Risk 3...Negative reaction of staff and / or practitioners due to system changes which will affect outcomes
Mitigation: Build a robust training program that aligns with Workforce, Cultural Competency, and Communication committees

Risk 4...High demand on the PPS RHIO partner which could impact timelines or outcomes
Mitigation: Appoint RHIO representative to the IT Committee, establish quarterly RHIO and partner meetings, and ensure transparency of all IT plans and timelines

Risk 5... Lack of partner understanding of change management needs/requirements of the PPS,etc.
Mitigation: Create communication strategies and IT governance to address change management needs

Risk 6... Compliance with data security policies
Mitigation: Create IT governance and appropriate audits to ensure compliance with data security policies

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

IT infrastructure is fundamental to support the workforce, funds flow initiatives, and performance management for all DSRIP workstreams in order to achieve milestones, project requirements, metric improvements, and reductions in hospital utilization to support. IT Systems and Processes is dependent upon effective training, implementation, and PMO provided through the Workforce plan, funding provided by the Finance plan, and alignment with the operational/clinical stakeholders within the Pop Health Management and Clinical Integration plans. The IT Systems & Processes plan is also dependent upon NY state created a sufficient patient consent process to allow for sufficient sharing of patient data. Finally, making sufficient investments in technology to support patient engagement and other program goals is dependent upon the PPS making the appropriate budget provided by meeting the overall DSRIP goals.

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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
IT Committee, Chair	Mark Greaker, NYP/Q VP IT	Manage IT Committee to ensure completion of Milestones Ensure transparency & collaboration among all partners Present monthly/quarter updates to the Executive Committee regarding IT developments
IT Committee, Vice Chair	Keith Weiner, NYP/Q	Provide support to the Chair and Committee as a lead role Ensure progression of discussions & planning to ensure successful deliverable completion
IT Committee, Implementation Specialist	Marlon Hay, NYP/Q	Responsible for the successful implementation of IT projects for the PPS
IT Committee, Data Security Officer	Keith Weiner, NYP/Q	Responsible for the data security and HIPPA compliance for the PPS
IT Committee, PMO Data Analyst	Kimberly Fung, NYP/Q	Responsible for data management and performance reporting in the PMO
IT Committee, PMO Executive Director	Maria D'Urso, NYP/Q	Responsible for PMO oversight and coordination with the committee planning and implementation
IT Committee, Member	Mike Matteo, CenterLight Health System Vincent Villany, Parker Jewish Institute Derek Murray, Franklin Center for Rehabilitation and Nursing Bill Mora, Dr. Wm. Benenson Rehab. Pav. Darren French, MHPWQ Christopher Quinones, Brightpoint Health Caroline Keane, RN, NYHQ Kevin Kui, Queens Boulevard Extended Care Facility Michael Tretola, Silvercrest Chuck Jackson, Hospice of NY Cory Sherb, Selfhelp Community Services Jonah Cardillo, St. Mary's	Actively participate in committee discussions & decision making Become a liaison between the committee and partnering organizations or providers to provide updates regarding progress or policies
IT Committee, RHIO Representative	Tom Moore, Healthix	Provide information for PPS collaboration with leveraging the RHIO across DSRIP partners

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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		
Home health agency representative	Project Committee Member (Long Term Care, Project 2..b.viii)	Liaison for Home Health Project, resource on telehealth & IT needs for home health care
Clinical Integration Leader	Clinical Integration Committee Member	Ensure IT strategy is aligned with clinical strategy, communicate plan with Clinical Integration Committee
Financial Sustainability Leader	Finance Committee Member	Budgets, align IT strategy with financial planning for PPS, communicate with finance committee
Workforce Strategy Leader	Workforce Committee Member	Assist with training strategy, communicating with workforce committee
Practitioner Engagement Leader	Practitioner Engagement Committee Member	Assist with clinical buy in for IT strategy and implementation process for practitioners
PPS Partners	All PPS Partners	Utilization of PPS wide IT plan, progress reporting, implementation
RHIO	Healthix	Provide IT Connectivity for PPS Partners
Clinical sub committees	9 project sub committees	Become a resource for clinical implementation planning & IT needs
External Stakeholders		
Bordering PPSs	PPS Leads	Partner with committee to ensure integration for providers crossing PPSs
Software Application Vendors	Infrastructure, Training	Provide software support & training specific to IT plan outlined

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning. Ongoing performance reporting will include:
-Documentation of process and workflow demonstrating implementation of electronic health record (EHR) across all partners
-Meaningful Use(MU) and PCMH level-3 tracking
-Documentation of patient engagement/communication system
-Evidence of use of telemedicine or other remote monitoring services
-Evidence of implementation of specific clinical workflows

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	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…PMO IT staff to complete a Partner Performance Reporting Survey that outlines the current state of internal, state, and federal reporting expectations (monthly, quarterly, annually)	Completed	Step 1…PMO IT staff to complete a Partner Performance Reporting Survey that outlines the current state of internal, state, and federal reporting expectations (monthly, quarterly, annually)	07/01/2015	08/31/2015	07/01/2015	08/31/2015	09/30/2015	DY1 Q2	
Task Step 2…PMO IT & Data Analyst staff to align Project Metrics with Partner Performance Reporting Survey to ensure all metrics are reported	Completed	Step 2…PMO IT & Data Analyst staff to align Project Metrics with Partner Performance Reporting Survey to ensure all metrics are reported	08/01/2015	09/15/2015	08/01/2015	09/15/2015	09/30/2015	DY1 Q2	
Task Step 3…PMO IT & Data Analyst to create a Standard Reporting Package for monthly, quarterly, and annual reports that utilize Step 2 above	Completed	Step 3…PMO IT & Data Analyst to create a Standard Reporting Package for monthly, quarterly, and annual reports that utilize Step 2 above	09/15/2015	06/30/2016	09/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4…PMO IT staff & IT Chair to establish PPS Performance Reporting Policy for reporting	Completed	Step 4…PMO IT staff & IT Chair to establish PPS Performance Reporting Policy for reporting tools & communication channels	09/15/2015	06/30/2016	09/15/2015	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
tools & communication channels									
Task Step 5…PMO IT staff to create a Communication Channel Diagram & Communication Roll-Out Plan for the flow of Performance Reports to ensure a rapid cycle evaluation process throughout all levels of the PPS	Completed	Step 5…PMO IT staff to create a Communication Channel Diagram & Communication Roll-Out Plan for the flow of Performance Reports to ensure a rapid cycle evaluation process throughout all levels of the PPS	09/15/2015	11/01/2015	09/15/2015	11/01/2015	12/31/2015	DY1 Q3	
Task Step 6…PMO Executive to present communication roll-out plan to the IT Committee for review & recommendation to the Executive Committee	Completed	Step 6…PMO Executive to present communication roll-out plan to the IT Committee for review & recommendation to the Executive Committee	11/01/2015	11/30/2015	11/01/2015	11/30/2015	12/31/2015	DY1 Q3	
Task Step 7…IT Chair & PMO Executive to receive Executive Committee approval for the Performance Reporting Policy and Communication Channel Diagram & Roll-Out Plan	Completed	Step 7…IT Chair & PMO Executive to receive Executive Committee approval for the Performance Reporting Policy and Communication Channel Diagram & Roll-Out Plan	12/01/2015	06/30/2016	12/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 8…PMO Executive to assign Accountability Owners by Project and PPS Partner for all metrics, milestones, or project requirements	Completed	Step 8…PMO Executive to assign Accountability Owners by Project and PPS Partner for all metrics, milestones, or project requirements	04/15/2016	06/30/2016	04/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 9…PMO Executive to recruit PPS RN staff to do rapid cycle evaluation, reporting plans and findings to Clinical Integration Committee and appropriate sub-committees	On Hold	Step 9…PMO Executive to recruit PPS RN staff to do rapid cycle evaluation, reporting plans and findings to Clinical Integration Committee and appropriate sub-committees	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Completed	Finalized performance reporting training program.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…IT Committee and PMO to Outline Reporting Package Benchmark Expectations by metric or project requirement with progressive expectations of minimum, median, and best practice	Completed	Step 1…IT Committee and PMO to Outline Reporting Package Benchmark Expectations by metric or project requirement with progressive expectations of minimum, median, and best practice	08/01/2015	06/15/2016	08/01/2015	06/15/2016	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
Task Step 2…PMO IT & Data staff with input from clinical sub committee chairs to define Performance Metrics High/Low Expectations by metric, milestone, and/or requirement with a red/green/yellow light indicator to all a rapid risk approach to intervention	Completed	Step 2…PMO IT & Data staff with input from clinical sub committee chairs to define Performance Metrics High/Low Expectations by metric, milestone, and/or requirement with a red/green/yellow light indicator to all a rapid risk approach to intervention	09/01/2015	06/15/2016	09/01/2015	06/15/2016	06/30/2016	DY2 Q1	
Task Step 3…IT Chair & PMO IT staff to construct a Quality Based Training Program, in collaboration with the Workforce training program and 1199TEF	Completed	Step 3…IT Chair & PMO IT staff to construct a Quality Based Training Program, in collaboration with the Workforce training program and 1199TEF	09/15/2015	06/30/2016	09/15/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4…PMO IT staff to present training strategy to Workforce, Clinical sub committees and IT committee for revisions & approval	Completed	Step 4…PMO IT staff to present training strategy to Workforce, Clinical sub committees and IT committee for revisions & approval	05/15/2016	06/30/2016	05/15/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5…IT Lead and PMO Executive to inform Executive Committee of final performance reporting training program	Completed	Step 5…IT Lead and PMO Executive to inform Executive Committee of final performance reporting training program	05/01/2016	06/30/2016	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 6…PMO to host Key Stakeholder Meetings, in partnership with the Clinical Integration Committee, quarterly to review performance reports, identify trends, plan for suggestions of action regarding low performers	Completed	Step 6…PMO to host Key Stakeholder Meetings, in partnership with the Clinical Integration Committee, quarterly to review performance reports, identify trends, plan for suggestions of action regarding low performers	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	sadia88	Documentation/Certification	40_DY2Q4_PR_MDL61_PRES2_DOC_Performance_Reporting;_Milestone#_2_Trainings_11902.xlsx	DY2Q4 Performance Reporting Training Template	04/24/2017 05:56 PM
	sadia88	Documentation/Certification	40_DY2Q4_PR_MDL61_PRES2_DOC_Performance_Reporting;_Milestone#_2_Meetings_11901.xlsx	DY2Q4 Performance Reporting Meeting Template	04/24/2017 05:55 PM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Performance Reporting	Completed	Mid-Point Assessment Narrative - Performance Reporting	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Performance Reporting	

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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.

Risk 1…Inability to report metrics due to lack of system capabilities or lack of operational processes
Mitigation: Properly communicate metric expectations with timelines of reporting deliverables

Risk 2…Diminished practitioner engagement due to the busy schedules or buy-in to the DSRIP system
Mitigation: Distribute financial incentives based on performance and encourage organizational disbursement at the provider level

Risk 3...Inconsistency of data elements provided by PPS partners
Mitigation: Implementation of a Project Management software system that provides standardized definition and calculations

Risk 4... Reliance upon NY state to provide sufficient patient consent and data compliance laws to enable sufficient combination, viewing, and usage of patient information
Mitigation: Work closely with state

Risk 5... Combining data across different sources, including data provided by the DOH and data from the PPS, in order to collect and analyze for a single patient
Mitigation: Work closely with state to utilize and leverage existing technologies where applicable for elements like a Master Patient Index

Risk 6... RHIO's inability to connect PPS partners within DOH defined deadlines
Mitigation: Work closely with the RHIO as stakeholder to ensure that the RHIOs capabilities align with the IT and Performance Reporting Plan

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.)

Performance Reporting links directly to all DSRIP projects as metrics and project requirements will be reported using this workflow. Additional workflows that share interdependencies include: Finance, Practitioner Engagement, IT Systems & Processes, and Clinical Integration.

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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
IT Committee, Chair	Mark Greaker, NYP/Q VP IT	Manage IT Committee to ensure completion of Milestones Ensure transparency & collaboration among all partners Present monthly/quarter updates to the Executive Committee regarding IT developments
IT Committee, Vice Chair	TBD	Provide support to the Chair and Committee as a lead role Ensure progression of discussions & planning to ensure successful deliverable completion
IT Committee, Implementation Specialist	Marlon Hay, NYP/Q	Responsible for the successful implementation of IT projects for the PPS
IT Committee, Data Security Officer	Mark Greaker, NYP/Q VP IT	Responsible for the data security and HIPPA compliance for the PPS
IT Committee, PMO Data Analyst	Kimberly Fung, NYP/Q	Responsible for data management and performance reporting in the PMO
IT Committee, Member	Mike Matteo, CenterLight Health System Vincent Villany, Parker Jewish Institute Derek Murray, Franklin Center for Rehabilitation and Nursing Bill Mora, Dr. Wm. Benenson Rehab. Pav. Darren French, MHPWQ Christopher Quinones, Brightpoint Health Caroline Keane, RN, NYP/Q Kevin Kui, Queens Boulevard Extended Care Facility Michael Tretola, Silvercrest Chuck Jackson, Hospice of NY Cory Sherb, Selfhelp Community Services Jonah Cardillo, St, Mary's	Actively participate in committee discussions & decision making Become a liaison between the committee and partnering organizations or providers to provide updates regarding progress or policies
IT Committee,	Tom Moore, Healthix	Provide information for PPS collaboration with leveraging the RHIO across DSRIP partners

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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		
Home health agency representative	Project Committee Member (Long Term Care, Project 2..b.viii)	Liaison for Home Health Project, resource on telehealth & IT needs for home health care
Clinical Integration Leader	Clinical Integration Committee Member	Ensure IT strategy is aligned with clinical strategy, communicate plan with Clinical Integration Committee
Financial Sustainability Leader	Finance Committee Member	Budgets, align IT strategy with financial planning for PPS, communicate with finance committee
Workforce Strategy Leader	Workforce Committee Member	Assist with training strategy, communicating with workforce committee
Practitioner Engagement Leader	Practitioner Engagement Committee Member	Assist with clinical buy in for IT strategy and implementation process for practitioners
PPS Partners	All PPS Partners	Utilization of PPS wide IT plan, progress reporting, implementation
RHIO	Healthix	Provide IT Connectivity for PPS Partners
Employees	Employees	Engage in training & implementation of performance reporting expectations
External Stakeholders		
CBO representative(s)	CBOs	Resource on human/social services, align IT needs (ie: food pantries, homeless shelters etc.)
1199TEF	Union	Resource on training & staffing expectations
PPS Partners	All PPS Partners	Utilization of PPS wide IT plan, progress reporting, implementation

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IPQR Module 6.7 - IT Expectations

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. Additionally, analytics tools will be used to develop reports that monitor process and outcome measures with data from EHRs, Allscripts Care Director (care management platform), the Healthix RHIO and implementation reports. The NYHQ PPS PMO will review analytics reports and performance measures on a bimonthly basis to ensure that targets are on track to be met and reported on.

Given the diverse array of CBOs and provider organizations involved in this PPS, the PPS will conduct an initial data governance assessment as well as develop a data governance council to set data standards, assess ongoing data quality, and recommend actions to PPS leadership that will improve the quality of the data. A project management tool is under review and will be purchased based on finalized budget planning.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning.

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.	Completed	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1…PMO Executive to formalize Practitioner Engagement sub-committee	Completed	Step 1…PMO Executive to formalize Practitioner Engagement sub-committee	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2	
Task Step 2…PMO Data Analyst to compile detailed Practitioner Matrix that outlines current clinical state, project commitments, risks, and targeted requirements	Completed	Step 2…PMO Data Analyst to compile detailed Practitioner Matrix that outlines current clinical state, project commitments, risks, and targeted requirements	09/01/2015	10/31/2015	09/01/2015	10/31/2015	12/31/2015	DY1 Q3	
Task Step 3…PMO Executive to engage associations or medical societies relevant to our practitioner types in the Practitioner Engagement Committee and by presenting at association meetings	Completed	Step 3…PMO Executive to engage associations or medical societies relevant to our practitioner types in the Practitioner Engagement Committee and by presenting at association meetings	11/01/2015	03/31/2016	11/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4…Clinical Integration & Quality Committee Chair to complete a Practitioner Focus Group inclusive of all types and geographical locations	Completed	Step 4…Clinical Integration & Quality Committee Chair to complete a Practitioner Focus Group inclusive of all types and geographical locations to identify communication gaps	01/01/2016	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4	

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
to identify communication gaps									
Task Step 5…PMO to create bi-annual Learning Collaborative with guest speakers and panel discussions to focus to lessons learned and best practice standards	Completed	Step 5…PMO to create bi-annual Learning Collaborative with guest speakers and panel discussions to focus to lessons learned and best practice standards	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Step 6…PMO & Communications team to develop a communication and engagement plan and present to the Communications committee for review	Completed	Step 6…PMO & Communications team to develop a communication and engagement plan and present to the Communications committee for review	09/01/2015	12/01/2015	09/01/2015	12/01/2015	12/31/2015	DY1 Q3	
Task Step 7…PMO & Communications Chair to present plan to the Executive Committee for approval	Completed	Step 7…PMO & Communications Chair to present plan to the Executive Committee for approval	12/01/2015	02/01/2016	12/01/2015	02/01/2016	03/31/2016	DY1 Q4	
Task Step 8…PMO & Communications Chair to present plan to PAC and PPS partners	Completed	Step 8…PMO & Communications Chair to present plan to PAC and PPS partners	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.	Completed	Practitioner training / education plan.	09/01/2015	12/31/2016	09/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 1…PMO & Clinical Chairs to align strategies with associations to provide DSRIP 101/prevention goals/performance goals/case and/or care management education sessions and/or updates to practitioners in previously scheduled meetings	Completed	Step 1…PMO & Clinical Chairs to align strategies with associations to provide DSRIP 101/prevention goals/performance goals/case and/or care management education sessions and/or updates to practitioners in previously scheduled meetings	01/01/2016	07/31/2016	01/01/2016	07/31/2016	09/30/2016	DY2 Q2	
Task Step 2…Communications team & PMO staff to establish a web-based communication hub for practitioners to obtain relevant information to projects, requirements, best practices, and upcoming deadlines	Completed	Step 2…Communications team & PMO staff to establish a web-based communication hub for practitioners to obtain relevant information to projects, requirements, best practices, and upcoming deadlines	12/01/2015	03/01/2016	12/01/2015	03/01/2016	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…PMO to partner with the Workforce & Communication Committee to integrate practitioner/staff training & education plan into overall training & education programs outlined in this milestone. Ensure training program is ongoing and incorporated into annual training (or appropriate timeframe based on topic) for providers & staff	Completed	Step 3…PMO to partner with the Workforce & Communication Committee to integrate practitioner/staff training & education plan into overall training & education programs outlined in this milestone. Ensure training program is ongoing and incorporated into annual training (or appropriate timeframe based on topic) for providers & staff	12/01/2015	08/31/2016	12/01/2015	08/31/2016	09/30/2016	DY2 Q2	
Task Step 4…Lead Hospital (NYHQ) to explore options of providing CME credits for practitioner involvement & education	Completed	Step 4…Lead Hospital (NYHQ) to explore options of providing CME credits for practitioner involvement & education	12/01/2015	02/28/2016	12/01/2015	02/28/2016	03/31/2016	DY1 Q4	
Task Step 5…PMO Executive to submit to Workforce & Executive Committee for approval	Completed	Step 5…PMO Executive to submit to Workforce & Executive Committee for approval	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6… PMO to create a forum for providers & staff to provide feedback on training sessions and suggestions for new training/education sessions to be hosted by PPS	Completed	Step 6… PMO to create a forum for providers & staff to provide feedback on training sessions and suggestions for new training/education sessions to be hosted by PPS	08/01/2016	12/31/2016	08/01/2016	12/31/2016	12/31/2016	DY2 Q3	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	sadia88	Documentation/Certification	40_DY2Q4_PRCENG_MDL71_PRES2_DOC_Practitioner_Engagement;_Milestone_#2_Trainings_11904.xlsx	DY2Q4 Practitioner Engagement Training Schedule Template	04/24/2017 06:02 PM

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Practitioner Engagement	Completed	Mid-Point Assessment Narrative - Practitioner Engagement	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Practitioner Engagement	

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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.

Risk 1…Lack of protected administrative time for practitioners
Mitigation: Secure incentive funding for non-clinical items such as training and committee participation

Risk 2…Mission Collision - Practitioner vision does not align with DSRIP "triple-aim" approach of healthcare improvements
Mitigation: Partner with associations and medical societies to integrate current best practices into their culture to align with DSRIP vision

Risk 3...Incremental practitioner PPS network resignation due to lack of PPS level results and funding
Mitigation: Build a transparent reporting and communication process and engage practitioners on all committees to allow for input and influence of processes

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.)

Practitioner Engagement links directly to Workforce, IT Systems & Processes, and Clinical Integration with interdependencies of practitioner compliance, engagement, and ability to transition into new processes. The engagement of the NYHQ PPS practitioners is a critical element of all workstreams to ensure the success of domain metrics. Project and function implementation will be development with the engagement of all practitioners to ensure tailored programs to our patient and practitioner base.

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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
Practitioner Engagement Sub-Committee, Chair	Marilyn Castaldi, Interim Vice President, Public Affairs & Marketing, NYP/Q	Align communication strategy for PPS wide communication & communication specific to practitioner types
Practitioner Engagement Sub-Committee, PPS Executive Leadership Member	Maria D'Urso, NYP/Q	PMO liaison
Practitioner Engagement Sub-Committee, LTC Sub-Committee Member	Michael Tretola, SVP & Administrator for Silvercrest Nursing & Rehabilitation	Assist with engagement strategy to utilize best practices for practitioner engagement
Practitioner Engagement Sub-Committee, PPS PMO Member	Amanda Simmons, NYP/Q, PPS PMO Staff Member	DSRIP 101 creation & presentation
Practitioner Engagement Sub-Committee, Clinical Integration Committee Member	Anthony Somogyi, MD, NYP/Q	Provide leadership and strategic direction to the committee ensuring a focus to the DSRIP mission and deliverables
Practitioner Engagement Sub-Committee, IT Committee Member	Mark Greaker, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback pertaining to IT & Reporting
Practitioner Engagement Sub-Committee, Asthma Sub-Committee Member	Hadi Jabbar, MD, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback specific to Asthma initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Practitioner Engagement Sub-Committee, HIV Sub-Committee Member	Glenn Turrett, MD, NYP/Q	Active participant in the Executive Committee Provide updates & feedback specific to HIV initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Practitioner Engagement Sub-Committee, LTC Sub-Committee Member	Caroline Keane, NYP/Q	Active participant in the Practitioner Engagement sub-committee Provide updates & feedback specific to Long Term care initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Committee

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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		
Clinical Integration Committee	Robert Crupi, MD, NYP/Q	Resource for practitioner/clinical perspective
Clinical Sub Committees	Glenn Turrett, MD, NYP/Q Haddi Jabbar, MD, NYP/Q Caroline Keane, NYP/Q Maureen Buglino, NYP/Q Maria D'Urso, NYP/Q	Resource for practitioner/clinical perspective
Workforce Committee	Loraine Orlando, NYP/Q	Align training strategy with workforce training, deliverables & budget
Communications Committee	Willa Brody, NYP	Align communication strategy
Finance Committee	Frank Hagan NYP/Q	Align training strategy with PPS budget & funds flow
PPS Partners	Providers	Engagement & feedback on PPS strategy
External Stakeholders		
Medical Associations	Examples: Medical Society of Queens County Medical Society of the State of New York American Association of Physicians of Indian Origins Queens The Association of Chinese Physicians American College of Physicians	Provide a venue for provider engagement with a focus to quality based improvements & collaboration
Bordering PPSs	Bordering PPSs	Cross PPS collaboration to ensure practitioner engagement & no saturation
Practitioner Training Programs	Examples: GME, EMS	Training

IPQR Module 7.7 - IT Expectations

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning.

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.	Completed	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.	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1…PMO IT staff to assess current Population Health IT by determining level of tools currently being used throughout the PPS coordinated with IT Systems and Processes workstream plan and formulating IT Assessment and Issue Resolution Planning across PPS	Completed	Step 1…PMO IT staff to assess current Population Health IT by determining level of tools currently being used throughout the PPS coordinated with IT Systems and Processes workstream plan and formulating IT Assessment and Issue Resolution Planning across PPS	07/01/2015	11/01/2015	07/01/2015	11/01/2015	12/31/2015	DY1 Q3	
Task Step 2..Based on results on NYHQ PPS assessment, PMO IT staff will utilize IT roadmap for population health management (refer to IT Systems and Processes workstream plan, Milestone 1 Step 4: Roadmap of tactical and strategic recommendations with high-level budget estimates and resource requirements)	Completed	Step 2..Based on results on NYHQ PPS assessment, PMO IT staff will utilize IT roadmap for population health management (refer to IT Systems and Processes workstream plan, Milestone 1 Step 4: Roadmap of tactical and strategic recommendations with high-level budget estimates and resource requirements)	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 3.. Clinical Integration Committee will align project planning and implementation with population health management processes and	Completed	Step 3.. Clinical Integration Committee will align project planning and implementation with population health management processes and tools outlined by Clinical sub	12/01/2015	03/01/2016	12/01/2015	03/01/2016	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
tools outlined by Clinical sub committee planning & project implementation		committee planning & project implementation							
Task Step 4…PMO IT staff, PMO Executive, and IT Chair to define the target population and population health management plan for identifying and engaging patients in the appropriate level of care management according to their needs, specifically addressing the cultural and health disparities	Completed	Step 4…PMO IT staff, PMO Executive, and IT Chair to define the target population and population health management plan for identifying and engaging patients in the appropriate level of care management according to their needs, specifically addressing the cultural and health disparities	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 5…PMO IT staff to create a population health management roadmap	Completed	Step 5…PMO IT staff to create a population health management roadmap	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6…IT Chair to submit roadmap to Clinical Integration Community & Executive Committee for review & approval	Completed	Step 6…IT Chair to submit roadmap to Clinical Integration Community & Executive Committee for review & approval	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Milestone #2 Finalize PPS-wide bed reduction plan.	Completed	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.	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1...Create bed management plan that includes impact on workforce, financial funds flow, governance as pre-established in workstream flows. Bed management plan will include recommendations on utilization plan for beds based on the transition to VBP and increased outpatient/preventative services. (*Note - PPS CNA reflects no excess bed capacity within service area; therefore, no bed reductions will be proposed and the action item is a bed management plan versus a reduction plan)	Completed	Step 1...Create bed management plan that includes impact on workforce, financial funds flow, governance as pre-established in workstream flows. Bed management plan will include recommendations on utilization plan for beds based on the transition to VBP and increased outpatient/preventative services. (*Note - PPS CNA reflects no excess bed capacity within service area; therefore, no bed reductions will be proposed and the action item is a bed management plan versus a reduction plan)	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 2...Submit bed management plan to Clinical Integration Committee & Executive Committee	Completed	Step 2...Submit bed management plan to Clinical Integration Committee & Executive Committee for review & approval	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
for review & approval									
Task Step 3…Present bed management plan to PPS partners and PAC	Completed	Step 3…Present bed management plan to PPS partners and PAC	01/01/2017	03/31/2017	01/01/2017	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
Finalize PPS-wide bed reduction plan.	cod9034	Documentation/Certification	40_DY2Q4_PHM_MDL81_PRES2_DOC_NYPQ_Remediation_Response_Pop_Health_Mgmt_Milestone_06_02_17_15066.docx	Remediation Response with IA email .	06/15/2017 10:02 AM
	sadia88	Documentation/Certification	40_DY2Q4_PHM_MDL81_PRES2_DOC_April_2017_Executive_Committee_Minutes_13388.pdf	April 2017 Executive Committee minutes showing approval for bed management plan	04/26/2017 07:08 PM
	sadia88	Documentation/Certification	40_DY2Q4_PHM_MDL81_PRES2_DOC_NYPQ_PAC_Presentation_04_27_17_13282.pptx	April 2017 PAC presentation slides	04/26/2017 05:42 PM
	sadia88	Documentation/Certification	40_DY2Q4_PHM_MDL81_PRES2_DOC_NYPQ_Hospital_Bed_Utilization_Plan_04_19_17_13281.pdf	NYP Queens Hospital Bed Utilization Plan	04/26/2017 05:41 PM

Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Pop Health Management	Completed	Mid-Point Assessment Narrative - Pop Health Management	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Pop Health Management	

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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.

Risk 1...According to the CNA submitted with the application, both primary and secondary data collection indicates that the service area is not over-bedded from an acute care perspective. The 2,369 service are beds is equal to 1.49 beds per 1,000 persons, which is lower than the state average of 3.0 beds per 1,000 and lower than the national average of 2.6 beds per 1,000.
Mitigation...PPS is not suggesting growth or bed reduction, which can be conceived as a risk to the implementation plan of the PPS. Mitigation strategy for bed reduction operational plans would be to incorporate data from the CNA, while recognizing that a low inpatient bed rate per 1,000 may be appropriate. NYHQs focus will shift toward outpatient care and coordination of care

Risk 2...Interoperability tools that are required for Population Health IT (PHIT) systems and the implementation speed for these tools throughout the PPS. These tools are required to fulfill communication, patient care, patient tracking, and outcomes monitoring needs across the continuum. Because PHIT is foundational to the nine NYHQ DSRIP project requirements, delayed PHIT implementation steps delay other project steps and put the PPS at risk of not meeting project speed and scale requirements.
Mitigation...Tracking and championing implementation of PHIT interoperability and strategizing for other methods, such as mixed documentation using alternate methods where EHRs and PHIT tool functionality are not yet ready.

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.)

The Population Health Management implementation plan is linked with all functional workstreams, particularly the IT Systems, Clinical Integration, Performance Reporting and funds flow workstream. Population health management is integral to projects requiring care management and care transitions since all of the DSRIP projects contain various types of links to Population Health Management tools and PHIT systems.

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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
Clinical Integration Committee Chair	Robert Crupi, MD, NYP/Q	Provide leadership and strategic direction to the committee ensuring a focus to the DSRIP mission and deliverables
Clinical Integration Committee Vice Chair	Maria D'Urso, RN, NYP/Q	Partner with the Chair & Members to accomplish deliverables outlined in the Clinical Integration Committee Charter or DSRIP deliverable schedule Perform Chair responsibilities when Chair is not present
Clinical Integration Committee Member, IT Representative	Mark Greaker, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback pertaining to IT & Reporting
Clinical Integration Committee Member, PMO Operations	Sadia Choudhury, NYP/Q	Provide operation support to committee Become a liaison between the PMO and the Committee
Clinical Integration Committee Member, Asthma Project	Hadi Jabbar, MD, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback specific to Asthma initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Clinical Integration Committee Member, HIV Project	Glenn Turrett, MD, NYP/Q	Active participant in the Committee Provide updates & feedback specific to HIV initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Clinical Integration Committee Member, LTC Projects	Caroline Keane, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback specific to Long Term care initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		Committee
Clinical Integration Committee Member, PMO Data Analyst	Kimberly Fung, NYP/Q	Provide data and analytic support

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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		
Mary Godfrey, RN	VP, Patient Processing & Capacity Management	Resource for bed management planning
Caroline Keane, RN	VP, Care Management / LTC Project Committee Chair	Integrate bed management plan into the LTC committee planning for care transitions
Clinical Integration Committee	Committee Member	Resource for clinical perspective on population health management
IT Committee	Committee Member	Align population health management IT with IT committee strategy
PPS Partners	All PPS Partners	Resource for information on attributed population, participate in population health management strategy
RN Staff Representative	TBD	Resource for information on attributed population, participate in population health management strategy
External Stakeholders		
PPS Partners	All PPS Partners	Resource for information on attributed population, participate in population health management strategy
Population Health Management Vendors	Vendors	Provide resource & training for population health management tools

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 optimal goal for Population Health Management IT tools is to be completely interoperable between all participating members of the PPS to some degree. The Population Health Management tool selected by the PPS can:
1) provide analytic capabilities to fulfill DSRIP reporting requirements and produce operational monitoring reports
2) promote efficient and effective patient outreach
3) ensure patient preventive care standards are identified and tracked
4) support disease management guideline adherence
5) communicate across the continuum. EHR linkages must be able to share clinical data and track patient movement and utilization across PPS health providers and organizations. Milestones and metrics will help to drive expectations.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

The success of this workstream will be measured by the timely completion of the milestones, the interoperability of the EMR and the improvement of patient focused quality outcomes utilizing tools managed by the Project Management Office and Clinical Integration Committee(s). Data will be tracked and reported with dashboards including, but not limited to patient engagement goals and percentages, HEDIS metrics, tracking and validating progress both within the NYHQ PPS attributed population, and also with the collaborated PPS programs within the metropolitan New York City initiatives and any established shared services.

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'.	Completed	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Step 1…PMO staff will utilize Practitioner Matrix created in the Practitioner Engagement workflow to identify provider requirements and data points in order to clearly establish a clinical baseline of processes	Completed	Step 1…PMO staff will utilize Practitioner Matrix created in the Practitioner Engagement workflow to identify provider requirements and data points in order to clearly establish a clinical baseline of processes	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2…Clinical sub committee leads and PMO staff will draft a clinical integration needs assessment considering people, process & technology based on project and function	Completed	Step 2…Clinical sub committee leads and PMO staff will draft a clinical integration needs assessment considering people, process & technology based on project and function	10/01/2015	02/01/2016	10/01/2015	02/01/2016	03/31/2016	DY1 Q4	
Task Step 3…PMO Executive to present clinical integration needs assessment to the Clinical Integration Committee and Executive Committee with recommendations and timelines	Completed	Step 3…PMO Executive to present clinical integration needs assessment to the Clinical Integration Committee and Executive Committee with recommendations and timelines	02/01/2016	03/31/2016	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
Milestone #2 Develop a Clinical Integration strategy.	Completed	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 1…PMO Clinical staff will utilize the Clinical Integration Needs Assessment to establish an integration strategy that outlines current state, desired state, action items, and timelines	Completed	Step 1…PMO Clinical staff will utilize the Clinical Integration Needs Assessment to establish an integration strategy that outlines current state, desired state, action items, and timelines	04/01/2016	05/01/2016	04/01/2016	05/01/2016	06/30/2016	DY2 Q1	
Task Step 2…PMO IT staff & clinical staff will utilize IT assessments to determine electronic clinical integration capabilities and needs	Completed	Step 2…PMO IT staff & clinical staff will utilize IT assessments to determine electronic clinical integration capabilities and needs	04/01/2016	05/01/2016	04/01/2016	05/01/2016	06/30/2016	DY2 Q1	
Task Step 3…PMO clinical staff & clinical sub committee chairs will create Clinical Integration Strategy, including training & communication plans for providers & staff	Completed	Step 3…PMO clinical staff & clinical sub committee chairs will create Clinical Integration Strategy, including training & communication plans for providers & staff	04/01/2016	07/31/2016	04/01/2016	07/31/2016	09/30/2016	DY2 Q2	
Task Step 4…PMO clinical staff & Executive lead will present Clinical Integration Strategy to the Clinical Integration Committee, Workforce Committee and Executive Committee for feedback and approval of implementation	Completed	Step 4…PMO clinical staff & Executive lead will present Clinical Integration Strategy to the Clinical Integration Committee, Workforce Committee and Executive Committee for feedback and approval of implementation	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 5…PMO clinical staff & Executive lead will utilize the approved Clinical Integration Strategy and project specific strategies to create an	Completed	Step 5…PMO clinical staff & Executive lead will utilize the approved Clinical Integration Strategy and project specific strategies to create an overarching Care Transition Strategy focused to people, process, technology, and training specific	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
overarching Care Transition Strategy focused to people, process, technology, and training specific to project and patient need		to project and patient need							
Task Step 6…PMO Clinical staff will present Care Transition Strategy to Clinical Integration Committee, Workforce Committee and Executive Committee for review & approval	Completed	Step 6…PMO Clinical staff will present Care Transition Strategy to Clinical Integration Committee, Workforce Committee and Executive Committee for review & approval	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 9…PMO Executive to recruit PPS RN staff to do rapid cycle evaluation, reporting plans and findings to Clinical Integration Committee and appropriate sub-committees	On Hold	Due to PPS implementation processes the PMO has determined that task 9- (hire RCE) more closely aligned with the clinical integration strategy therefore the task has been put on hold for this milestone and added as a step under Clinical Integration .	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop a Clinical Integration strategy.	sadia88	Documentation/Certification	40_DY2Q4_CI_MDL91_PRES2_DOC_Clinical_Integration;_Milestone_#2_Trainings_11907.xlsx	DY2Q4 Clinical Integration Training Template	04/24/2017 06:07 PM
	sadia88	Documentation/Certification	40_DY2Q4_CI_MDL91_PRES2_DOC_Clinical_Integration;_Milestone_#2_Meetings_11906.xlsx	DY2Q4 Clinical Integration Meeting Template	04/24/2017 06:07 PM

Prescribed Milestones Narrative Text

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

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Complete	
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
Milestone Mid-Point Assessment Narrative - Clinical Integration	Completed	Mid-Point Assessment Narrative - Clinical Integration	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Step 9…PMO Executive to recruit PPS RN staff to do rapid cycle evaluation, reporting plans and findings to Clinical Integration Committee and appropriate sub-committees	Not Started	The PMO will create a Rapid Response Cycle Unit inclusive of the Hiring of Staff	01/01/2017	09/03/2017	04/01/2017	09/03/2017	09/30/2017	DY3 Q2

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
Mid-Point Assessment Narrative - Clinical Integration	
Step 9…PMO Executive to recruit PPS RN staff to do rapid cycle evaluation, reporting plans and findings to Clinical Integration Committee and appropriate sub-committees	

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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.

Risk 1…Interoperability of multiple IT systems
Mitigation: Engage vendors and utilize relationships with RHIO to bridge the gap of data systems

Risk 2…Alignment of timing expectations of DSRIP deliverables with the timing of IT infrastructures to ensure success
Mitigation: Establish clear expectations at all levels with timing expectations and identify risks quickly through committees or learning collaborative

Risk 3...Inability to meet workforce demands due to recruitment or retraining demands
Mitigation: Partner with Workforce Committee to align strategies, identify risks, and plan for delays due to workforce effects

Risk 4...Readiness of PPS clinical platform to make rapid dynamic changes
Mitigation: Establish a Rapid Cycle Evaluation Unit, within the PMO, to identify and address issues related to implementation & change management

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.)

Interdependencies of this workflow include:

Performance Reporting - The implementation of projects and functions will be monitored closely with the performance reporting workflow and will identify trends or risks associated with clinical integration.

Workforce - The impact of recruitment, retraining, redeployment, and reduction in staff will play an important role in clinical integration as ensuring adequate workforce will define the success of meeting requirements and domain metrics.

Practitioner Engagement - Proper engagement of practitioners and partners will ensure a smooth implementation of projects as they are the individuals performing majority of the work to meet the outcome expectations.

Population Health Management - Tools and strategies utilized in this workflow will impact the integration and strategy of clinical developments as the PPS manages large volumes of patients with a focus to evidence based medicine & quality outcomes.

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Cultural Competency & Health Literacy - This workflow will directly relate to clinical integration as the PPS must ensure that medical processes and people align with the cultural diversity and needs of the community we serve while implementing clinical programs.

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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
Clinical Integration Committee Chair	Robert Crupi, MD, NYP/Q	Provide leadership and strategic direction to the committee ensuring a focus to the DSRIP mission and deliverables
Clinical Integration Committee Vice Chair	Maria D'Urso, NYP/Q	Partner with the Chair & Members to accomplish deliverables outlined in the Clinical Integration Committee Charter or DSRIP deliverable schedule Perform Chair responsibilities when Chair is not present
Clinical Integration Committee Member, IT Representative	Mark Greaker, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback pertaining to IT & Reporting
Clinical Integration Committee Member, PMO Operations	Sadia Choudhury, NYP/Q	Active participant in the Executive Committee Provide operation support to committee Become a liaison between the PMO and the Committee
Clinical Integration Committee Member, Asthma Project	Hadi Jabbar, MD, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback specific to Asthma initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Clinical Integration Committee Member, HIV Project	Glenn Turrett, MD, NYP/Q	Active participant in the Executive Committee Provide updates & feedback specific to HIV initiatives, market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Clinical Integration Committee Member, LTC Projects	Caroline Keane, NYP/Q	Active participant in the Clinical Integration Committee Provide updates & feedback specific to Long Term care initiatives,

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		market dynamics, or community happenings Become a liaison between the partner & provider community & the Committee
Clinical Integration Committee Member, RHIO Representative	Tom Moore, Healthix	Provide information for PPS collaboration with leveraging the RHIO across DSRIP partners

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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		
Karen Nefores	VP Quality, NYP/Q	Resource to the committee for clinical quality improvements and leveraging best practices in the PPS
TBD	VP Finance, NYP/Q	Finance Committee Liaison
Caroline Keane	Case Management, Social Work, NYP/Q	Long Term Care Committee Liaison
Mary Godfrey	VP, Patient Processing & Capacity Management NYP/Q	Resource for bed management in the NYP/Q PPS
Healthix Representative	RHIO Representative	Provide feedback on electronic integration plan and training for PPS partners
Practitioners	Clinical providers	Provide feedback & recommendations for integration
External Stakeholders		
Community Based Organizations Examples of CBOs to be engaged include: the Asthma Coalition of Queens, Catholic Charities, Self-help Community Services, Silvercrest Housing	PPS Partner CBOs	Advise on community needs and training
Bordering PPSs	Cross PPS collaboration	Engage in collaborative meetings to allow for cross PPS transparency and synergy

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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.

The development of a shared IT infrastructure is the core principal of Clinical Integration as the primary DSRIP goal of IT is to connect systems in order to integrate clinically and technically in order to meet expectations. NYHQ partners IT capabilities vary and the IT Systems & Process workflow will focus to identifying current state & strategy for ensuring connectivity and inter-operability to manage clinical integration & successful outcomes of domain metrics & project requirements.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

The PPS will implement standardized monthly reporting expectations for all workflows utilizing consistent tools and reports that outline expectations to the project, milestone, metric, and requirement level. Reporting will be a bottom-up model that feeds directly from patients, providers, and staff and will be leveraged as an accountability tool for the Executive Committee. A project management tool is under review and will be purchased based on finalized budget planning.

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.

The New York Hospital Queens PPS approach to implementation of the DSRIP projects includes an organizational structure that will oversee the DSRIP initiatives. The DSRIP project management office (PMO) convened for project planning and implementation will follow a process which includes: identifying, selecting and engaging current and potential future PPS project partners, defining roles and responsibilities, applying DSRIP project requirements, milestones and metrics to implementation templates, using evidence-based clinical, organizational and population health practices throughout the projects while coordinating with other projects. The clarity of the PPS partners' roles and responsibilities provided by the Collaborative Contracting model, governance structure combined with the resources of NYHQ, will enable the PPS participants to concentrate on the strategies necessary for successful DSRIP projects, including oversight, implementation, performance reporting, and accountability for patient and population outcomes.

The PMO will align key approaches for the DSRIP projects including maintaining the project management system, ensuring that DSRIP projects are coordinated with each other, particularly those projects that intersect with each other such as those related to SNFs, identifying and facilitating collaborative alignment, uses feedback systems to monitor effectiveness and activate rapid response process; and involving PPS leaders for risk mitigation if necessary.

A key responsibility of the PMO is to ensure that a predominant focus of successful DSRIP project plan implementation is the connectivity component of the IT and Clinical Integration structures. The PMO is responsible for linking project teams with the IT work stream (refer to Part 1 IT Systems and Processes work streams) provide user input, establish timelines, and to facilitate transitional manual processes until electronic systems are functional. This is of primary focus with NYHQ PPS since it has been identified that they are varying levels of operability within the existing PPS members. This focus will only help to successfully implement the nine projects that have been identified.

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 population health emphasis of the DSRIP projects helps to focus teams on continuum of care processes and coordination, rather than a silo of activities associated with improvements at a single level or of an isolated process. The PMO will be the population health advocate for the teams to ensure they are continually looking at the whole patient.

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The transitions of care projects contain overlapping and synergistic requirements; the PPS is using a bundle approach for Projects 2.b.v., 2.b.vii, 2.b.viii, and 3.g.ii. Project teams are working together to coordinate and execute the overall vision of transitions of care and care coordination for the NYHQ PPS with a predominate focus on the patient population utilizing area SNFs. Improvement meetings will alternate between the individual project teams working on their action plans and individual teams coming together for process coordination and alignment. The PMO will monitor progress and evaluate effectiveness of interventions. The benefit to this bundling approach will be that the key stakeholders and the front end health care providers will benefit from intertwined improvements that directly impact patient outcomes and coordination of care.

Projects 3.b.i and 3.d.ii will address cross-cutting PPS initiatives in partnering with geographic resources that support the community as a whole, moving outside the normal boundaries of patient engagement. Workflow teams focusing on HIV care have already begun to address the needs of early access and patient retention in this area, with anticipated collaboration throughout the project. The asthma home-based self-management project will expand on recognized best practice initiatives that have been in existence with subject matter experts in this field, who will drive the project to achieve key milestones and metrics. The NYHQ PPS will integrate the support and collaboration from these community based organizations to leverage toward improved population health outcomes.

The Patient Centered Medical Home provides the platform for implementing the role of primary care providers in the projects, while allowing for integration of behavioral health services. The NYHQ PPS will leverage the overlapping requirements of the DSRIP projects and the NCQA PCMH requirements. The functional areas of Cultural Competency / Health Literacy, IT systems, Population Management, and Workforce all have linkages to the projects and are being accounted for in project planning.

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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
Long Term Care Committee Chair (2.b.v, 2.b.vii, 2.b.viii, 3.g.ii)	Caroline Keane, NYP/Q	Liaison to committee, leveraging best practices, communication to Clinical Integration Committee
High Risk Population Committee Chair- Asthma (3.d.ii)	Hadi Jabbar, MD- NYP/Q	Liaison to committee, leveraging best practices, communication to Clinical Integration Committee
High Risk Population Committee Chair- HIV (4.c.ii)	Glenn Turrett, MD- NYP/Q	Liaison to committee, leveraging best practices, communication to Clinical Integration Committee
Behavioral Health (3.a.i) & Primary Care Committee Chair	Maureen Buglino, NYP/Q	Liaison to committee, leveraging best practices, communication to Clinical Integration Committee
Cardiovascular Committee (2.a.ii, 3.b.i) Chair	Robert Crupi, MD- NYP/Q	Liaison to committee, leveraging best practices, communication to Clinical Integration Committee

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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		
PPS Clinical Committees	Committee Members	Create the implementation plan & clinical planning for PPS selected projects
External Stakeholders		
PPS Partners	All PPS Partners	Completion of metrics & project requirements in each project
NYS	examples: DOH, OASAS	Utilize resources and partner with agencies when appropriate to implement and accomplish projects
Bordering PPSs	Bordering PPSs	Partner on overlapping projects to ensure that there is not a duplication of resources and streamline work for participating practitioners

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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 NYHQ PPS IT infrastructure role will drive successful realization of project requirements and goals. Project plans and implementation will need to be orchestrated with IT integration and upgrades to ensure interoperability and data sharing. Implementation plans will address current state analysis which shows a wide variety of levels of interoperability at the beginning of the DSRIP projects. The PMO will coordinate the speed and timing of the projects so that they coincide with the different health IT platforms. Workgroups and transformation processes will be developed and augmented along the delivery pathway.

A component of the IT integrated performing system requirement will be instituting population health management technology through the PPS. This, in coordination with meeting meaningful use and PCMH Level 3 standards for designated providers will be key to successful implementation of the DSRIP projects. In order to accomplish this, the following steps will need to be incorporated into the general implementation plans:

1) Establish the processes and structures to implement the Data-Sharing and Confidentiality requirements as defined in the DSRIP Organization Plan
2) Incorporate development/acquisition of capabilities and infrastructure into the Population Health IT work plan.
3) Ensure the Population Health IT work plan prioritizes the steps/actions, hardware, and other resources required to achieve EMR access
4) Align IT and clinical workflows across project plans
5) When, EHR/RHIO functionality is not compatible, identify alternate methods of generating work product until it interoperable
6) Implement essential clinical processes using manual documentation and communication as indicated and transition to electronic as it becomes available

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

The DSRIP projects as the basis for the progress and performance reporting that is necessary to demonstrate effectiveness of the program. Provider, clinical quality outcomes, patient engagement and population health transformation will be demonstrated through performance monitoring. Incentive structures and flow of funds will also revolve around performance monitoring. A DSRIP Data and Performance workflow team is a component of the PMO and will be used to provide data analysis, process improvement and utilization metrics, and dashboard development support to the DSRIP project teams. Areas of focus include the following four subsets:

Metrics in collaboration with Population Health Management and project teams to establish reporting tools to gather data, dashboards and other reports. Analysis; Work with data to determine project and software needs to advance project planning. Process improvements; based on metrics

will be used by the NYHQ PPS to measure, compare and advance project requirements and milestones, and education on the metrics and educate on tools, data analysis and improvement methods to achieve performance reports.

The NYHQ PPS IT and Data Committee will support performance monitoring with the mentioned metrics, milestones, and reporting required ensuring clinical integration. It will work to achieve interoperability of partner platforms and RHIO s to share and utilize outcome data in real time. It will standardize data definitions; prioritize allocation of IT resources and joint IT investments; and recommend the selection of population health management applications and IT approaches. This committee will also oversee IT and data security and compliance, data storage and usage, and data services.

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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 NYHQ plan for community engagement recognizes that engagement occurs at multiple levels including PPS, organizational, programmatic, and individual. This plan reflects the understanding of these levels and the interactions between them. Representatives from one labor, seventeen
SNF, four Home Health, three Clinics, three Behavioral health, three CBO, one Developmentally Disabled organization, two NYCDOH, one Hospice agency, and one hospital comprise the initial PAC, but includes other community organizations. The network is composed of 27 nursing homes, 6 home health agencies, over 225 primary care and behavioral health professionals, 1community and 2 psychiatric hospitals, 1 LTACH, and a mix of post-acute acute and community based providers.

Plans for community advisor groups that represent geographic neighborhoods and also population-specific advisory groups such as the Chinese, Korean and other ethnic populations are under way. Community Health Workers who reflect the characteristics they serve are an important component of the engagement strategy. Responsibilities for community engagement will be housed in the DSRIP office to leverage planning, alignment, implementation and oversight across the PPS geographic region. The community engagement work stream will: 1) inventory current patient/advisory activities from PPS partners across the system; 2) identify key success factors, best practices, and effective tools; 3) define a structure and process used for advisory levels: organizational or agency council; project team advisors; program advisors; office practice advisors; committee advisors; 1:1 advisors, as in the peer to peer programs; 4) using the AHRQ Working with Patients and Families as Advisors: Implementation Handbook adopt and adapt these guidelines as needed to meet the needs of the characteristics of PPS population defined in the Community Needs Assessment; 5) develop expectations and provide training for patient engagement at the front line provider and care giver level: 6) establish processes to promote alignment and coordinate across site; provide flexibility for sites to adapt as needed based on the setting, beneficiary population and purpose; 7) Include engagement metrics on project dashboards (ex. Participating advisors; and, 8) coordinate with the Cultural Competency and Health Literacy Work stream plans.

The PPS will extend access to working with the New York State Office for Aging (NYSOFA) to establish a Chronic Disease Self-Management Program (CDSMP). The PPS does not want to compete with the NYSOFA, rather extend patient access by funding its own program. The NYSOFA is advising on local resources, program organization, and instructor training. The CNA will inform which of the CDSM Spanish programs will be offered and other populations that could benefit from the program in their native language as the CDSMP Leaders Manual is available in four languages prominent in the PPS service area: Spanish, Chinese, Hindi, and Korean.

IPQR Module 10.8 - IA Monitoring

Instructions :

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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

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	0.00	108,702.00	59,937.00	59,937.00	21,616.00	21,616.00	27,300.00	27,300.00	25,359.00	25,359.00	377,126.00
Redeployment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
New Hires	0.00	80,000.00	20,000.00	20,000.00	10,000.00	10,000.00	0.00	0.00	0.00	0.00	140,000.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expenditures	**0.00**	**188,702.00**	**79,937.00**	**79,937.00**	**31,616.00**	**31,616.00**	**27,300.00**	**27,300.00**	**25,359.00**	**25,359.00**	**517,126.00**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Complete	

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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).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task Step 1…Formalize Workforce Committee with charter & members	Completed	Step 1…Formalize Workforce Committee with charter & members	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Step 2…Engage Clinical sub-committees to create a Target Workforce State Analysis that is specific to projects & outlines the workforce need and future state of workforce	Completed	Step 2…Engage Clinical sub-committees to create a Target Workforce State Analysis that is specific to projects & outlines the workforce need and future state of workforce	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 3…Complete an Organizational Impact Analysis for future workforce needs and finalize target workforce state	Completed	Step 3…Complete an Organizational Impact Analysis for future workforce needs and finalize target workforce state	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 4…Present Organizational Impact Analysis and Target Workforce State to Workforce Committee and Finance Committee for review & approval	Completed	Step 4…Present Organizational Impact Analysis and Target Workforce State to Workforce Committee and Finance Committee for review & approval	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task Step 4…Present Transition Roadmap to Executive Committee for review and approval of next steps	Completed	Step 4…Present Transition Roadmap to Executive Committee for review and approval of next steps	10/01/2016	11/30/2016	10/01/2016	11/30/2016	12/31/2016	DY2 Q3	
Task Step 1…Workforce Committee to complete a	Completed	Step 1…Workforce Committee to complete a Current State Analysis for all PPS Partners & determine anticipated level of	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
Current State Analysis for all PPS Partners & determine anticipated level of impact by project, job function, & partner		impact by project, job function, & partner							
Task Step 2…PMO & Partners to survey workforce to Establish DSRIP Workforce State of Mind Baseline (identify concerns, desires for advancements or changes, ideas to implement programmatic changes, etc.)	Completed	Step 2…PMO & Partners to survey workforce to Establish DSRIP Workforce State of Mind Baseline (identify concerns, desires for advancements or changes, ideas to implement programmatic changes, etc.)	01/01/2016	10/31/2016	01/01/2016	10/31/2016	12/31/2016	DY2 Q3	
Task Step 3…Workforce Committee to utilize Target Workforce State Analysis and State of Mind Baseline to Create a Transition Roadmap with timing by project, job function, & partner	Completed	Step 3…Workforce Committee to utilize Target Workforce State Analysis and State of Mind Baseline to Create a Transition Roadmap with timing by project, job function, & partner	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Step 1…Workforce Consultant hired to complete a Workforce Gap Analysis by project, job function, & partner utilizing partner surveys, current state analysis and target workforce state	On Hold	Step 1…Workforce Consultant hired to complete a Workforce Gap Analysis by project, job function, & partner utilizing partner surveys, current state analysis and target workforce state	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task Step 2…Prioritize High Risk Recruitment positions & align with project need & timing	Completed	Step 2…Prioritize High Risk Recruitment positions & align with project need & timing	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Step 3…Analyze the current HR IT system infrastructure & outline PPS PMO infrastructure needs for ongoing monitoring (Infrastructure Gap)	Completed	Step 3…Analyze the current HR IT system infrastructure & outline PPS PMO infrastructure needs for ongoing monitoring (Infrastructure Gap)	04/01/2016	05/31/2016	04/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task Step 4…Identify origins & destinations of staff to be redeployed & Identify Future State Demand Needs for re-deployment by project, job function, & partner	Completed	Step 4…Identify origins & destinations of staff to be redeployed & Identify Future State Demand Needs for re-deployment by project, job function, & partner	07/01/2016	01/31/2017	07/01/2016	01/31/2017	03/31/2017	DY2 Q4	
Task	Completed	Step 5…Present Gap Analysis and Future State Demand	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Step 5…Present Gap Analysis and Future State Demand Needs to the Workforce Committee and Executive Committee for approval, utilize for Transition Roadmap		Needs to the Workforce Committee and Executive Committee for approval, utilize for Transition Roadmap							
Task NEW Step 1... PPS to complete a workforce gap analysis by project, job function, & partner utilizing partner surveys, current state analysis and target workforce state	Completed	NEW Step 1... PPS to complete a workforce gap analysis by project, job function, & partner utilizing partner surveys, current state analysis and target workforce state	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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.	Completed	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Step 1…Complete a Request for Proposal (RFP) for an independent firm to complete data gathering & analysis specific to the Compensation & Benefit Analysis deliverable	Completed	Step 1…Complete a Request for Proposal (RFP) for an independent firm to complete data gathering & analysis specific to the Compensation & Benefit Analysis deliverable	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Step 2…Present RFP proposals to Executive Committee & seek approval for contract	Completed	Step 2…Present RFP proposals to Executive Committee & seek approval for contract	12/01/2015	01/31/2016	12/01/2015	01/31/2016	03/31/2016	DY1 Q4	
Task Step 3…Contract with RFP awarded firm to initiate Compensation & Benefit Analysis	Completed	Step 3…Contract with RFP awarded firm to initiate Compensation & Benefit Analysis	01/15/2016	03/31/2016	01/15/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Step 4…Utilize the Transition Roadmap to identify fully & partially placed staff (redeployment) by organization and project	Completed	Step 4…Utilize the Transition Roadmap to identify fully & partially placed staff (redeployment) by organization and project	04/01/2016	05/01/2016	04/01/2016	05/01/2016	06/30/2016	DY2 Q1	
Task Step 5…Firm to complete a Compensation & Benefit Analysis for forecasted retrained, redeployed, and new hire staff associated with DSRIP projects (not based upon individualized partner proprietary or confidential information - aggregated information to be reported)	Completed	Step 5…Firm to complete a Compensation & Benefit Analysis for forecasted retrained, redeployed, and new hire staff associated with DSRIP projects (not based upon individualized partner proprietary or confidential information - aggregated information to be reported)	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task Step 6…Present Compensation & Benefit analysis to the Executive Committee for review & approval of next steps	Completed	Step 6…Present Compensation & Benefit analysis to the Executive Committee for review & approval of next steps	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task Step 7…Create a 5-year Training Program Outline specific to job function	Completed	Step 7…Create a 5-year Training Program Outline specific to job function	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 8…Draft a Change Management PPS Protocol for re-deployment, re-training	Completed	Step 8…Draft a Change Management PPS Protocol for re-deployment, re-training	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 9…Establish DY/annual Training Expectations by partner & job function to span the entire DSRIP program time span	Completed	Step 9…Establish DY/annual Training Expectations by partner & job function to span the entire DSRIP program time span	01/01/2016	08/31/2016	01/01/2016	08/31/2016	09/30/2016	DY2 Q2	
Task Step 10…Present Training Expectations & Outline to Workforce Committee for review & approval	Completed	Step 10…Present Training Expectations & Outline to Workforce Committee for review & approval	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 1…Outline Regulatory Expectations of Training for all job functions impacted	Completed	Step 1…Outline Regulatory Expectations of Training for all job functions impacted	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Step 2…Survey Workforce on Perceived Training Needs including but not limited to PCMH, MU requirements, EHR integration, RHIO use, INTERACT, eMOLST, clinical protocols, care coordination, registries,etc	Completed	Step 2…Survey Workforce on Perceived Training Needs including but not limited to PCMH, MU requirements, EHR integration, RHIO use, INTERACT, eMOLST, clinical protocols, care coordination, registries,etc	01/01/2016	08/31/2016	01/01/2016	08/31/2016	09/30/2016	DY2 Q2	
Task Step 3…Complete a Request for Proposal (RFP) for an independent firm to complete data gathering & analysis specific to the Compensation & Benefit Analysis deliverable	Completed	Step 3…Complete a Request for Proposal (RFP) for an independent firm to complete data gathering & analysis specific to the Compensation & Benefit Analysis deliverable	11/01/2015	01/01/2016	11/01/2015	01/01/2016	03/31/2016	DY1 Q4	
Task Step 4…Present workforce vendor proposals to the Workforce Committee & Executive	Completed	Step 4…Present workforce vendor proposals to the Workforce Committee & Executive Committee to receive approval for contract with a scope of workforce training	12/01/2015	01/31/2016	12/01/2015	01/31/2016	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
Committee to receive approval for contract with a scope of workforce training									
Task Step 5…Contract with a workforce vendor to complete the steps associated with this milestone & to initiate the training program	Completed	Step 5…Contract with a workforce vendor to complete the steps associated with this milestone & to initiate the training program	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Step 6…Establish a PPS Training Strategy which includes IT training (including the process for tracking training participation through the PMO) and present to Workforce Committee for approval	Completed	Step 6…Establish a PPS Training Strategy which includes IT training (including the process for tracking training participation through the PMO) and present to Workforce Committee for approval	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	

IA Instructions / Quarterly Update

Milestone Name	IA Instructions	Quarterly Update Description

No Records Found

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform detailed gap analysis between current state assessment of workforce and projected future state.	cod9034	Documentation/Certification	40_DY2Q4_WF_MDL112_PRES3_DOC_NYPQ__January_2017__Executive_Committee_Minutes_15077.pdf	Executive Committee Minutes	06/15/2017 10:22 AM
	cod9034	Documentation/Certification	40_DY2Q4_WF_MDL112_PRES3_DOC_NYPQ_Remediation_Response_Workforce_Milestone_06_02_17_15076.docx	Remediation Response	06/15/2017 10:21 AM
	sadia88	Documentation/Certification	40_DY2Q4_WF_MDL112_PRES3_DOC_Workforce_Gap_Analysis_Trans_Roadmap_01_18_17_9819.pdf	Workforce Gap Analysis Transition Roadmap- was also uploaded in DY2Q3	04/07/2017 01:09 PM
Develop training strategy.	sadia88	Documentation/Certification	40_DY2Q4_WF_MDL112_PRES5_DOC_Workforce;_Milestone_#5-_Trainings_11913.xlsx	DY2Q4 Workforce Training Template	04/24/2017 06:15 PM
	sadia88	Documentation/Certification	40_DY2Q4_WF_MDL112_PRES5_DOC_Workforce_Milestone_#5-Meetings_11912.xlsx	DY2Q4 Workforce Meeting Template	04/24/2017 06:14 PM

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Workforce	Completed	Mid-Point Assessment Narrative - Workforce	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Workforce	

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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.

Risk 1…Collaboration of all PPS partners regarding workforce strategy & change implementation
Mitigation: Establish a well balanced Workforce Committee that is properly represented by PPS partners and ensure all organizations are committed to the success of DSRIP.

Risk 2...Aligning organizations with vast diversity of HR policies, salaries, benefits to create synergy among the employee pool
Mitigation: Allow for uniqueness of HR practices within organizations while ensuring project requirements and milestones are met. Maximize relationship with unions in order to allow for large workgroup impacts

Risk 3... Compliance with legal/regulatory requirements governing collaboration on workforce strategy and sharing of information among partners of the PPS.
Mitigation: The Workforce Committee will work with legal council to establish protocols and provide training for compliant activity; seek approval of Certificate of Public Advantage, as appropriate.

Risk 4...Ability to train & re-deploy staff in a timely manner in accordance with the timing of each project.
Mitigation: A detailed roadmap with timelines will be created (Milestone above) and cross-referenced to the overall project requirement timeline (speed, scale, & operational expectations) to identify risks and plan for alternative developments

Risk 5...Capability of the workforce pool to make rapid evolutions to positions or training expectations as defined by the Workforce Committee or clinical integration process
Mitigation: The Workforce Committee and PPS partners will work closely with 1199 and other unions as well as HR leadership to develop options for employee engagement to ensure understanding and interaction during the process

Risk 6...Workforce shortages and recruitment difficulties due to local shortages as well as state-wide competition with new DSRIP programs
Mitigation: Partner with 1199 and local recruitment organizations to properly identify shortage areas and job functions and plan accordingly with the Clinical Governing Committees to identify potential impacts to outcomes. Create a competitive work environment with respect to salary, training, and opportunities for growth.

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.)

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The Workforce section of the DSRIP plan has major dependencies related to most Organizational functions as well as all projects assigned by the PPS. Examples of dependencies include (but are not limited to):

Cultural Competency & Health Literacy - The foundational processes of ensuring a culturally competent healthcare environment will require workforce training and/or retraining based on the service area or service type provided. The training will be an integral part of the Workforce planning & development to ensure proper funding of training, establishment of expectations, and continuation of training to ensure long-term quality improvements.

IT Systems & Processes - PPS partners vary in regards to IT systems and processes as each have unique processes and use of electronic medical record system (or lack there of). All projects contain a component of data sharing or information exchange that will require training or particular skill-sets to ensure the successful implementation of the IT requirements. The Workforce Committee will be mindful of this dynamic while completing the current state analysis and training program.

Funds Flow & Budgeting - As the PPS establishes funds flow expectations that are coupled with top-down and bottom-up budgets, workforce will be a large component of the financial planning in order to adequately staff projects based on current & forecasted states. All committees and workgroups will include expectations of workforce planning in their charter to ensure adequate communication to the finance committee.

Clinical Integration - The successful integration of new clinical requirements into existing workflows will hinge on proper training, staffing, and re-deployment of staff to allow for best practice implementation. Robust communication channels will be established between all committees and operational stakeholders to ensure a rapid response system of issues related to workforce issues.

Practitioner Engagement - Practitioner engagement will tie to Workforce in two main veins; (1) impact of the surrounding workforce in order to implement requirements and achieve goals, and (2) recruitment of practitioners in order to clinically staff projects and meet speed and scale expectations. The direct relation will be addressed in both the Workforce planning as well as the Practitioner Engagement/Communications workgroup that will be formalized.

Projects - All projects are dependent on Workforce as the core principal of DSRIP is to transform the healthcare of our community. Project requirements cannot be implemented or goals and milestones met without the proper development of a dynamic Workforce strategy that will continuously evolve by distribution year to allow for market developments or partner changes. The clinical workgroups will have a direct line of communication to the Workforce Committee.

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IPQR Module 11.6 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Workforce Committee - Chair (Human Resources Representative)	Lorraine Orlando - NYP/Q	Manage Workforce Committee to ensure completion of Milestones Ensure transparency & collaboration among all partners Present monthly/quarter updates to the Executive Committee regarding workforce developments
Workforce Committee - Vice Chair	MiMi Lim - NYP/Q	Provide support to the Chair and Committee as a lead role Ensure progression of discussions & planning to ensure successful deliverable completion
Workforce Committee - Secretary	Dina Pantelias- NYP/Q	Ensure committee meetings & structure are representative of PPS expectations Notation of minutes of meetings Ensure proper voting of all actionable items
Workforce Committee - Employee Representative	Wendy Louie- NYP/Q	Actively participate in committee discussions & decision making Become a voice for employees to ensure all levels of discussions & transparency
Workforce Committee - Members	Glenn Courounis, Centerlight Health System Pietro Piacquadio, Avanti Health Care Services Jessica Kozikott, Parker Jewish Institute Jerry Enella, Flushing Manor Nursing & Rehab John Lavin, MHPWQ Sarah McQuade, MHPWQ John Burke, MHPWQ Maureen Buglino, NYP/Q Maria D'Urso, NYP/Q Marissa Schwartz, QBECF Felix Rosado, Americare Suzanne Pugh, NYP/Q	Actively participate in committee discussions & decision making Become a liaison between the committee and partnering organizations or providers to provide updates regarding progress or policies

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
	Margaret Cartmell, NYP/Q Michael Tretola, Silvercrest Vivian Torres, Selfhelp Community Services Michaelle Williams, NYP/Q Russell Lusak, SelfHelp Community Services	

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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		
Human Resource Representatives	Direction of organization(s) needs & commitments Liaison & communicator to partnering organizations	Provide guidance & organizational expectations regarding recruitment, retraining, redeployment, and reduction in staff
Legal Counsel Representatives	Direction of organization(s) needs & commitments Liaison & communicator to partnering organizations	Provide guidance & organizational expectations regarding recruitment, retraining, redeployment, and reduction in staff
Training Organizations	Resource of training plans & needs	Provide feedback &/or materials on training strategy, plan, and materials
External Stakeholders		
Bordering PPS partners	Cross PPS collaboration	Engage in collaborative meetings to allow for cross PPS transparency and synergy
Recruitment Firms	Potential partnership for recruitment	Provide guidance & potential hired services for recruitment
Labor Union Representatives- 1199SEIU	Representation of unionized labor Resource to ensure compliance with labor regulations	Communication among union representatives and labor to ensure transparency & positive collaboration for plans

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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 concept of a shared IT infrastructure will support the plans for workforce transformation by allowing consistency to training modules and expectations in regards to patient care, cultural competency & health literacy, or IT processes. Shared data will allow for a source of information pertaining to quality and care that will inform training needs. Training systems across the organizations will be a critical element of the IT infrastructure to ensure ease of training and consistency among partners. The development of an IT data repository will be a focus of the Workforce Committee to allow for warehousing of pertinent and legally shared information regarding HR at the PPS PMO level to track, trend, and report quickly and easily throughout the governing processes of the PPS.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

The Workforce Committee along with the PPS Project Management Office (PMO) will establish a Workforce Dashboard Reporting Tool (Milestone above) that will outline deliverables, risks, communication strategies, etc. for all functions related to workforce (training, recruitment, re-deployment, reduction). This tool will be used as a communication and accountability tool for all actionable items pertaining to workforce development. The reporting tool will rely on the input of the Workforce Committee as well as all PPS partners.

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IPQR Module 11.10 - Staff Impact

Instructions :

Please upload the Workforce Staffing Impact (Projections) and the Workforce Staffing Impact (Actuals) tables provided for quarterly reporting.

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
cod9034	Documentation/Certification	40_DY2Q4_WF_MDL1110_DOC_NYPQ_Remediation_Response_Workforce_Milestone_06_02_17_15075.docx	Remediation Response Workforce	06/15/2017 10:19 AM
cod9034	Documentation/Certification	40_DY2Q4_WF_MDL1110_DOC_Workforce_Staffing_Impact_(Actuals)_DY1_DY2_15073.xlsx	Workforce Staffing Impact DY1-DY2	06/15/2017 10:14 AM
cod9034	Documentation/Certification	40_DY2Q4_WF_MDL1110_DOC_Workforce_Staffing_Impact_(Actuals)_DY2Q4_13981.xlsx	Workforce Staffing Impact Actual	04/27/2017 04:34 PM

Narrative Text :

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

Benchmarks	
Year	**Amount($)**
Total Cumulative Spending Commitment through Current DSRIP Year(DY2)	348,576.00

Funding Type	Workforce Spending Actuals		Cumulative Spending to Date (DY1-DY5)($)	Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)
	DY2(Q1/Q2)($)	DY2(Q3/Q4)($)		
Retraining	9,268.00	59,657.00	104,112.50	45.55%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	0.00	93,267.50	77.72%
Other	134,000.00	0.00	134,000.00	0.00%
Total Expenditures	**143,268.00**	**59,657.00**	**331,380.00**	**95.07%**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
daniel18	Communication Documentation	40_DY2Q4_WF_MDL1111_COMM_EXTERNAL_RE_Workforce_Spend_Reporting_in_MAPP_12877.txt	E-Mail detailing workforce spend and allowed adjustment for cumulative goal	04/26/2017 01:04 PM
daniel18	Documentation/Certification	40_DY2Q4_WF_MDL1111_DOC_DY2Q4_-_WorkForce_breakdown_12692.xlsx	Workforce category detail (DY2Q4)	04/26/2017 10:44 AM

Narrative Text :

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

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Module Review Status

Review Status	IA Formal Comments
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IPQR Module 11.12 - IA Monitoring:

Instructions :

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

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

Instructions :

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

Risk #1: The timing associated with the successful attainment of the PCPs to meet the NCQA 2014 Level 3 PCMH accreditation and/or the state-determined criteria for Advanced Primary Care Models by the end of Demonstration Year (DY) 3.

Mitigation #1: Identify and leverage a PCP champion in the primary care practices to motivate and mobilize with existing practices that are at various stages of recognition to attain this level, using clinical integration strategies to align the PCPs and the PPS, and closely monitor progress to milestones and metrics. Using best practices in project management to monitor progress and ensure effective implementation staging will help to support team members. Based on current state, develop a schedule for completion and provide technical assistance to ensure successful achievement of PCMH certification. Overall, the PPS will need to ensure collaboration with PCMH initiatives and coordinate timing of implementation plan with PCMH.

Risk #2: Inter-dependencies between PCMH certification and the other projects. Many of the other projects chosen by the PPS require a successful implementation of PCMH Level 3.

Mitigation #2: The PPS will create a realistic timeline and phased approach to implementation of projects to ensure that the deliverables that are interdependent are appropriately coordinated.

Risk #3: The level of diversity in the PPS catchment basin and the cultural challenges associated with patient engagement, health literacy and communication with providers.

Mitigation #3: Strategies would include processes for engaging patient through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations to garner a care transition partnership with this culturally diverse population. This project will need to align closely with the Cultural Competency / Health Literacy work stream for the roles of community health workers, community councils, and health literacy improvements.

Risk #4: Implementation and/or maximization of Electronic Medical Record across all PPS partners to ensure data sharing & integrity for all patients involved. This risk will be impacted by the results of the CRFP NYS process, as the PPS will rely on capital funding to ensure connection of all partners.

Mitigation #4: The implementation plan will have a detailed IT roadmap that will include a plan for all partners involved in the projects in order to maximize existing products or networks for data sharing & security measures.

Risk #5: The PCMH project will require many workflow changes to meet Level 3 NCQA accreditation which will require staff training as well as culture changes across the PPS. Mitigation #5: The Workforce and Clinical Integration Committees will include the hiring of an independent consultant, HANYs Solutions, focused to PCMH certification & staff expectations and will build training for skill and change management into the budget of the project.

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	9,449

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	553	1,843	2,308	3,392
	Quarterly Update	4,328	8,150	11,002	13,030
	Percent(%) of Commitment	782.64%	442.21%	476.69%	384.14%
IA Approved	Quarterly Update	0	8,139	0	13,019
	Percent(%) of Commitment	0.00%	441.62%	0.00%	383.81%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13606.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:10 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii2_PES_DOC_2.a.ii_PCMH_13605.xlsx	Patient Engagement Template for DY2 for project 2.a.ii PCMH	04/27/2017 10:10 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Instructions :

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

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize previously completed partner surveys to identify a current state survey of all partners PCMH level, year, and status. Survey additional partners as needed.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Contract with a PCMH expert consulting firm to outline plan and expectations of all PPS partners to become level 3 PCMH certified.		Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3…Create a roadmap including a timeline with PPS partners placed in zones of certification tasks & completion due dates to ensure DY3 completion of all.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4...Align roadmap with executed partner agreements to ensure appropriate timeline and accountability of partners for NCQA PCMH certification.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5…Update Performance Logic with the PCMH road map and timelines to include in PMO & PPS tracking and reporting processes.		Project		Completed	01/01/2016	03/03/2016	01/01/2016	03/03/2016	03/31/2016	DY1 Q4
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has identified physician champion with experience implementing PCMHs/ACPMs.										
Task Step 1…Include physician champion training tools & sessions in the contracting with the PCMH consulting firm.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify expectations and duties of the physician champion, publish, and seek approval of the Clinical Integration Committee of the role & expectations.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Engage each primary care organization/partner to identify a physician champion per site.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4…Present physician champions by site to the PCMH clinical sub-committee.		Project		Completed	07/01/2016	09/01/2016	07/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Step 5…Create an ongoing physician champion education process utilizing the rapid cycle evaluation team data & PCMH updates to focus educational needs. Create CME credits if available to incentivize participation.		Project		Completed	01/01/2017	02/01/2017	01/01/2017	02/01/2017	03/31/2017	DY2 Q4
Task Step 6…Ensure all physician champions are members of the PCMH clinical sub-committee to allow for networking, clinical updates, etc.		Project		Completed	09/01/2016	09/30/2016	09/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinators are identified for each primary care site.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify care coordinators already located at PCMH sites & document findings to identify needs for deployment of new staff		Project		Completed	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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
or expand on existing staff responsibilities.										
Task Step 2…Define general responsibilities of the care coordinators to ensure alignment with PCMH expectations.		Project		Completed	09/01/2015	12/01/2015	09/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Utilize Step 1 findings to inform the clinical budgeting process for funding options of non-covered service of care coordination.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Create a plan that outlines the timeline for recruitment/re-deployment and/or re-training by partner that aligns with Milestone 1 with an expectation of DY3 completion of PCMH certification.		Project		Completed	09/01/2015	03/01/2016	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5…Utilize the HANYs Solutions training program for provider & staff training for PPS partners.		Project		Completed	09/01/2015	03/01/2017	09/01/2015	03/01/2017	03/31/2017	DY2 Q4
Task Step 6...Care coordinators to provider data and feedback on PCMH as required by PMO to be incorporated for tracking and improvement mechanisms.		Project		Completed	09/01/2015	03/01/2017	09/01/2015	03/01/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize surveys previously completed or outlined in the IT Organization Implementation Plan to identify the current state of IT of all partners to include EHR, RHIO, Other product use for data sharing/exchange.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Use the data collected in Step 1, Milestone 1, and the IT Organization Implementation Plan to align IT gaps with the clinical plan to implement projects.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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DSRIP Implementation Plan Project

NewYork-Presbyterian/Queens (PPS ID:40)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Partner the IT team and HANYs Solutions to ensure alignment of the PCMH roadmap, expectations, and IT strategy.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4…Executive Committee to review & approve recommendations for EMR use to have available for paper documenting partners.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize surveys previously completed or outlined in the IT Organization Implementation Plan to identify the current state of Meaningful Use & PCMH standards to inform the roll-out process of PCMH certification to Level 3.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…HANYs Solutions, PCMH consultant, to work with all partners to outline expectations of Meaningful Use & PCMH Level 3 standards. Steps will be identified specific to each partner or process needed for MU or PCMH Level 3 certification.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3…PMO staff to load information into Performance Logic, PMO tracking tool, to properly track EMR progress.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 4...Align partner agreements to ensure participation and accountability of meeting MU and PCMH standards for EMR systems.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	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.	DY3 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Step 1…Utilize existing Population Health Management IT tool, Allscripts Care Director, to identify and track attributed lives by creating registries for all participating safety net providers.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2…Identify gaps of providers without access to Allscripts Care Director any other PHM tool.		Project		Completed	07/01/2015	09/01/2015	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3…Create an action plan to implement a similar/universal Population Health Management tool (Allscripts Care Director) for partners currently not using a tool.		Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Step 4…Expand existing Population Health Management tool contracts or create new contracts for new vendors to create registries for all partners.		Project		Completed	01/01/2016	03/01/2016	01/01/2016	03/01/2016	03/31/2016	DY1 Q4
Task Step 5…Establish expectations for use of the Population Health Management tool for the attributed patients for all partners involved; submit guidelines to the PCMH sub-committee for review for final approval by the Clinical Integration Committee.		Project		Completed	10/01/2015	05/01/2016	10/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 6…Create a training program for the roll-out and maintenance of Allscripts Care Director.		Project		Completed	10/01/2015	06/01/2016	10/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Step 7…Establish reporting expectations of monthly & quarterly for items identified for patient registries to the PMO for submission to the PCMH sub-committee and Clinical Integration Committee.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	DY3 Q4	Project	N/A	In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Project staff are trained on policies and procedures specific to		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4

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NewYork-Presbyterian/Queens (PPS ID:40)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
evidence-based preventive and chronic disease management.										
Task Step 1…Utilize the contract with HANYs Solutions to outline a training protocol for staff and providers to include PCMH/Advanced Primary Care models including chronic disease management protocols.		Project		Completed	09/01/2015	03/31/2016	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Present the training plan to the PCMH clinical sub-committee for review & recommendation to the Clinical Integration Committee for final approval.		Project		Completed	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4
Task Step 3…Create a roll-out schedule of training for staff and providers to include initial training, re-training, and expectations for annual re-training; present to PCMH clinical sub-committee, and seek approval from the Clinical Integration Committee.		Project		Completed	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4
Task Step 4…Utilize the information in Steps 1-3 to present to the Workforce Committee for review & inform the Workforce budget for staff training.		Project		In Progress	02/01/2016	03/31/2018	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5... Train staff using approved training modules and document attendance in training.		Project		In Progress	02/01/2016	03/31/2018	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Calagos Ma Jesusa Md; Chow Grace A Md; Hall Tami L; Henriquez Edmee M Md; Ho James Chung Md; Kopple Sara; Lao Wilfredo Sy Md; Mohd A Hossain; Pelzman Fred Nathan Md; Punj Sonia X; Rosenblum Robyn E Md; Sckell Blanca M Md; Shetty Das Renuka Md; Sung Wei Fun Md; Yu May										
Task Protocols and processes for referral to appropriate services are in place.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Survey partners to identify partners currently utilizing		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
preventive care screening protocols, including behavioral health, to identify current best practices.										
Task Step 2…Discuss clinical best practices with bordering PPS's to align clinical practices to ensure provider continuity.		Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Step 3…Present Step 1 best practices to the PCMH clinical sub-committee for review & recommendations for PPS sponsored best practices for practice implementation during PCMH site certification.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Create a communication & implementation schedule of the best practices identified in Step 2 for all practice sites.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5…Identify staff training needs associated with new or existing best practice protocols; create a training schedule & inform the Workforce budget of training needs.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Create a quarterly reporting expectation of all partners to identify use of measure on allocated patients, practice needs, or trends.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #9 Implement open access scheduling in all eligible primary care practices.	DY3 Q4	Project	N/A	In Progress	07/01/2015	01/01/2018	07/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	07/01/2015	01/01/2018	07/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all eligible PPS primary care sites.		Project		In Progress	07/01/2015	01/01/2018	07/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task PPS monitors and decreases no-show rate by at least 15%.		Project		In Progress	07/01/2015	01/01/2018	07/01/2015	01/01/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize previously completed surveys or complete needed surveys to identify the current use of open access scheduling; identify implementation gaps.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Define open access PPS operational expectations/best practice, present to the clinical sub-committee and seek approval of the Clinical Integration Committee.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Communicate PPS best practice to PPS partners with a defined timing expectation of implementation.		Project		In Progress	07/01/2016	01/01/2018	07/01/2016	01/01/2018	03/31/2018	DY3 Q4
Task Step 4…PMO staff to work with PPS partners to implement process and provide an ongoing resource for education, process questions, or communication channels.		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	01/01/2018	03/31/2018	DY3 Q4
Task Step 5... PMO to collect feedback & data from PPS partners on open scheduling process- data points will potentially include information on patient experience, wait time, no show rates		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	01/01/2018	03/31/2018	DY3 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	cod9034	Communication Documentation	40_DY2Q4_PROJ2aii_MDL2aii3_PRES2_COMM_2aii-Physician_Champion_Ongoing_Education_12854.pdf	Physician Champion Ongoing Education	04/26/2017 12:41 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii3_PRES2_DOC_PCMH_Milestone_#2_physican_champion_12844.pdf	PCMH Physician Champion	04/26/2017 12:37 PM
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii3_PRES3_DOC_PCMH_Milestone_3_12856.xlsx	Template containing PCMH Milestone 3 metrics from each committed PCMH site in the network	04/26/2017 12:43 PM
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii3_PRES6_DOC_PCMH_Milestone_6_12871.xlsx	PCMH Milestone	04/26/2017 12:53 PM
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii3_PRES8_DOC_NYPQ_Remediation_Response_2aii_PCMH_06_02_17_15080.docx	Milestone 8 Remediation Response	06/15/2017 10:30 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2aii_MDL2aii3_PRES8_DOC_Providers_screened_on_preventative_screenings_13395.xlsx	PCMH committed site	04/26/2017 07:24 PM
	cod9034	Templates	40_DY2Q4_PROJ2aii_MDL2aii3_PRES8_TEMPL_PCMH_Milestone_8_13146.xlsx	PCMH Referral process per site	04/26/2017 03:46 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	
Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	The PCMH list attached show all committed PCMH providers with NPI.
Implement open access scheduling in all eligible primary care practices.	The PPS is pushing out the task to align with the Milestone.

Milestone Review Status

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

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Milestone Review Status

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

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment Narrative - Project 2.a.ii PCMH	Completed	Mid-Point Assessment Narrative - Project 2.a.ii PCMH	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 2.a.ii PCMH	

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

Instructions :

Project 2.b.v – Care transitions intervention for skilled nursing facility (SNF) residents

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

Instructions :

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

Risk #1: Requirement that partners engage with Medicaid Managed Care Organizations to develop standardized protocols that will include covered services as this PPS is utilizing a collaborative contracting model for the Governance structure.

Mitigation #1: The risk will be mitigated by using the PPS project participants to determine best practices and develop a standardized care transition plan for engaged patients within the PPS. Partners will be able to leverage this approach when negotiating with the MCOs.

Risk #2: Recognizing the learning curve for members of the care transition teams that will manage this project and the subsequent overlapping projects.

Mitigation #2: Specifically for this project, NYHQ will adapt an incremental approach to care transitions focusing on the current workforce and possible pilot program to switch established case managers to care transition teams to ensure a smooth integration of roles and responsibilities. This component of the project will need to align with the Workforce Plan the recruitment, retention and training of care transition coaches. This project must also be linked with the Cultural Competency / Health Literacy implementation plan to increase awareness of transition coaches to the intricacies of the patient population in a culturally-sensitive manner.

Risk #3: The necessity of an inter-operable EHR system is a risk for this project. The PPS has committed to engaging patients beginning DY1 Q2, but the inter-operable EHR system will not be implemented in that time frame. This is a risk as the project requires that that SNFs have access to the patient record and hospital staff prior to discharge to ensure that that the patient is transitioned appropriately.

Mitigation #3: This risk will be mitigated by implementing interim care transition solutions until the EHR system is installed in the PPS.

Risk #4: Individual partner operational processes being inconsistent and allowing for delayed discharges of patients.

Mitigation #4: The PPS clinical teams will focus to improve clinical workflows that focus to care coordination, staff education, communication and timing of discharges to ensure timely planning & communication of discharged patients.

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	1,865

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	224	746	998	1,585
	Quarterly Update	844	1,761	2,686	3,510
	Percent(%) of Commitment	376.79%	236.06%	269.14%	221.45%
IA Approved	Quarterly Update	0	1,761	0	3,510
	Percent(%) of Commitment	0.00%	236.06%	0.00%	221.45%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13615.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:16 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv2_PES_DOC_2.b.v_Care_Transitions_13613.xlsx	Patient Engagement Template for DY2 for project 2.b.v Care Transitions	04/27/2017 10:16 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.v.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)	Prescribed Due Date	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 Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Partnership agreements are in place between hospitals and SNFs and include agreements to coordinate post-admission care.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task SNFs and hospitals have developed care transition policies and procedures, including coordination of thorough and accurate post-admission medical records; ongoing meetings are held to evaluate and improve process.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize previously completed partner survey to identify current state of Transition protocols and practice.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Utilize the NYS Transitions of Care form as the standardized form to distribute to the PPS partners for feedback pertaining to workflows. Document needed updates & create a best practice for the PPS.		Project		Completed	08/01/2015	01/31/2016	08/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 3… Present best practice to the Clinical Integration & Quality Committee for approval.		Project		Completed	01/31/2016	03/31/2016	01/31/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4… Publish and distribute best practice and expectations of the partners.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5… Implement the PPS best practice utilizing the PMO clinical staff as an implementation resource.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Update IT platforms to ensuring formatting of the updated & approved best practice form.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 7… Establish reporting expectations to review the		Project		Completed	10/01/2016	11/01/2016	10/01/2016	11/01/2016	12/31/2016	DY2 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
performance of the best practices implemented to include reporting tools, timing and accountability.										
Task Step 8.. Report quarterly to the clinical sub-committee for reviews of the effectiveness of the standard. Adjustments will be presented to the Clinical Integration Committee for approval.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged with Medicaid Managed Care and Managed Long Term Care or FIDA plans to develop coordination of care and care transition strategies; PPS has developed agreements and protocols to provide post-admission transition of care services.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Covered services, including Durable Medical Equipment, are available for the identified population.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care and Managed Long Term Care or FIDA Plans.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Engage the PPS legal team to identify boundaries of discussion & engagement to ensure information discussed or shared is compliant with regulations.		Project		Completed	10/01/2015	02/01/2016	10/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 2…Identify the top payers associated with long-term-care and the PPS partner providers.		Project		Completed	10/01/2015	01/01/2016	10/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 3…Align the PPS best practice expectation with the MCO/FIDA coverage policies to identify gaps of non-covered services or underfunded services.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Create a recommendation of coverage change to include quality based indicators to show improvement potentials		Project		Completed	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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and rationale for change. Submit recommendation to the Clinical Integration & Finance Committee to define next steps of negotiations.										
Task Step 5…Invite MCO/FIDA representatives of the top payers to attend a clinical sub-committee to educate the team on their product & outline territory or lives covered.		Project		Completed	04/01/2015	03/31/2020	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Abramovici Bernard Barbu Md; Amin Kalpesh S Md; Anagnostopoulos Constantin Md; Asencio Eliseo Md Llc Md; Aung Zaw Md; Babitsky George Md; Batoon Sherwin Bumanglag Md; Bhardwaj Rakesh Kumar Md; Borges Rolando Md; Boyadjian Kevork George Md; Bressner Robert Stuart Md; Buff Daniel David Md; Byrns Daniel John Md; Capobianco Luigi M Md Pc; Chaudhry Naeem Akhter Md; Chennareddy Swaminathan; Cheung Ming Md; Choy Lawrence T Md; Conetta Rick Md; Crisari Flavio Md; Crisostomo Eugenio S Md; Dave Devang Md; David Julia; Delshadfar Hoorbod; Depetris Gustavo Raul Md; Donin Roberta L Md; Familusi Abiola Olawale Md; Feldman Robert M Md; Feygin Polina Md; Georgescu Liviu Md; Golyan Bijan Do; Greene Rebecca Elizabeth; Haider Qazi Kamal Md; Han Jung-Ah; Haralambou George Md; Hassan Rana Nadeem Md; Holalkere Rajagopal Md; Huang Qinghong Md; Huang Zheng-Bo Md; Hung Lingpin; Hurtado Hillary John Md; Iakovou Christos Md; Israel Igor Md; Janas Nodar Md; Jawaid Mohammad Md; Khoury Salim A Md; Kirit Dharia Md Pc; Krikhely Sharon; Liang Elizabeth; Lodha Ajay K Md; Lodha Anupama Md; Lodha Sanjay Md; Lowell Bruce K Md; Lum George Md; Messana Ida Md; Moiz A Hamdani; Mukhtarzad Aman M Md; Nahar Jebun Md; Ogunfowora Olusegun O Md; Oltean Ion Md; Panhani Ramkumar Md; Patel Hiralal S Md; Patel Reena J; Patel Seema; Pavlovici Sherban Jr Md; Peyman E Younesi Md; Pinkhasov Mikhail B Md; Puccia Vincent Md; Rahman Mohammed Mominur Md; Ramzan Muhammad Masood; Rappa Vincent P Md; Rawal Jagat M Md; Rego Park Medical Associate Pc; Sadhwani Shankar Md; San Myat Md; Sehati Farzin Do; Shah Uday Niranjan Md; Shirwaikar Anil B Md; Sinha Rita Md; Stauber Stuart L Md; Sure Hertzel Md Llc; Sylvia H Chudy Md; Tavdy David Md; Teich Marvin L Md; Tolia Jitendra N Md; Trivedi Ashwin; Tsai Tien-Tsai; Tumminello Calogero C Md; Uthman Adeola Rafihhi Md; Vela Anthony T P J Md; Wang Yuancong Md; Waseem Faisal Md; Weinstein Leon Md; Wubshet Berhane Md; Yagudayev Lev; Yeturu Bhaskar Reddy Md; Yuen Hak Kin; Zeitlin Adam D; Zheng Dan Md; Zoubtsova Minzalia Md										
Task Policies and procedures are in place for early notification of planned discharges.		Provider	Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task PPS has program in place that allows SNF staff access to visit patients in the hospital and participate in care transition planning.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Host clinical sub-committee meetings to include all		Project		Completed	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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
partners to discuss protocols & project progress.										
Task Step 2…Identify existing best practice protocols or the need for new protocols for planned discharges / transition of care, planned discharges, and the on-site ability for SNF patient visitations; present to clinical sub-committee for review, revision, & recommendation for PPS wide best practice expectation. Tool use will be identified in protocols to include eMOLST, & Cureatr Secure Text Messaging.		Project		Completed	07/01/2015	10/31/2015	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3…Present best practice expectations to the Clinical sub-committee for review, revision, recommendations and approvals.		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4…Publish & distribute best practice expectations to all partners.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5…PPS leaders to utilize PPS best practice expectations identified to inform provider agreements.		Project		Completed	02/01/2016	03/31/2016	02/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 6…Educate PPS partners and provide opportunities for use of an IT Tool for discharges (Care Manager / Curator).		Project		Completed	11/01/2015	02/29/2016	11/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Step 7…Create performance reporting expectations on all best practice expectations approved by the Clinical Integration Committee to include tools, timing, and accountability.		Project		Completed	11/01/2015	02/29/2016	11/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Step 8…Provide quarterly quality based performance reports to the clinical sub-committee and the Clinical Integration Committee to identify improvements or additional needs of changes; All changes will be presented to the Clinical Integration Committee for approvals.		Project		Completed	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System is in place for all participating providers.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Survey partners to identify current clinical practices & tools utilized for care record transitions. (EHR Direct Messaging		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
& HIE-Healthix)										
Task Step 2…Review current clinical practices for record transition; Discuss needs of improvement; Recommend PPS wide protocol for the standardization of care record transition utilizing a clinical interoperable system.		Project		Completed	10/01/2015	02/29/2016	10/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Step 3…Present protocol recommendation to include IT usage & plan to the Clinical Integration Committee for review & approval.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4… Implement the PPS best practice utilizing the PMO clinical nursing staff as a implementation resource.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5… Establish reporting expectations to review the performance of the best practices implemented to include reporting tools, timing and accountability		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6.. Quarterly reports will be provided to the clinical sub-committee for reviews of the effectiveness of the standard. Adjustments will be presented to the Clinical Integration Committee for approval		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Batoon Sherwin Bumanglag Md; Borges Rolando Md; Bressner Robert Stuart Md; Buff Daniel David Md; Chennareddy Swaminathan; Cheung Ming Md; Choy Lawrence T Md; Dave Devang Md; Delshadfar Hoorbod; Feldman Robert M Md; Feygin Polina Md; Golyan Bijan Do; Haider Qazi Kamal Md; Han Jung-Ah; Huang Qinghong Md; Huang Zheng-Bo Md; Hung Lingpin; Israel Igor Md; Liang Elizabeth; Lum George Md; Nahar Jebun Md; Panhani Ramkumar Md; Peyman E Younesi Md; Rahman Mohammed Mominur Md; Rawal Jagat M Md; Rego Park Medical Associate Pc; Sadhwani Shankar Md; Shah Uday Niranjan Md; Tavdy David Md; Teich Marvin L Md; Tsai Tien-Tsai; Vela Anthony T P J Md; Wang Yuancong Md; Weinstein Leon Md; Wubshet Berhane Md; Yuen Hak Kin; Zheng Dan Md										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re;										

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task Step 1…Survey all partners to establish current IT state to include EHR usage, and RHIO access.(EHR Direct Messaging & HIE-Healthix)		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify gaps of electronic health record use or RHIO involvement from the survey and discuss needs with PPS partners.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Create a roll-out schedule for those committed SNF's / hospitals identified in the gap assessment to move to an EHR or RHIO use for access to electronic health records.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 4…Present the roll-out schedule to the IT Committee for review & final recommendation for approval to the Clinical Integration Committee for the initiation of implementation.		Project		Completed	02/01/2016	05/01/2016	02/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 5…Include the roll-out schedule in Performance Logic (PMO Tool) to outline timing & expectations for progress to be tracked & input by partners. Information will be used for progress reports and PPS dashboards to ensure timely completion.		Project		Completed	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security. (Allscripts Care Director, Event Notification (Cureatr/Healthix))		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	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)	Prescribed Due Date	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 4…Document processes(s) by partner of tracking engaged patients.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES1_DOC_NYPQ_PPS_SNF_Meeting_Minutes_3.27.17_13441.docx	SNF Meeting Minutes 3.27.17	04/26/2017 07:55 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES1_DOC_warm_handoff_March_2017_13409.pdf	Warm Handoff Policy	04/26/2017 07:33 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES1_DOC_SNF_Database_13406.xlsx	27 SNFs	04/26/2017 07:32 PM
	cod9034	Contracts and Agreements	40_DY2Q4_PROJ2bv_MDL2bv3_PRES1_CONTR_27_SNF_Contracts_13404.pdf	27 SNF Contracts	04/26/2017 07:31 PM
Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES2_DOC_NYPQ_Remediation_Response_2bv_Care_Transitions_06_02_17_15089.docx	NYPQ Remediation Response with embedded documents	06/15/2017 11:37 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES2_DOC_Long_Term_Care_MCO_Gap_Analysis_March_2017_13400.pdf	MCO Gap Analysis	04/26/2017 07:29 PM
Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES3_DOC_NYPQ_PPS_SNF_Meeting_Minutes_3.27.17_13439.docx	SNF Meeting minutes 3.27.17	04/26/2017 07:53 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES3_DOC_NH_Transfer_Agreements_13412.pdf	NH Transfer Agreements	04/26/2017 07:36 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES3_DOC_warm_handoff_March_2017_13410.pdf	Warm Handoff	04/26/2017 07:35 PM
Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES4_DOC_NYPQ_Remediation_Response_2bv_Care_Transitions_06_02_17_15111.docx	Remediation Response with embedded documents	06/15/2017 02:36 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES4_DOC_Sample_Care_Plans_and_sign_in_sheets_13428.pdf	Care Plan	04/26/2017 07:46 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES4_DOC_Merged_NH_Capabilities_List_13427.pdf	NH Capabilities List	04/26/2017 07:44 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES4_DOC_warm_handoff_March_2017_13423.pdf	Warm Hand OFF	04/26/2017 07:43 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES4_DOC_RHIO_Connection_part_1_13422.xlsx	RHIO Connection	04/26/2017 07:42 PM
Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES5_DOC_PL_TRAINING__13432.pdf	PL Trainings	04/26/2017 07:49 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES5_DOC_RHIO_Connection_part_2_13430.xlsx	RHIO 2	04/26/2017 07:49 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES5_DOC_RHIO_Connection_part_1_13429.xlsx	RHIO	04/26/2017 07:48 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES6_DOC_NYPQ_Remediation_Response_2bv_Care_Transitions_06_02_17_15091.docx	Remediation Response	06/15/2017 11:47 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bv_MDL2bv3_PRES6_DOC_Blank_NYPQ_Template_for_2.b.v_13436.xlsx	Actively Engaged Template	04/26/2017 07:51 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	
Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	
Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	
Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	
Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access for electronic transition of medical records by the end of DSRIP Year 3.	

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Prescribed Milestones Narrative Text

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

Milestone Review Status

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

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment Narrative - Project 2.b.v SNF	Completed	Mid-Point Assessment Narrative - Project 2.b.v SNF	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 2.b.v SNF	

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

Instructions :

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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.

Risk #1: The engagement of practitioners and staff. This project requires that physician champions be nominated and that coaching programs be utilized to train staff throughout the PPS. In order for these mechanisms to be successful, staff and practitioners must be engaged in DSRIP and the implementation of INTERACT.

Mitigation #1: The PPS will mitigate this risk by having a strong, enthusiastic project committee which will pave the way for practitioner engagement and project implementation. The project committee will also partner with the practitioner engagement committee as needed to ensure that information is disseminated in a timely fashion to the PPS members and encourage engagement and a results oriented system for the DSRIP projects.

Risk #2: Maximizing day to day requirements of front end staff while integrating training that is needed to become proficient and comfortable to support the implementation.

Mitigation #2: Strategies will contain best practice methods and recruitment to identify champions to motivate, educate and engage among peers. Caregiver training on the components of the INTERTACT need to be recognized at the PPS level as well as at the administrative employer level so that the staff can be supported. Train the trainer options needs to be pursued to maximize training opportunities and change behavior tactics integrated early in the process to enhance acceptance and ownership. The immediate positive outcome to the INTERACT project is that once staff acceptance is recognized and staff become vested in the project, the level of care and positive outcomes will help to drive the project. Staff will recognize their impact, start to explore new ideas and concepts that can be adapted to the current state, and commit to improving patient outcomes.

Risk #3: The varying levels of EHR systems and interoperability currently implemented across PPS partners. As the PPS moves forward with DSRIP, the goal is to bring all PPS partners up to the same EHR standard and create an interoperable EHR system.

Mitigation #3: The INTERACT tool is available in numerous forms i.e.: electronic, paper etc. This will allow partners to implement the tool immediately and then adapt moving forward once the IT systems are upgraded.

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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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	883

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	106	353	433	618
	Quarterly Update	167	410	586	802
	Percent(%) of Commitment	157.55%	116.15%	135.33%	129.77%
IA Approved	Quarterly Update	0	407	0	799
	Percent(%) of Commitment	0.00%	115.30%	0.00%	129.29%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13625.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:18 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii2_PES_DOC_2.b.vii_INTERACT_13622.xlsx	Patient Engagement Template for DY2 for project 2.b.vii INTERACT	04/27/2017 10:18 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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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)	Prescribed Due Date	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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT principles implemented at each participating SNF.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Nursing home to hospital transfers reduced.		Provider	Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task INTERACT 3.0 Toolkit used at each SNF.		Provider	Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task Step 1…Survey partners to identify current clinical state & use of INTERACT or INTERACT like principles.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Identify partners currently not utilizing INTERACT & create an action plan with timing for implementation.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Present educational sessions at the clinical sub-committee on INTERACT principles, implementation of INTERACT, or success stories of INTERACT for partners currently not utilizing or utilizing to the max capacity at the clinical sub-committee meetings.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4…Establish baseline hospital transfer rates for all SNF's;		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2

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publish & communicate to the clinical sub-committee. Compare rates to national or local standards, identify outliers, and engage clinical sub-committee for discussions to begin improvements.										
Task Step 5…Create a timeline to include all partners for the implementation of INTERACT that aligns with the project requirement end date of DY2, Q4.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6…Create a PPS educational opportunity for staff & providers for INTERACT with a train the trainer style to ensure ongoing education.		Project		Completed	01/01/2016	08/01/2016	01/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task Step 7…Implement the INTERACT partner implementation timeline into Performance Logic for progress tracking by partners.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8…Utilize PMO clinical staff and existing best practice organizations to be a resource for implementation or knowledge source for implementation or ongoing support.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facility champion identified for each SNF.		Provider	Nursing Home	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task Step 1…Survey partners to identify any existing facility champions or providers with the skillset and ability to become a champion.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Identify core expectations & ongoing educational expectations of a 'facility champion' and submit to the clinical sub-committee for review & recommendation to the Clinical Integration Committee for approval.		Project		Completed	07/01/2015	10/01/2015	07/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3…Identify a facility champion, based on the survey, and present to the clinical sub-committee for review &		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3

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recommendation to the Clinical Integration Committee for approval.										
Task Step 4…Extend invite of all clinical sub-committee meetings to all facility champions in order to allow for networking, education, or progress updates.		Project		Completed	01/01/2016	02/01/2016	01/01/2016	02/01/2016	03/31/2016	DY1 Q4
Task Step 5…Establish an expectation of the PMO clinical staff to check-in quarterly with each clinical champion to identify trends, issues, or needs of the programs.		Project		Completed	10/01/2015	05/01/2016	10/01/2015	05/01/2016	06/30/2016	DY2 Q1
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.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	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		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize existing best practices of partner organizations to identify options for care pathways or tools focused to early identification to avoid hospital transfers; Present options to the clinical sub-committee for review & revisions. (IT Tool: Allscripts Care Director)		Project		Completed	08/01/2015	10/01/2015	08/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2…Present recommendation of a PPS wide best practice standard to the Clinical Integration Committee for review, revision, and approval.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Publish and communicate the approved PPS wide best practice standard to all partners with an expectation of timing for implementation as well as staff training & ongoing training.		Project		Completed	12/01/2015	02/01/2016	12/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 4…Establish a performance reporting process to track implementation, progress, and impact of changes by location.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Step 5…Report progress to the clinical sub-committee quarterly to review findings & plan any needed changes.										
Milestone #4 Educate all staff on care pathways and INTERACT principles.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task Step 1…Identify training needs by partner based on staffing levels, historic use of INTERACT, or unmet training needs (all sites).		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Utilize existing resources or subject matter experts to create basic training expectations identified by categories of staff.		Project		Completed	09/01/2015	12/01/2015	09/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Use the clinical sub-committee to review/revise training plan.		Project		Completed	12/01/2015	09/30/2016	12/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4…Communicate training expectations to all partners committed to the INTERACT project. Provide additional training as needed on care pathways and INTERACT principles for staff members.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…Load training expectations into Performance Logic for monthly partner updates of progress.		Project		Completed	02/01/2016	03/31/2017	02/01/2016	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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify industry or partner best practices for Advance Care Planning tools and present for discussion & planning by the		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3

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clinical sub-committee.										
Task Step 2…Engage the Palliative Care clinical sub-committee chair to review & revise proposed best practices for Advance Care Planning Tools.		Project		Completed	07/01/2015	12/01/2015	07/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Ensure engagement of physicians by presenting tools at designated partner physician meetings or leadership. Allow for input.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Present proposal of Advance Care Planning tools to be used PPS-wide to the Clinical Integration Committee for approval.		Project		Completed	10/01/2015	01/01/2016	10/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 5…Publish & communicate the plan approved to all partners with expectations of timing for roll-out.		Project		Completed	01/01/2016	08/15/2016	01/01/2016	08/15/2016	09/30/2016	DY2 Q2
Task Step 6…Create a reporting process to the PMO clinical staff for implementation of the tools as well as feedback on utilization for ongoing updates to ensure process improvements.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7... Load training and reporting expectations into Performance Logic		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT coaching program established at each SNF.		Provider	Nursing Home	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home										
Task Step 1…Create an coaching program outline and present to the clinical sub-committee for review & revisions.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 2…Allow existing facilities utilizing INTERACT to review coaching program proposals for review & revisions.		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

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Step 3…Publish and communicate the coaching program with a partner schedule for training that is flexible to partner/staff/provider needs.										
Task Step 4…Input training schedule into Performance Logic (PMO Tool) to establish expectations of timing & deliverables.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT principles.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify existing patient/family/caretaker educational programs housed at facilities or performed by CBO's.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Use existing SME's or best practices to inform a PPS foundation of education for patients/family/caretakers; Present to clinical sub-committee for review & revisions.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Invite CBO's with this expertise to review program and provide input and recommendations for use of the CBO.		Project		Completed	07/01/2015	10/01/2015	07/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4…Publish & communicate educational program to the committed partners involved.		Project		Completed	01/01/2016	08/15/2016	01/01/2016	08/15/2016	09/30/2016	DY2 Q2
Task Step 5…Contract with CBO's for educational opportunities identified in this requirement.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	DY2 Q4	Project	N/A	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: New York Hosp Med Ctr Queens										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Providers Associated with Completion: Chapin Home For Aging Adhc; Cliffside Reh & Res Hlt Cr Ct; Dry Harbor Nursing Home Adhc; Elmhurst Care Center Adhc; Fairview Nrs Care Cent Adhc; Flushing Manor Care Ctr Snf; Forest Hills Nursing Home; Forest View Ctr For Reh & Nrs; Highland Care Center Inc Snf; Holliswood Operating Co Llc; Long Island Care Center Inc; Margaret Tietz Center For Nur; Meadow Park Reh & Hlt Cr Ct; New York Center Reh Care Snf; Ozanam Hall Of Queens Nh; Parker Jewish Inst Hlth Cr Re; Queens Blvd Extended Care; Queens Ctr Reh & Res Hlth Cr; Rego Park Nursing Home; St Marys Hospital For Childre; Sunharbor Manor Inc; Union Plaza Care Center; Waterview Nursing Cc; Woodcrest Nursing Home									
Task Step 1…Utilize the IT survey outlined in the Organization Implementation Plan to identify partners with no EHR or EHR's that do not meet Meaning Use expectations. (EHR Direct Messaging, HIE-Healthix, Cureatr Secure Text Messaging)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Follow the plan outlined in the IT Implementation Plan to identify a roadmap & timing to close the gap for non-EHR use or MU inadequacies.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Provide ongoing feedback to the clinical sub-committee regarding connectivity or issues identified.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…As a clinical sub-committee, identify the top clinical indicators that best represent the patient population, program, or process that the INTERACT program will influence.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2…Establish baselines, risk adjusted as needed, of clinical		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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indicators identified for all committed partners and compare to national or local industry benchmarks.										
Task Step 3…Identify risks associated with indicators as they relate to the requirements of the project to ensure adequate influence on metrics.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4…Communicate baseline, benchmark, and risk information to the clinical sub-committee & the Clinical Integration Committee (Quality Committee) for review & feedback.		Project		Completed	02/01/2016	09/01/2016	02/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Step 5…Establish reporting expectations for all indicators utilizing Amalgam Population Health andor Allscripts Care Director Analytics to be reported to the clinical sub-committee and Clinical Integration Committee for review & clinical process recommendations for changes to positively affect individual indicators.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 6…PMO clinical staff focused to rapid cycle evaluation will become the primary driver of the data to ensure tracking & progress to change. PMO staff will work directly with partners based on the feedback from the Clinical Integration Committee to influence change.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7... Load expectations for measuring outcomes into Performance Logic		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/15/2015	07/01/2015	09/15/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Educate all staff on care pathways and INTERACT principles.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES4_DOC_NYPQ_INTERACT_Implementation_Plan_2017_13348.pdf	INTERACT Implementation Plan	04/26/2017 06:42 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES4_DOC_SNF_Milestone_1_part_4l_13340.xlsx	INTERACT Training	04/26/2017 06:38 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES4_DOC_INTERACT_Milestone_1_part_3_13338.xlsx	INTERACT Training	04/26/2017 06:37 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES4_DOC_Sample_Care_Plans_and_sign_in_sheets_13337.pdf	Care Pathways and training	04/26/2017 06:35 PM
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.	cod9034	Communication Documentation	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES5_COMM_SNF_MOLST_PROOF_13351.pdf	Advanced Care Planning MOLST	04/26/2017 06:43 PM
Create coaching program to facilitate and support implementation.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES6_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15114.docx	Remediation Response with embedded documents	06/15/2017 02:49 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES6_DOC_PL_TRAINING__13358.pdf	PL Training	04/26/2017 06:50 PM
	cod9034	Implementation Plan & Periodic Updates	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES6_IMP_NYPQ_INTERACT_Implementation_Plan_2017_13355.pdf	INTERACT Implementation Plan	04/26/2017 06:48 PM
Educate patient and family/caretakers, to facilitate participation in planning of care.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES7_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15116.docx	remediation response with embedded documents	06/15/2017 02:50 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES7_DOC_Sample_Care_Plans_and_sign_in_sheets_13392.pdf	Sample Care Plans and training	04/26/2017 07:13 PM
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES8_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_1	Remediation response with embedded documents	06/15/2017 02:52 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			7_FINAL_15117.docx		
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES8_DOC_RHIO_Connection_part_1_13367.xlsx	RHIO Connectivity	04/26/2017 06:54 PM
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES9_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15118.docx	Remediation Response with embedded documents	06/15/2017 02:54 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES9_DOC_Rapid_Cycle_Overview_13371.pdf	Rapid Cycle Overview	04/26/2017 06:59 PM
Use EHRs and other technical platforms to track all patients engaged in the project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES10_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15119.docx	Remediation Response with embedded documents	06/15/2017 02:56 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES10_DOC_Blank_NYPQ_Template_for_2.b.vii_and_2.b.viii_13385.xlsx	actively engaged tracking	04/26/2017 07:06 PM
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15132.docx	Remediation response with embedded documents	06/15/2017 03:50 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_NYPQ_INTERACTQuarterly_Report_Narrative_2017_13335.pdf	quarterly Report Narrative	04/26/2017 06:32 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_NH_Baseline_Report_Milestone_1_13322.xlsx	NH Reduce Readmission to Hospital	04/26/2017 06:27 PM
	cod9034	Communication Documentation	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_COMM_NYPQ_INTERACT_Implementation_Plan_2017_13301.pdf	INTERACT Implementation Plan	04/26/2017 06:12 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_INTERACT_Best_Practices_11_24_15_13300.pdf	INTERACT best practices	04/26/2017 06:11 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_SNF_Milestone_1part_1_13287.xlsx	SNF INTERACT Training	04/26/2017 05:52 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES1_DOC_SNF_Database_13276.xlsx	SNF Database	04/26/2017 05:34 PM
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES2_DOC_NYPQ_Remediation_Response_2bvii_INTERACT_06_02_17_FINAL_15112.docx	remediation response with embedded documents	06/15/2017 02:46 PM
	cod9034	Implementation Plan & Periodic Updates	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES2_IMP_NYPQ_INTERACT_Implementation_Plan_2017_13331.pdf	INTERACT implementation plan	04/26/2017 06:29 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES2_DOC_INTERACT_TTT_Training_13329.pdf	INTERACT TTT	04/26/2017 06:29 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES2_DOC_INTERACT_champions_13293.pdf	INTERACT Champions	04/26/2017 06:05 PM
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.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bvii_MDL2bvii3_PRES3_DOC_Sample_Care_Plans_and_sign_in_sheets_13389.pdf	Sample Care Plans and training	04/26/2017 07:08 PM

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 available at http://interact2.net.	
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.	No Hospital Option to be selected . Hospital is New York -Presbyterian Queens
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	Fail	The IA does not consider this milestone complete. While the PPS reports demonstrate the baseline transfer rate, the PPS failed to demonstrate a decrease in transfers over time across participating providers.

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Milestone Review Status

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

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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
Milestone Mid-Point Assessment Narrative - Project 2.b.vii INTERACT	Completed	Mid-Point Assessment Narrative - Project 2.b.vii INTERACT	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 2.b.vii INTERACT	

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

Instructions :

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Project 2.b.viii – Hospital-Home Care Collaboration Solutions

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

Instructions :

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

Risk #1: The engagement of the patients. In order for this project to be successful, patients need to accept and participate in the home care plan, including Advanced Care Planning, as medically necessary, in transition from the hospital to home care.

Mitigation #1: This risk will be mitigated by utilizing a patient-centric rapid response team to educate the patient/care giver on the benefits of engaging with the home care and advanced care planning, as medically warranted. The home care providers will utilize INTERACT-like principles to duplication of efforts surrounding the .
Risk #2: Home Care providers adoption of an INTERACT like tool
Mitigation #2: NYHQ will secure commitment from the Home Care providers to adopt INTERACT-like tools.

Risk #3: The lack of telehealth infrastructure at participating PPS providers.

Mitigation #3: In order to expand the telehealth infrastructure, several PPS partners requested CRFP funds through the state process. Additionally, the PPS budgeting process will allocate a portion of the DSRIP funds for uncovered services. Both of these funding sources will help to mitigate this risk and ensure this is project requirement is met by the PPS.

Risk #4: Standardization of care pathways with the ability to track utilization and outcomes with EHR/RHIO tools.

Mitigation #4: The IT Committee will partner with the clinical sub-committee to ensure understanding of use as well as gap of needs for IT tools for proper tracking. PPS standardization & expectations will be set by the clinical sub-committee.

Risk #5: Full partner use of the RHIO to maximize access to patient records for care coordination to include pharmacies.

Mitigation #5: Pharmacies will be included in all clinical planning & IT discussions/surveys to ensure understanding of the current state & needs of the program.

Risk #6: The lack of interoperability of IT platforms and tools (INTERACT & INTERACT like) to avoid duplication of workflows and inconsistency of processes.

Mitigation #6: EMR & RHIO tools will be maximized & workflows will be standardized to ensure similarity and focus to outcomes.

Risk #7: Proper tracking of 'engaged patients' utilizing multiple EHR's and partners with no electronic capabilities.

Mitigation #7: A PPS Population Health Tool will be utilized to track patients (Allscripts) for all partners to focus to consistent tracking & measures.

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	603

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	73	241	314	482
	Quarterly Update	264	578	864	1,147
	Percent(%) of Commitment	361.64%	239.83%	275.16%	237.97%
IA Approved	Quarterly Update	0	578	0	1,147
	Percent(%) of Commitment	0.00%	239.83%	0.00%	237.97%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13629.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:19 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii2_PES_DOC_2.b.viii_Home_Care_13627.xlsx	Patient Engagement Template for DY2 for project 2.b.viii Home Care	04/27/2017 10:19 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 2.b.viii.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)	Prescribed Due Date	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 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize previously completed partner survey to identify current state of discharge protocols and practice.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Identify existing best practices of partner organizations to identify options for care pathways or tools focused on common barriers affecting a seamless transitions from hospital to Home Care.		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Step 3… Present best practice to the Clinical Integration & Quality Committee for approval.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4… Publish and distribute best practice and expectations of the partners to include the use of Cureator Secure Text Messaging.		Project		Completed	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4
Task Step 5… Utilize the PPS best practice in developing a rapid response team.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6…Ensure the scope of committed home care services and patient acceptance of services prior to discharge.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7…Populate quarterly meetings with the hospital case		Project		Completed	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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
management department and home care providers to review root-cause-analysis for re-admissions and revise best practice guidelines.										
Task Step 8… Establish reporting expectations to review the performance of the best practices implemented to include reporting tools, timing and accountability.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 9.. Quarterly reports will be provided to the clinical sub-committee for reviews of the effectiveness of the standard. Adjustments will be presented to the Clinical Integration Committee for approval.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management		Provider	Home Care Facilities	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Alpine Home Health Care Llc; Americare Certified Ss Inc; Calamia Vincent Md; Calvary Hha & Hospice Care; Centerlight Certified Home Health A; Israel Igor Md; Metropolitan Jewish Hm Care; Parker Jewish Geri Inst Lthhc; Sinha Rita Md; St Marys Hospital For Children; Vnsny Community Health Services										
Task Evidence-based guidelines for chronic-condition management implemented.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Survey partners on existing staff training programs focused on patient risk for readmissions, evidence based medicine & chronic care management and hospice screening tools.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Outline a best practice education process designed for staff and providers utilizing industry standards such as National Home Care & Hospice (example).		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Review training model with the clinical sub-committee, receive feedback & develop a training curriculum.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 4…Utilize PMO clinical staff to communicate the training modules to all partners to define expectations of frequency & timing of roll-out.										
Task Step 5…Create a communication channel directly to the PMO clinical staff to provide ongoing feedback on processes.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6... Load training expectations for staff into Performance Logic		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Develop 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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	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.		Provider	Safety Net Hospital	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Calvary Hospital Inc										
Task Step 1…Survey partners to identify current workflows & best practices.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Establish options for care pathways or risk stratification tools focused to monitoring chronically ill patients with the goal of early identification to avoid hospital transfers; Present options to the clinical sub-committee for review & revisions.		Project		Completed	10/01/2015	01/01/2016	10/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 3…Present recommendation of a PPS wide best practice standard to the Clinical Integration Committee for review, revision, and approval.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Publish and communicate the approved PPS wide best practice standard to all partners with an expectation of timing for implementation as well as staff training & ongoing training. This		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
includes the roll-out of Allscripts Care Director as the primary tool utilized by partners.										
Task Step 5…Gain access to Allscripts Care Director, PPS Population health management tool, for those partners who do not have current access; provide training as needed.		Project		Completed	12/01/2015	06/01/2016	12/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Step 6…Establish a performance reporting process to track implementation, progress, and impact of changes by location utilizing Performance Logic (PMO tool) for monthly partner updates.		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 7…Report progress to the clinical sub-committee quarterly to review findings & plan any needed changes.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.		Provider	Home Care Facilities	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Calamia Vincent Md										
Task Step 1…Identify training needs by partner based on staffing levels, historic use of INTERACT, or unmet training needs (all sites).		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Utilize home care provider's SME to create basic training expectations identified by categories of staff.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Use the clinical sub-committee to review/revise training plan.		Project		Completed	12/01/2015	01/31/2016	12/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 4…Present training plan to the Workforce Committee for input & revisions.		Project		Completed	12/01/2015	08/31/2016	12/01/2015	08/31/2016	09/30/2016	DY2 Q2
Task Step 5…Communicate training expectations to all partners committed to the INTERACT project.		Project		Completed	02/01/2016	04/01/2016	02/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task		Project		Completed	02/01/2016	06/01/2016	02/01/2016	06/01/2016	06/30/2016	DY2 Q1

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NewYork-Presbyterian/Queens (PPS ID:40)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Input expectations into Performance Logic for monthly partner progress updates.										
Milestone #5 Develop 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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify industry or partner best practices for Advance Care Planning tools and present for discussion & planning by the clinical sub-committee. (to include EMOLST)		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Engage the Palliative Care clinical sub-committee chair to review & revise proposed best practices for Advance Care Planning Tools.		Project		Completed	07/01/2015	11/01/2015	07/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Step 3…Ensure engagement of physicians by presenting tools at designated partner physician meetings or leadership. Allow for input.		Project		Completed	11/01/2015	01/01/2016	11/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 4…Present proposal of Advance Care Planning tools to be used PPS-wide to the Clinical Integration Committee for approval.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5…Publish & communicate the plan approved to all partners with expectations of timing for training roll-out.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 6…Create a reporting process to the PMO clinical staff for implementation of the tools as well as feedback on utilization for ongoing updates to ensure process improvements.		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 7... Load training expectations into Performance Logic		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1
Milestone #6 Create coaching program to facilitate and support implementation.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.		Provider	Home Care Facilities	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Providers Associated with Completion: Calamia Vincent Md; Israel Igor Md; Sinha Rita Md										
Task Step 1…Create a coaching program outline and present to the clinical sub-committee for review & revisions.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Allow existing facilities utilizing INTERACT to review coaching program proposals for review & revisions.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Publish and communicate the coaching program with a partner schedule for training that is flexible to partner/staff/provider needs.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Input training schedule into Performance Logic (PMO Tool) to establish expectations of timing & deliverables.		Project		Completed	01/01/2016	05/01/2016	01/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 5…PMO Rapid Response Team to utilize outcome data & Performance Logic updates to identify trends & report to the Clinical Integration & Quality Committee for next steps.		Project		Completed	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT-like principles.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify existing patient/family/caretaker educational programs housed at facilities or performed by CBO's.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Use existing SME's or best practices to inform a PPS foundation of education for patients/family/caretakers; Present to clinical sub-committee for review & revisions.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Invite CBO's with this expertise to review program and provide input and recommendations for use of the CBO.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Publish & communicate educational program to the committed partners involved.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1

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Step 5…Input expectations into Performance Logic for monthly partner progress updates.										
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1... Complete analysis to determine gap between current state and need to integration if home health and integration of behavioral health, pharmacy, and other relevant services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2…Utilize existing best practices of partner organizations to identify clients requiring physical, behavioral and pharmacological interventions based on early identification to avoid hospital transfers; Present options to the clinical sub-committee for review & revisions.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Present recommendation of a PPS wide best practice standard to the Clinical Integration Committee for review, revision, and approval.		Project		Completed	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4
Task Step 4…Empower the home care coordinator to ensure communication by the health care providers is coordinated.		Project		Completed	03/01/2016	07/01/2016	03/01/2016	07/01/2016	09/30/2016	DY2 Q2
Task Step 5…Train home care coordinators on care coordination methodology.		Project		Completed	03/01/2016	07/31/2016	03/01/2016	07/31/2016	09/30/2016	DY2 Q2
Task Step 6…Publish and communicate the approved PPS wide best practice standard to all partners with an expectation of timing for implementation as well as staff training & ongoing training.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7…Allscripts Care Director will be the primary tool utilized by partners; identify partners without access & assign access; train staff as needed.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task Step 8…Ensure participating partners are utilizing the RHIO in order to access patient information.		Project		Completed	10/01/2015	01/01/2016	10/01/2015	01/01/2016	03/31/2016	DY1 Q4

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Task Step 9…Provide patient/caregiver training on engagement in care planning.		Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Step 10… Establish reporting expectations to review the performance of the best practices implemented to include reporting tools, timing and accountability.		Project		Completed	03/01/2016	05/31/2016	03/01/2016	05/31/2016	06/30/2016	DY2 Q1
Task Step 11.. Quarterly reports will be provided to the clinical sub-committee for reviews of the effectiveness of the standard. Adjustments will be presented to the Clinical Integration Committee for approval.		Project		Completed	03/01/2016	05/31/2016	03/01/2016	05/31/2016	06/30/2016	DY2 Q1
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Survey partners to identify current use & capacity of telehealth/telemedicine.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Identify any immediate needs of telehealth/telemedicine.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Utilize existing capabilities to connect organizations with immediate needs & those with capacity.		Project		Completed	01/01/2016	07/01/2016	01/01/2016	07/01/2016	09/30/2016	DY2 Q2
Task Step 4…Provide updates to the clinical sub-committee as to telehealth/telemedicine expansions or collaborations.		Project		Completed	01/01/2016	07/01/2016	01/01/2016	07/01/2016	09/30/2016	DY2 Q2
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Establish a PPS wide best practice for medication reconciliation for all committed partners to utilize; maximizing IT		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3

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platforms & processes currently in place. The NYHQ HANYs recognized best practice will be utilized.										
Task Step 2…Communicate the PPS best practice utilizing the clinical sub-committee for review & revisions.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task Step 3…Partner with partner IT teams to maximize capabilities of EHR & RHIO systems or to create access to platforms to ensure proper access to allow reviews for medication reconciliation or previous services such as lab or diagnostic testing.		Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 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	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Service and quality outcome measures are reported to all stakeholders.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…As a clinical sub-committee, identify the top clinical indicators that best represent the patient population, program, or process.		Project		Completed	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2…Establish baselines, risk adjusted as needed, of clinical indicators identified for all committed partners and compare to national or local industry benchmarks.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 3…Identify risks associated with indicators as they relate to the requirements of the project to ensure adequate influence on metrics.		Project		Completed	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Task Step 4…Identify tools such as Amalgam Population Health and/or Allscripts Care Director Analytics as the source of outcomes for partners; assign access & train staff as needed.		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 5…Communicate baseline, benchmark, and risk information to the clinical sub-committee & the Clinical Integration Committee (Quality Committee) for review & feedback.		Project		Completed	01/01/2016	08/01/2016	01/01/2016	08/01/2016	09/30/2016	DY2 Q2
Task Step 6…Outline outliers and interventions for improvement, monitor improvement process on a quarterly basis.		Project		Completed	01/01/2016	09/01/2016	01/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Step 7…Establish reporting expectations for all indicators to be compiled & reported to the clinical sub-committee and Clinical Integration Committee for review & clinical process recommendations for changes to positively affect individual indicators.		Project		Completed	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 8…PMO clinical staff focused to rapid cycle evaluation will become the primary driver of the data to ensure tracking & progress to change. PMO staff will work directly with partners based on the feedback from the Clinical Integration Committee to influence change.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 9... Add measurement & feedback into Performance Logic for tracking at PMO level. PMO will share results will PPS partners at regular intervals.		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3

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engaged patients while ensuring PHI data security.										
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients; utilization of HER patient registries, Allscripts Care Director, Event Notification (Cureator/Healthix).		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES2_DOC_NYPQ_Remediation_Response_2bviii_Hospital_Home_Care_06_02_17_15092.docx	Remediation Response with embedded documents	06/15/2017 12:17 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES2_DOC_HHC_Care_Plans_and_trainings_13580.pdf	HHC Care Plans and trainings	04/27/2017 09:47 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES2_DOC_HHC_best_pratice_chronic_disease_13573.pdf	Evidence Based chronic disease management	04/27/2017 09:40 AM
Develop 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.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES3_DOC_HHC_Care_Plans_and_trainings_13584.pdf	HHC Care Plans and training	04/27/2017 09:53 AM
Educate all staff on care pathways and INTERACT-like principles.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_NYPQ_Remediation_Response_2bviii_Hospital_Home_Care_06_02_17_15097.docx	Remediation Response with embedded documents	06/15/2017 01:32 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_HHC_Data_Base_13738.xlsx	HHC Database	04/27/2017 11:20 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_INTERACT_HHC_champions_13603.xlsx	HHC INTERACT Champions	04/27/2017 10:04 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_HHC_INTERACT_trainings_13602.pdf	INTERACT training in home care site	04/27/2017 10:03 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_INTERACT_Best_Practices_11_24_15_13592.pdf	INTERACT Best practices	04/27/2017 09:57 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_NYPQ_INTERACT_Implementation_Plan_2017_13590.pdf	Implementation plan	04/27/2017 09:56 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_INTERACT_TTT_Training_13588.pdf	INTERACT TTT	04/27/2017 09:56 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES4_DOC_HHC_Care_Plans_and_trainings_13587.pdf	care plans and training	04/27/2017 09:55 AM
Develop 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.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES5_DOC_HHC_MOLST_Proof_13609.pdf	Advance Care Planning	04/27/2017 10:11 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES6_DOC_NYPQ_Remediation_Response_2bviii_Hospital_Home_Care_06_02_17_15098.docx	Remediation Response with embedded documents	06/15/2017 01:36 PM
Create coaching program to facilitate and support implementation.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES6_DOC_HHC_Data_Base_13736.xlsx	HHC Database	04/27/2017 11:19 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES6_DOC_Rapid_Cycle_Overview_13612.pdf	Rapid Cycle	04/27/2017 10:14 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES6_DOC_NYPQ_INTERACT_Implementation_Plan_2017_13611.pdf	INTERACT implementation plan	04/27/2017 10:13 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES7_DOC_NYPQ_Remediation_Response_2bviii_Hospital_Home_Care_06_02_17_15099.docx	Remediation Response with embedded documents	06/15/2017 01:37 PM
Educate patient and family/caretakers, to facilitate participation in planning of care.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES7_DOC_HHC_INTERACT_trainings_13621.pdf	HHC INTERACT trainings	04/27/2017 10:17 AM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES7_DOC_HHC_Care_Plans_and_trainings_13618.pdf	care plans and trainings	04/27/2017 10:17 AM
Use EHRs and other technical platforms to track all patients engaged in the project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ2bviii_MDL2bviii3_PRES12_DOC_Blank_NYPQ_Template_for_2.b.vii_and_2.b.viii_13637.xlsx	Actively engaged patient template	04/27/2017 10:22 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	

New York State Department Of Health
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DSRIP Implementation Plan Project

NewYork-Presbyterian/Queens (PPS ID:40)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop 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.	The Safety Net Hospital is NYP Queens not Calvary Hospital however, NYP Queens was not an option.
Educate all staff on care pathways and INTERACT-like principles.	Attached is HHC list of committed partners in our network .
Develop 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.	Attached is a HHC database of our committed HC in the network
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Task will be pushed out to align with Milestone .
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 & Complete	
Milestone #3	Pass & Complete	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Complete	
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Ongoing	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Ongoing	
Milestone #12	Pass & Complete	

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Mid-Point Assessment Narrative - Project 2.b.viii Hosp. Home Care Collaboration	Completed	Mid-Point Assessment Narrative - Project 2.b.viii Hosp. Home Care Collaboration	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 2.b.viii Hosp. Home Care Collaboration	

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

Instructions :

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

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

Instructions :

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

Risk #1: Patients engaged in this project must have self-management goals for care. The patient population for this project have a behavioral health diagnosis and therefore will present different challenges in regards to self-management.

Mitigation #1: Our PPS providers will work with patients to create individualized support plans that are tailored to the specific needs of the patient that will include electronic applications managed by the IT platform as well as peer involvement for care coordination.

Risk #2: The cultural stigma of patients toward behavioral health and mental health issues related to the lack of cultural awareness, the overshadowing of preventative services, and the inability to access providers.

Mitigation #2: Patient, family and community education programs that link with the Cultural Competency / Health Literacy implementation plans will help to keep patients engaged after identification. Using a patient focused approach that is aware of the cultural sensitivity of this community will augment the skill needed to interact with this patient population in a culturally-sensitive manner.

Risk #3: IT infrastructure and interoperability requirement. Due to current regulations, non-behavioral health providers will not have access to all of the EHR records on behavioral health visits. This will potentially hinder the team approach to co-location for these patients.

Mitigation #3: The PPS will mitigate this risk by working with the IT committee and the compliance team to identify consents specific to behavioral health records and implement strict workflows with auditing processes for clinical staff to access records needed.

Risk #4: The ability to create effective operational workflows that focus to care coordination and patient : provider communication in order to ensure continuous follow-up of patients.

Mitigation #4: The Clinical integration Committee and Primary Care/Behavioral Health sub-committee will focus to best practice operational workflows with the help of a PPS employed behavioral health specialists that will partner with all providers to ensure implementation of best practice standards.

Mitigation #5: The PPS will align with the resources of workforce plan to collaborate with community leaders to develop, strengthen and empower community health team workers to integrate culturally sensitive patients into the engaged population. Specific focus will begin with those patients that require complex core coordination for hypertension and one or more comorbidities. If needed, a project plan to actively recruit community health workers to fill gaps in workforce will be coordinated at the PPS level.

Risk #6: The co-location of behavioral health services will reduce reimbursement for one partner due to the regulations of cohabitation & billing practices of bundled payments. Managed care rate differentials and lack of reimbursement could become a dis-incentive to provide both PC and

BH care on the same date of service.

Mitigation #6: The PMO and legal team will work with all partners involved in co-location to identify the regulations associated with this project, identify billing practices that comply with state regulations, create contractual relationships as needed to ensure compliance, ensure the project based budgeting process includes funding needs, and the VBP process includes this risk as a point of negotiation.

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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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY4,Q4	6,380

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	322	1,072	1,439	2,297
	Quarterly Update	3,366	4,081	4,661	5,045
	Percent(%) of Commitment	1045.34%	380.69%	323.91%	219.63%
IA Approved	Quarterly Update	0	4,081	0	5,045
	Percent(%) of Commitment	0.00%	380.69%	0.00%	219.63%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13633.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:21 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai2_PES_DOC_3.a.i_PCBH_13632.xlsx	Patient Engagement Template for DY2 for project 3.a.i Primary Care Behavioral Health	04/27/2017 10:20 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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

Models Selected		
Model 1 ✓	Model 2 ✓	Model 3 ✗

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)	Prescribed Due Date	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 eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	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 All eligible practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Identify primary care sites with capacity or need of behavioral health services utilizing the community needs assessment or input from PPS partners, CBO's, or patients. PCP sites will utilize HANYS to reach NCQA 2014 PCMH recognition as part of the 2.a.ii project.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Communicate the designated sites utilizing the clinical sub-committee for input.			Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Align the primary care sites with the PCMH (2aii) project to align Level 3 certification expectations.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Review licensure threshold expectations for all sites to identify needed processes of approval; seek approvals as needed.			Project		Completed	08/01/2015	02/28/2016	08/01/2015	02/28/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Work with the legal team to identify the billing practices for co-located services to ensure compliance.			Project		Completed	08/01/2015	02/28/2016	08/01/2015	02/28/2016	03/31/2016	DY1 Q4
Task Step 6…Upon feedback of capital funding, plan for any construction needs by site. PPS partner to manage their own capital & construction needs.			Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Step 7…Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates & availability.			Project		In Progress	01/01/2016	06/01/2017	01/01/2016	06/01/2017	06/30/2017	DY3 Q1
Task Step 8…Communicate timeline to PPS network informing them of the new access point for behavioral health services.			Project		In Progress	07/01/2016	12/31/2017	07/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 9…Train staff to ensure full understanding of operational processes, sensitivity, cultural competency, and behavioral health related medical record policies.			Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10…Recruit behavioral health care providers based on need of site (Physician/Social Worker/etc.)			Project		In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 11…Create scheduling templates for new providers & patients.			Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify existing best practice (evidence-			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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based) standards utilizing partner expertise & experience.											
Task Step 2…Present best practice proposals to the clinical sub-committee for review & recommendation to the Clinical Integration & Quality Committee.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Seek approval of the Clinical Integration & Quality Committee.			Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Configure care coordination software (Allscripts Care Director) for the use of the approved best practice standards.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…PMO IT staff to ensure all partners have access to Allscripts Care Director & adequate training for use of tool.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Publish & communicate the approved PPS best practice standard including medication management to the PPS network.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY4 Q4	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 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	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Positive screenings result in "warm transfer" to			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4

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behavioral health provider as measured by documentation in Electronic Health Record.											
Task Step 1…PMO staff to identify existing best practices at PPS partner locations including preventative care screenings (PHQ-2 or 9 & SBIRT) & processes for "warm transfer."			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Clinical Committee Chair to present the findings from Step 1 to the clinical sub committee for review & recommendations of standardization of best practices.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…PMO IT staff to present the best practice standards recommended to the EHR vendors for feedback & to ensure set-up for implementation.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…PMO IT staff to identify paper based practices & process for tracking preventative screenings.			Project		Completed	07/01/2015	01/01/2016	07/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 5…PMO IT staff and Committee Chair to present paper based process to the clinical sub committee for review.			Project		In Progress	01/01/2016	04/30/2017	01/01/2016	04/30/2017	06/30/2017	DY3 Q1
Task Step 6…Committee Chair to present the best practice recommendations (paper & EMR) to the Clinical Integration & Quality Committee for approval.			Project		In Progress	07/01/2016	08/31/2017	07/01/2016	08/31/2017	09/30/2017	DY3 Q2
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.											
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security.			Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients.			Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms (RHIO's, EHR patient registries) to track engaged patients & report to the PMO monthly regarding volume/performance.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY4 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 1…Identify behavioral health sites with capacity or need of primary care utilizing the community needs assessment or input from PPS partners, CBO's, or patients. PCP sites will utilize HANYs consultant to reach NCQA 2014 PCMH recognition as part of project 2.a.ii.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Communicate the designated sites utilizing the clinical sub-committee for input.			Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task			Project		Completed	10/01/2015	01/01/2016	10/01/2015	01/01/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 3…Review licensure threshold expectations for all sites to identify needed processes of approval; seek approvals as needed.											
Task Step 4…Work with the legal team to identify the billing practices for co-located services to ensure compliance.			Project		Completed	08/01/2015	02/28/2016	08/01/2015	02/28/2016	03/31/2016	DY1 Q4
Task Step 5…Upon feedback of capital funding, plan for any construction needs by site. PPS partner to manage their own capital & construction needs.			Project		Completed	10/01/2015	04/01/2016	10/01/2015	04/01/2016	06/30/2016	DY2 Q1
Task Step 6…Outline a timeline/roll-out schedule of all participating clinics that shows anticipated clinic start dates & availability.			Project		In Progress	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 7…Communicate timeline to PPS network informing them of the new access point for behavioral health services.			Project		In Progress	07/01/2016	10/31/2018	07/01/2016	10/31/2018	12/31/2018	DY4 Q3
Task Step 8…Train staff to ensure full understanding of operational processes.			Project		Not Started	01/01/2017	03/31/2019	04/01/2017	03/31/2019	03/31/2019	DY4 Q4
Task Step 9…Recruit or re-allocate primary care providers to sites based on need (MD vs. NP vs. PA)			Project		In Progress	08/01/2015	03/31/2019	08/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Step 10…Create scheduling templates for new providers & patients.			Project		In Progress	09/01/2015	01/01/2019	09/01/2015	01/01/2019	03/31/2019	DY4 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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…Identify existing best practice (evidence-based) standards utilizing partner expertise & experience.											
Task Step 2…Present best practice proposals to the clinical sub-committee for review & recommendation to the Clinical Integration & Quality Committee.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Seek approval of the Clinical Integration & Quality Committee.			Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Configure care coordination software (Allscripts Care Director) for the use of the approved best practice standards.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…PMO IT staff to ensure all partners have access to Allscripts Care Director & adequate training for use of tool.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Publish & communicate the approved PPS best practice standard including medication management to the PPS network.			Project		Completed	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	DY4 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 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	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task At least 90% of patients receive primary care services, as defined by preventive care screenings at the established project sites (Screenings are defined as physical health screenings for primary care services and industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT for behavioral			Project		In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health).											
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2019	07/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Positive screenings result in "warm transfer" to behavioral health or primary care provider as indicated by screening as measured by documentation in Electronic Health Record (EHR).			Provider	Mental Health	In Progress	08/01/2016	03/31/2019	08/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Step 1…PMO staff to identify existing best practices at PPS partner locations related to preventative care screenings (PHQ-2 or 9 & SBIRT) & processes for "warm transfer."			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Clinical Committee Chair to present the findings from Step 1 to the clinical sub committee for review & recommendations of standardization of best practices.			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…PMO IT staff to present the best practice standards recommended to the EHR vendors for feedback & to ensure set-up for implementation.			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…PMO IT staff to identify paper based practices & process for tracking preventative screenings.			Project		Completed	07/01/2015	05/01/2016	07/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 5…PMO IT staff and Committee Chair to present paper based process to the clinical sub committee for review.			Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 6…Committee Chair to present the best practice recommendations (paper & EMR) to the Clinical Integration & Quality Committee for approval.			Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

NewYork-Presbyterian/Queens (PPS ID:40)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	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 EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security.			Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients.			Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms (RHIO's, EHR patient registries) to track engaged patients & report to the PMO monthly regarding volume/performance.			Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY4 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
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.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY4 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
start of treatment plan.											
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop collaborative evidence-based standards of care including medication management and care engagement process.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_PCBH_Meeting_Schedule_15125.xlsx	Remediation PCBH Meeting Schedule	06/15/2017 03:09 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_NYPQ_Remediation_Response_3ai_PCBH_06_02_17_15086.docx	Remediation Response with embedded documents	06/15/2017 11:09 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_2016_Integration_Diagram_13766.pdf	ACD Integration Diagram	04/27/2017 11:55 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_ACD_WORKFLOW_DIAGRAM_UDATED_812016_13765.pdf	ACD workflow	04/27/2017 11:54 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_ACD_Training_AttendeesList_13764.docx	Allscripts Care Director Training attendee list	04/27/2017 11:54 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_NYPQ_BPH_1-19-17_13761.docx	NYPQ colocation meeting minutes with Brightpoint	04/27/2017 11:52 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Preventive_Care_and_Health_Promotion_13760.docx	Guidelines used for preventive care and health promotion	04/27/2017 11:52 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Child_Center_of_NY_Policy_13759.pdf	Child Center of New York Policy on medication adherence	04/27/2017 11:51 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Brightpoint_Preventive_Care_and_Health_Promotion_13758.docx	Brightpoint's document/strategy on preventive care and health promotion	04/27/2017 11:50 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES2_DOC_Brightpoint_policy_medication_monitoring_and_adherence_137	Brightpoint's policy on medication monitoring and adherence	04/27/2017 11:49 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			57.pptx		
Develop collaborative evidence-based standards of care including medication management and care engagement process.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_PCBH_Meeting_Schedule_15126.xlsx	PCBH Meeting Schedule	06/15/2017 03:13 PM
	cod9034	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_NYPQ_Remediation_Response_3ai_PCBH_06_02_17_15087.docx	Remediation Response with embedded documents	06/15/2017 11:14 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_2016_Integration_Diagram_13820.pdf	ACD Integration Diagram	04/27/2017 12:40 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_ACD_WORKFLOW_DIAGRAM_UDATED_812016_13818.pdf	NYPQ ACD Workflow	04/27/2017 12:38 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_ACD_Training_AttendeesList_13817.docx	ACD Training Attendee list	04/27/2017 12:37 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_NYPQ_MHPWQ_1-13-17_minutes_13814.docx	NYPQ colocation meeting minutes with MHPWQ	04/27/2017 12:35 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_SERVICE_TRACKING_LOG_13811.pdf	Service Tracking Log for ACQC	04/27/2017 12:35 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_REFERRALS-APPOINTMENTS_TRACKING_LOG_13808.pdf	ACQC referrals tracking log	04/27/2017 12:34 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_Engagement_and_Retention_Policy-_TAB_5_13806.docx	Engagement and retention policy for MHPWQ	04/27/2017 12:32 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES6_DOC_MHPWQ_Evidenced_Based_Medication_Management_Protocols_13802.docx	Mental Health Providers of Western Queens - Evidence based medication management protocol	04/27/2017 12:29 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_NYPQ_Remediation_Response_3ai_PCBH_06_02_17_15088.docx	Remediation Response with embedded documents	06/15/2017 11:23 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_TREATMENT_PLAN-_Accumed_13920.pdf	MHPWQ treatment plan	04/27/2017 02:32 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_Nurse_Note_13919.pdf	MHPWQ Nurse Note	04/27/2017 02:32 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_MED_EVAL_RECORD_13918.pdf	MHPWQ Medical evaluation record- integration	04/27/2017 02:31 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES8_DOC_Blank_NYPQ_Template_for_3.a.i_13917.xlsx	Blank NYPQ Template for patient tracking	04/27/2017 02:30 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_Integration_Snap_Shot_13798.JPG	Brightpoint Integration screenshot	04/27/2017 12:26 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_ACQC_report_for_3.a.i_13797.pdf	ACQC report for integration	04/27/2017 12:25 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_NYPQ_Integration_screenshots_13795.pptx	NYPQ Integration screenshots	04/27/2017 12:24 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_pcbh_intergration__13770.pdf	NYPQ integrated medical record documentation sample	04/27/2017 12:01 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_Blank_NYPQ_Template_for_3.a.i_13769.xlsx	Blank sample NYPQ template for tracking actively engaged patients	04/27/2017 11:59 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3ai_MDL3ai3_PRES4_DOC_Blank_BrightPoint_Report_for_3.a.i_13768.xlsx	Blank sample report from Brightpoint for tracking actively engaged patients	04/27/2017 11:59 AM

Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 & Complete	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	
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
Milestone Mid-Point Assessment Narrative - Project 3.a.i - PC/BH	Completed	Mid-Point Assessment Narrative - Project 3.a.i - PC/BH	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 3.a.i - PC/BH	

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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.

Risk #1: Coordinating with the implementation speed of the Patient Centered Medical Home recognition (Project 2.a.ii) and meeting PCMH level 3 targets. This risk may directly associate with the level of speed and scale attributed to this project.

Mitigation #1: Inherent to a successful mitigation strategy for adaptation of evidence-based care pathways and standardization for cardiovascular disease risk reduction is to coordinate timing of standardized strategies with implementation of the PCMH initiatives. The PPS will need to coordinate activities within the different project work plans to ensure collaboration with the PCMH initiatives, without slighting either of these two projects or undermining the other projects, such as behavioral health integration. Current state assessment of cardiovascular disease prevention initiatives that are already a component of the existing PCMH framework will be used as a springboard to enhance collaboration with health care providers to heighten cardiovascular prevention awareness as a means to improve patient outcomes.

Risk #3: The potential for low compliance of both patients and practitioners.

Mitigation #3: This risk will be mitigated by utilizing the practitioner engagement committee to ensure that providers are knowledgeable about DSRIP and utilizing best practices across the PPS. Patients will be engaged through education, possible IT solutions including portal messaging etc. to ensure that they are compliant with their self-management goals.

Risk #4: Ensuring primary care practitioner engagement of 80% of the PPS PCP network for all project requirements.

Mitigation #4: The PPS has individually reviewed and discussed expectations with all primary care providers regarding all projects and will ensure continued development of the PPS network in order to increase the provider network where needed as well as provider education as needed.

Risk #5: The ability to build a culturally competent system by partnering with the PPS CBO's in order to maximize community awareness and engagement related to prevention and cultural changes needed to impact the health of this population.

Mitigation #5: The PPS will engage all CBO's in the sub-committees and clinical planning in order to maximize existing practices or build new best practices focused to cardiovascular health & prevention.

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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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	1,815

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	245	817	1,008	1,452
	Quarterly Update	481	565	703	1,225
	Percent(%) of Commitment	196.33%	69.16%	69.74%	84.37%
IA Approved	Quarterly Update	0	565	0	1,225
	Percent(%) of Commitment	0.00%	69.16%	0.00%	84.37%

Warning: PPS Reported - Please note that your patients engaged to date (1,225) does not meet your committed amount (1,452) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13639.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:22 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi2_PES_DOC_3.b.i_Cardio_13638.xlsx	Patient Engagement Template for DY2 for project 3.b.i Cardiovascular	04/27/2017 10:22 AM

Narrative Text :

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

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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)	Prescribed Due Date	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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize the clinical sub-committee to outline evidence-based strategies utilizing existing practices or industry standards.		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Step 2…Present evidence-based strategies to the Clinical Integration Committee for review & approval.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Create a roll-out schedule with defined risks including all partners involved.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Establish reporting expectations of partners for outlined indicators that relate to the evidence-based strategies to monitor quarterly to show outcomes. Utilize the PMO clinical team as a resource to track/trend/interpret the reports in order to suggest changes.		Project		Completed	10/01/2015	07/31/2016	10/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 5…Present reports to the clinical sub-committee for input into program based on outcomes.		Project		Completed	01/01/2016	08/15/2016	01/01/2016	08/15/2016	09/30/2016	DY2 Q2
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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Provider	Safety Net Practitioner -	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.			Primary Care Provider (PCP)							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize survey of all partners outlined in the IT Implementation Plan to establish current IT state to include EHR usage, and RHIO access.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Identify gaps of electronic health record use or RHIO involvement from the survey and discuss needs with PPS partners.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Create a roll-out schedule for those committed partners identified in the gap assessment to move to an EHR or RHIO use for access to electronic health records.		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 4…Provide funding information & options to paper based providers to help assist with financial needs of EMR implementation.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5…Present the roll-out schedule to the IT Committee for review & final recommendation for approval to the Clinical Integration Committee for the initiation of implementation.		Project		Completed	07/01/2016	09/01/2016	07/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Step 6…Include the roll-out schedule in Performance Logic (PMO Tool) to outline timing & expectations for progress to be tracked & input by partners. Information will be used for progress reports and PPS dashboards to ensure timely completion.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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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.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Utilize the IT survey outlined in the Organization Implementation Plan to identify partners with no EHR or EHR's that do not meet Meaning Use expectations.		Project		Completed	03/01/2016	06/01/2016	03/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 2…Follow the plan outlined in the IT Implementation Plan to identify a road map & timing to close the gap for non-EHR use or MU inadequacies.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3…Provide ongoing feedback to the clinical sub-committee regarding connectivity or issues identified.		Project		Completed	03/01/2016	06/30/2016	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4…Provide feedback to the clinical sub-committee as to IT expectations & progress.		Project		In Progress	03/31/2016	03/31/2018	03/31/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 1…Communicate & discuss the definition of 'DSRIP engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document processed(s) by partner of tracking engaged patients.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3

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Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	07/01/2015	03/31/2017	01/01/2017	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		Completed	07/01/2015	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Provide education to the PPS partners of the 5 A's by inviting a SME to the clinical sub-committee and ensure the inclusion of an IT representative for proper tracking.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2…Establish current tracking processes of all partners for the 5 A's; document & identify gaps.		Project		Completed	10/01/2015	02/01/2016	10/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 3…Create a plan for an automated scheduling system to facilitate tobacco control protocols.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Provide monthly/quarterly updates to the clinical sub-committee.		Project		Completed	10/01/2015	04/30/2016	10/01/2015	04/30/2016	06/30/2016	DY2 Q1
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize the clinical sub-committee to outline evidence-based protocols utilizing existing practices or industry standard for elevated cholesterol & hypertension.		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Step 2…Provide educational opportunities for partners by SME's with knowledge of NCEP or USPSTF to ensure informed		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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decisions of the protocols.										
Task Step 3…Present evidence-based protocols to the Clinical Integration Committee for review & approval.		Project		Completed	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize previously completed partner survey team members, strengths and best practice .		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2.. The team to agree upon a screen tool to identify high risk cardiac patient and standardized best practice guidelines establish care coordination and goals and recommendation.		Project		Completed	08/01/2015	10/31/2015	08/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3… Present best practice to the Clinical Integration & Quality Committee for approval.		Project		Completed	11/01/2015	12/31/2015	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4… Publish and distribute best practice and expectations of the partners.		Project		Completed	01/01/2016	02/29/2016	01/01/2016	02/29/2016	03/31/2016	DY1 Q4
Task Step 5… Implement the PPS best practice utilizing the PMO clinical staff as an implementation resource.		Project		Completed	02/01/2016	05/01/2016	02/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 6…Update IT platforms to ensuring formatting of the updated & approved best practice form.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7… Establish reporting expectations to review the performance of the best practices implemented to include		Project		Completed	11/01/2015	03/31/2017	11/01/2015	03/31/2017	03/31/2017	DY2 Q4

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reporting tools, timing and accountability.										
Task Step 8.. Report quarterly to the clinical sub-committee for reviews of the effectiveness of the standard. Adjustments will be presented to the Clinical Integration Committee for approval.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Clinical sub-committee to establish a PPS best practice for access points for engaged patients to receive BP checks.		Project		Completed	08/01/2015	10/31/2015	08/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2…Outline workforce need for BP access points.		Project		Completed	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3…Document & communicate BP access point best practice expectations to all partners.		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4... PPS staff to communicate to high risk patients, i.e. patients with hypertension, ability to have blood pressure check without an appointment		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Clinical sub-committee to establish expectations of process of blood pressure monitoring & equipment needs to ensure PPS consistency.		Project		Completed	08/01/2015	10/31/2015	08/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2…PPS partners to identify training needs of staff/providers related to BP measurements.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Provide educational opportunities to staff related to BP		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1

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measurements.										
Task Step 4... Ensure office scheduling scheduling is completed that blood pressure checks can be completed without appointments as needed		Project		Completed	01/01/2016	03/31/2017	01/01/2016	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.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Clinical sub-committee to define parameters of 'hypertension' & outline the tool being utilized (AHA, etc.). Present the best practice to the Clinical Integration Committee for review & approval.		Project		Completed	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2…Clinical sub-committee to define the frequency of monitoring parameters of Step 1 defined 'hypertensive' patients to include monitoring expectations.		Project		Completed	08/01/2015	11/30/2015	08/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3…Ensure provider schedules are flexible to allow for proper appointment scheduling of undiagnosed hypertension patients.		Project		Completed	12/01/2015	03/31/2016	12/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Communicate best practice expectations & hypertension parameters to all partners; PMO clinical staff to work with clinics for the implementation of best practices.		Project		Completed	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task Step 1…Clinical sub-committee to establish a PPS best practice for once-daily regimens or fixed dose combination pills.		Project		Completed	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2…Present best practice to the Clinical Integration Committee for review & approval.		Project		Completed	12/01/2015	08/01/2016	12/01/2015	08/01/2016	09/30/2016	DY2 Q2
Task Step 3…Publish & communicate best practice; PMO clinical team to work with partners to implement best practices.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Clinical sub-committee to define self-management goal clinical expectations & outline IT expectations for tracking.		Project		Completed	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2…Ensure IT personnel input into process by invitations to each clinical sub-committee.		Project		Completed	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…Communicate self-management expectations to all partners & ensure capability.		Project		Completed	01/01/2016	06/01/2016	01/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 4…Define educational needs of staff / providers & establish educational opportunities.		Project		Completed	01/01/2016	07/01/2016	01/01/2016	07/01/2016	09/30/2016	DY2 Q2
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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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.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Survey Home Care agencies to identify current clinical state for community based programs to include behavioral health options.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Clinical sub-committee to create best practice standards for referrals to ensure referral & follow-up of patients.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 3…Present best practice to the Clinical Integration Committee for review & approval.		Project		Completed	02/01/2016	05/01/2016	02/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 4…Communicate best practice expectations to all partners; PMO clinical staff to become a resource for implementation.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 5…Establish relationships with providers & community based resource options.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…PMO to request Home Care best practices currently in use to outline current clinical practice.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 2…Clinical sub-committee to review all current practices & identify PPS protocol for home blood pressure monitoring.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Task Step 3…Present best practice to the Clinical Integration Committee for review & approval.		Project		Completed	02/01/2016	05/01/2016	02/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 4…Communicate best practice expectations to all partners; PMO clinical staff to become a resource for implementation.		Project		Completed	07/01/2016	03/31/2017	07/01/2016	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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize EMR registry options track engaged patients & utilization of follow-up care.		Project		Completed	01/01/2016	05/01/2016	01/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 2…Define parameters of expectations of follow-up care utilizing the clinical sub-committee.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Create an automated scheduling process of patients in the registry that do not meet the parameters of follow-up.		Project		Completed	01/01/2017	03/30/2017	01/01/2017	03/30/2017	03/31/2017	DY2 Q4
Task Step 4…Create a reporting expectation of the EMR patient registry with metrics & parameters.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Ensure all partners have information for referrals to the NYS Smoker's Quitline through an educational presentation to the clinical sub-committee.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 2…Facilitate ongoing dialogue regarding complexities or issues identified with the referral process utilizing the clinical sub-committee.		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 3…Utilize the NYS provider education program to provider & staff education specific to the NYS Quitline.		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4

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NewYork-Presbyterian/Queens (PPS ID:40)

Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…PMO clinical rapid response team will identify "hot spotting" expectations focused to cardiovascular disease & utilize PMO staff to complete necessary reports of REAL information as deemed by the PMO or need of the clinical sub-committee.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 2…Information obtained by the PMO will be shared with the clinical sub-committee based on outcomes.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 3..Clinical sub-committee will make recommendations for programmatic changes based on input & outcomes of the existing program.		Project		Not Started	01/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Practitioner - Primary Care Provider (PCP)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Providers Associated with Completion:

Abramovici Bernard Barbu Md; Aggarwal Om Parkash Md; Amin Kalpesh S Md; Anagnostopoulos Constantin Md; Arevalo Carlos Oscar Md; Asencio Eliseo Md Llc Md; Aung Zaw Md; Avolese Sebastian P Md; Babitsky George Md; Barnali Hasan; Barra Peter R Md; Batoon Sherwin Bumanglag Md; Bhardwaj Rakesh Kumar Md; Borges Rolando Md; Borrego Fernando J Md; Boyadjian Kevork George Md; Breite Melvin J Md; Bressner Robert Stuart Md; Byrns Daniel John Md; Calamia Vincent Md; Capobianco Luigi M Md Pc; Chaikhoutdinov Marat Galiyevich Md; Chaudhry Naeem Akhter Md; Chennareddy Swaminathan; Cheung Ming Md; Choy Lawrence T Md; Coman John C Md; Conetta Rick Md; Dave Devang Md; David Julia; Delshadfar Hoorbod; Depetris Gustavo Raul Md; Donin Roberta L Md; Duke William Meng Md; Fano Michael; Feygin Polina Md; Fuzaylova Svetlana Md; Georgescu Liviu Md; Gold Richard Elliott Do; Golyan Bijan Do; Han Jung-Ah; Haralambou George Md; Hassanein Mahmoud M Md; Henriquez Edmee M Md; Hill Keran; Ho James Chung Md; Holalkere Rajagopal Md; Huang Qinghong Md; Huang Zheng-Bo Md; Hung Lingpin; Hurtado Hillary John Md; Iakovou Christos Md; Israel Igor Md;

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Jawaid Mohammad Md; Kamran Nia Md; Kateryna Perevoznychenko Md; Khoury Salim A Md; Kirit Dharia Md Pc; Krikhely Sharon; Liang Elizabeth; Lodha Ajay K Md; Lodha Anupama Md; Lodha Sanjay Md; Lowell Bruce K Md; Lum George Md; Messana Ida Md; Mohd A Hossain; Moiz A Hamdani; Mukhtarzad Aman M Md; Murtezani Skender Md; Natovich Natalia Md; Nazmul H Khan Md; Ogunfowora Olusegun O Md; Oltean Ion Md; Pan Cynthia X Md; Panhani Ramkumar Md; Patel Hiralal S Md; Patel Melvina; Patel Reena J; Patel Seema; Pavlovici Sherban Jr Md; Peyman E Younesi Md; Pinkhasov Mikhail B Md; Pipia Ambrose Md; Puccia Vincent Md; Punj Sonia X; Rahman Mohammed Mominur Md; Ramzan Muhammad Masood; Rappa Vincent P Md; Rawal Jagat M Md; Roseme-Frederic Nathalie; Rubin David S Md; Sadhwani Shankar Md; San Myat Md; Sckell Blanca M Md; Segal-Maurer Sorana Md; Sehati Farzin Do; Shah Uday Niranjan Md; Shetty Das Renuka Md; Shirwaikar Anil B Md; Singh Loveena; Sinha Rita Md; Somogyi Anthony A Md; Stauber Stuart L Md; Sung Wei Fun Md; Sylvia H Chudy Md; Tavdy David Md; Teich Marvin L Md; Tolia Jitendra N Md; Trivedi Ashwin; Tsai Tien-Tsai; Tumminello Calogero C Md; Turett Glenn Scott Md; Uthman Adeola Rafihhi Md; Vela Anthony T P J Md; Wang Yuancong Md; Waseem Faisal Md; Weinstein Leon Md; Yagudayev Lev; Yeturu Bhaskar Reddy Md; Yuen Hak Kin; Zeitlin Adam D; Zheng Dan Md; Zoubtsova Minzalia Md									
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)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Achalla Kiranmayi; Addasi Talat F Md; Adeyemo Vivian Oghenevwede Md; Ahsan Mohammad Md; Alsaloum Mourhege Matta Md; Anand Kul Bhushan; Baghdassarian Bagdig S Md; Cardenas-Crowley Silvia Olga; Charytan Chaim Md; Chiu Ching Tswen Md; Chou Jung Chung Md; Cohn Howard Irwin; Dogaru-Lungu Sorina V Md; Edward Pineles; Emmanuel N Moustakakis Md; Fakhuri Ramsey John; Foley Cornelius J Md; Gagos Marios; Galler Marilyn Md; Gazis Sophia Md; Goldberg Alla Do; Golden Ronald A Md; Gross Ronald L Md; Gumpeni Rammohan; Hochman Melvin C Md; Hodge Sandra; Hong Jae Kwang Md; Horowitz Scott Alan Md; Iqbal Parveen A Md; Jain Ajay; Kang Miyoung; Kerwin Todd Christopher Md; Khurana Mukul; Kim Oksook; Kuo Sheng Feng Md; Nicholson John Perry Md; Park Chong Hyun Md; Rabbat Ahmed Salah E T Md; Raichoudhury Ritesh Md; Reddy Satish Md; Rube Gerald S Md; Russo Daniel Joseph Md; Samra Eliahu Md; Santiago Aramis E Md; Shah Neena Md; Sharov Yakov; Skupski Daniel W Md; Spinowitz Bruce S Md; Stepancic Mariano Md; Sun Wei Yue Md; Ya Aung Ze Md; Yang Li; Yatco Ruben Tapia Md; Yee Lily Fong Cho Md									
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.		Provider	Mental Health	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Achalla Kiranmayi										
Task Step 1…Allow informational presentation of the Million Hearts Campaign to the clinical sub-committee to ensure full involvement.		Project		Completed	11/01/2015	01/01/2016	11/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 2…Clinical sub-committee to outline strategies appropriate to the PPS engaged patient population & create PPS wide expectations of strategy use.		Project		Completed	01/01/2016	06/23/2016	01/01/2016	06/23/2016	06/30/2016	DY2 Q1
Task Step 3…Document & communicate the Million Hearts Campaign strategies to all partners.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4…Create a staff education model, if needed, for MHC strategies.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Survey partners to identify current clinical practices and uncovered services related to the cardiology program.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify areas of best practice that have impacted the patient population with cost reduction or quality indicator improvements to create a PPS improvement listing.		Project		Completed	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3…Engage MCD MCO organizations in each clinical sub-committee to ensure full understanding of processes & projects.		Project		Completed	02/01/2016	03/01/2017	02/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 4…PMO to analyze quality & payer-data to identify negotiation potentials, strengths, and weaknesses.		Project		Completed	01/01/2016	03/01/2017	01/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 5…PMO to communicate the findings in Step 4 to all partners involved for individual MCO negotiations.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Requirement will be loaded into Performance Logic for quarterly updates from all partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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)	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Providers Associated with Completion: Barnali Hasan										
Task Step 1…Define PCP's in PPS network according to the NYS published network listing & communicate to the clinical sub-committee.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2…Ensure all PCP's outlined above are invited to clinical sub-committee meetings.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Task Step 3..Complete partner agreements for partners involved in the project with details of expectations of deliverables.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Utilize PMO clinical staff to follow-up with unengaged partners to meet the 80% expectation.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…Continue to network with providers in the community in order to maximize provider network during allotted NYS enrollment periods.		Project		Completed	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES2_DOC_PCP_RHIO_Implementation_timeline_12428.xlsx	PCP RHIO Implementation Timeline	04/25/2017 06:47 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES4_DOC_Blank_RITECARE_MEDICAL_OFFICE_P_Report_for_3.b.i_12438.docx	Patient registry/report from one of the cardio project partners, RiteCare.	04/25/2017 07:01 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES4_DOC_Blank_BrightPoint_Report_for_3.b.i_12437.xlsx	Blank sample report from one of the cardio partners; template used by partner for engaged patient tracking	04/25/2017 07:00 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES4_DOC_Blank_NYPQ_Template_for_3.b.i_12436.xlsx	NYPQ Patient engagement Template used for tracking patients	04/25/2017 06:59 PM
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_Healthy Hearts_NYC_Smoking_Cessation_12452.pdf	Healthy Hearts NYC Smoking Cessation guidelines document shared with partners	04/25/2017 07:24 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_Athena_Screenshot_for_Tobacco_Control_12445.pptx	NYPQ Tobacco Control alerts and documentation screenshot from eMR, Athena	04/25/2017 07:14 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_Smoking_Cessation_P&P_12444.JPG	Brightpoint Tobacco Screening and Control Policy & procedure	04/25/2017 07:12 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_Ask_and_Assess_12443.JPG	Brightpoint Tobacco Control Smart Form from their eMR, eClinical Works	04/25/2017 07:11 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_Advise_Assess_Assist_Arrange_12442.JPG	Brightpoint Fax to Quit Form from their eMR, eClinical Works	04/25/2017 07:11 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_cardio_refresher_sign_in_sheet_12441.pdf	Cardio refresher training sign in sheet	04/25/2017 07:09 PM

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Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_DSRIP_Cardiovascular_Refresher_Training_12440.pptx	Cardio project partner refresher training slides, including education of 5A's	04/25/2017 07:08 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES5_DOC_5_A's_12439.pdf	NYPQ PPS Standardized 5A's protocol for all partners	04/25/2017 07:07 PM
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_cardio_refresher_sign_in_sheet_12451.pdf	Cardio refresher training sign in sheet	04/25/2017 07:24 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_DSRIP_Cardiovascular_Refresher_Training_12450.pptx	Cardio partner refresher training slides that also educate on managing patients with hypertension and high BP	04/25/2017 07:22 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_Blood_Pressure_P&P_2_12449.JPG	Brightpoint's policy on managing patients with high BP	04/25/2017 07:22 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_Blood_Pressure_P&P_1_12448.JPG	Brightpoint's policy on managing patients with high BP	04/25/2017 07:20 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_STANDARDS_OF_CARE_FOR_HYPERTENSION_1_12447.docx	Brightpoint's standards of care/ policy for hypetensive patients	04/25/2017 07:20 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES6_DOC_Hypertension_and_elevated_cholesterol_12446.pdf	NYPQ PPS standardized policy on managing patients with hypertension and elevated cholesterol	04/25/2017 07:17 PM
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.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_NYPQ_Remediation_Response_3bi_Cardio_06_02_17_15120.docx	Remediation Response with embedded documents	06/15/2017 03:01 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_Care_Coordinator_Training_12862.pdf	Care coordination training by GNYHA	04/26/2017 12:46 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_cardio_refresher_sign_in_sheet_12855.pdf	Cardio refresher training sign in sheet	04/26/2017 12:43 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_DSRIP_Cardiovascular_Refresher_Training_12853.pptx	Cardio partner refresher training slides demonstrating discussion of care coordination.	04/26/2017 12:41 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_Care_CoordinationTeam_Roster_12852.pdf	NYP Queens PPS' care coordination team roster standardized policy	04/26/2017 12:40 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_NYPQ_Case_Conference_12850.pdf	NYP Queens Clinic Case conference with care coordination team- screenshot	04/26/2017 12:39 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES7_DOC_Case_Management_Guide_-_written_12848.docx	Sample report or document from Brightpoint which demonstrate a process for developing care coordination teams.	04/26/2017 12:38 PM
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES9_DOC_NYPQ_Remediation_Response_3bi_Cardio_06_02_17_15121.docx	Remediation Response with embedded documents	06/15/2017 03:03 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES9_DOC_cardio_refresher_sign_in_sheet_13112.pdf	Cardio refresher training sign in sheet	04/26/2017 03:20 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES9_DOC_DSRIP_Cardiovascular_Refresher_Training_13108.pptx	Cardio partner refresher training slides, that also gives overview of the NYPQ PPS standardized policy for Blood Pressure competency requirements	04/26/2017 03:17 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES9_DOC_BP_competency_13106.pdf	NYPQ PPS standardized policy for Blood Pressure competency requirements	04/26/2017 03:16 PM
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES11_DOC_NYPQ_Remediation_Response_3bi_Cardio_06_02_17_15122.docx	Remediation Response with embedded documents	06/15/2017 03:04 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES11_DOC_Aspirin_algorithm_13120.pdf	Aspirin algorithm also utilized by Brightpoint, cardio project partner	04/26/2017 03:26 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES11_DOC_cardio_refresher_sign_in_sheet_13118.pdf	Cardio refresher training sign in sheet	04/26/2017 03:26 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES11_DOC_DSRIP_Cardiovascular_Refresher_Training_13117.pptx	Cardio partner refresher training slides, demonstrating the medication management algorithm training	04/26/2017 03:25 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES11_DOC_Hypertension_and_elevated_cholesterol_13115.pdf	NYP Queens PPS standardized policy on hypertension and elevated cholesterol management for patients	04/26/2017 03:24 PM
Develop and implement protocols for home blood pressure monitoring with follow up support.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES14_DOC_NYPQ_Remediation_Response_3bi_Cardio_06_02_17_15123.docx	Remediation Response with embedded documents	06/15/2017 03:06 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES14_DOC_cardio_refresher_sign_in_sheet_13145.pdf	Cardio refresher training sign in sheet	04/26/2017 03:45 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES14_DOC_DSRIP_Cardiovascular_Refresher_Training_13142.pptx	Cardio partner refresher training slides, that also demonstrates NYP Queens PPS policy for blood pressure monitoring at home standards	04/26/2017 03:44 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES14_DOC_BP_monitoring_at_home_13141.pdf	NYP Queens PPS policy for blood pressure monitoring at home standards	04/26/2017 03:43 PM
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES15_DOC_View_-_ACD_Screenshots_-_NYP_Queens_13161.docx	Screenshots of automated registry	04/26/2017 04:01 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES15_DOC_Roster_of_Pts_with_Elevated_BP_13156.JPG	Sample report of patients with Elevated BP.	04/26/2017 03:58 PM
Facilitate referrals to NYS Smoker's Quitline.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_cardio_refresher_sign_in_sheet_13176.pdf	Cardio refresher training sign in sheet	04/26/2017 04:11 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_DSRIP_Cardiovascular_Refresher_Training_13174.pptx	Cardio refresher training slides, that also talks about 5A's and fax to quit	04/26/2017 04:11 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_PCMH_Cardio_Meeting_Minutes_7.14_13173.pdf	Cardio project committee minutes from July 2017	04/26/2017 04:10 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_NYPQ_PPS_PCMH_Cardio_Meeting_Agenda_07_14_16_FIN	NYP Queens Cardio Committee meeting agenda from July 2016 discussion of NYS quitline referrals	04/26/2017 04:08 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			ALv1_13172.docx		
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_Athena_Screenshot_for_Tobacco_Control_13171.pptx	Screenshot for tobacco control from Athena, NYP Queens eMR	04/26/2017 04:07 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_Advise_Assess_Assist_Arrange_13170.JPG	Fax to quit form sample from Brighpoint's eMR, eClinicalWorks	04/26/2017 04:07 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES16_DOC_5_A's_13167.pdf	NYP Queens PPS standardized policy for 5A's of tobacco control	04/26/2017 04:06 PM
Adopt strategies from the Million Hearts Campaign.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_List_of_all_PCPs_in_the_cardio_project_13236.xlsx	List of all PCPs in the cardio project	04/26/2017 04:51 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_cardio_refresher_sign_in_sheet_13211.pdf	Cardio refresher training sign in sheet	04/26/2017 04:34 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_DSRIP_Cardiovascular_Refresher_Training_13209.pptx	Cardio refresher training slides, demonstrating training on managing hypertension and elevated blood pressure guidelines	04/26/2017 04:33 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_Blood_Pressure_P&P_2_13206.JPG	Brightpoint's blood pressure management policy and procedure	04/26/2017 04:32 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_Blood_Pressure_P&P_1_13205.JPG	Brightpoint's blood pressure management policy and procedure	04/26/2017 04:31 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_STANDARDS_OF_CARE_FOR_HYPERTENSION_1_13204.docx	Brightpoint's standards of care for hypertension document	04/26/2017 04:31 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES18_DOC_Hypertension_and_elevated_cholesterol_13200.pdf	NYP Queens PPS hypertension and elevated cholesterol standardized policy	04/26/2017 04:29 PM
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES19_DOC_NYPQ_PPS_Cardiovascular_GapAnalysis_13219.pdf	Cardiovascular project MCO gap analysis document	04/26/2017 04:41 PM
Engage a majority (at least 80%) of primary care providers in this project.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES20_DOC_NYPQ_Remediation_Response_3bi_Cardio_06_02_17_15124.docx	Remediation Response with embedded documents	06/15/2017 03:09 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES20_DOC_List_of_all_PCPs_in_the_cardio_project_13233.xlsx	List of all PCPs in the cardio project	04/26/2017 04:49 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3bi_MDL3bi3_PRES20_DOC_List_of_all_PCPs_in_the_network_13231.xlsx	List of all PCPs in the network	04/26/2017 04:49 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease	

NYS Confidentiality – High

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Prescribed Milestones Narrative Text

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

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	As per DOH guidelines when they released the new PIT list, we have attached list of all PCPs in network and all providers who are in cardio project. That shows 80% engagement target met. The guidelines asked to just select 1 provider from IPP for submission, and submit the list separately as attachment.

Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #1	Pass & Ongoing	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Complete	
Milestone #5	Pass & Complete	
Milestone #6	Pass & Complete	
Milestone #7	Pass (with Exception) & Complete	The PPS provided a list of care coordination team members as requested. However, some names listed did not contain complete information-provider type and license #. The IA will look for supporting documentation during on site review.
Milestone #8	Pass & Ongoing	
Milestone #9	Pass & Complete	
Milestone #10	Pass & Ongoing	
Milestone #11	Pass & Complete	
Milestone #12	Pass & Ongoing	
Milestone #13	Pass & Ongoing	
Milestone #14	Pass & Complete	
Milestone #15	Pass & Complete	
Milestone #16	Pass & Complete	

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Milestone Review Status

Milestone #	Review Status	IA Formal Comments
Milestone #17	Pass & Ongoing	
Milestone #18	Pass & Complete	
Milestone #19	Pass & Ongoing	
Milestone #20	Pass & Complete	

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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
Milestone Mid-Point Assessment Narrative - Project 3.b.i - Cardio	Completed	Mid-Point Assessment Narrative - Project 3.b.i - Cardio	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 3.b.i - Cardio	

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

Instructions :

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.

Risk #1: The adherence to home based treatment regimens once determined by the PCP, non PCP, pulmonologists and other health care providers.

Mitigation #1: A population health management strategy will be developed using IT software that will be determined to best connect with the attributed patient population, to serve as a trigger for compliance, with medication reminders, appointment reminders, and general asthma health reinforcement. The tool will assist with patient tracking and planning, and serve as a component of a proposed Asthma Resource Center for care coordination. Alternative ways for monitoring for adherence, such as one way communication such as text reminders will help move the efforts already in place with the Pediatric Asthma Center to more all-inclusive care coordination with improved patient outcomes and better management of a home based program.

Risk #2: Interconnectivity with PPS school systems will be a concern and prove a risk to the successful achievement of milestones and metrics.

Mitigation #2: Electronic school based health records are in different stages of technology development and the connection to an Asthma Resource Center will have to be recognized by the PPS leads to ensure that pathways to share the Medication Administration Form (MAF) with providers to coordinate care for the children associated with the project. The plan is to develop coalitions, protocols, and best practice technology based platforms to enhance bidirectional transfer of information to best support this patient population.

Risk #3: The expansion project of asthma home-based self-management program is the ability for providers to gain access to conduct the initial environmental assessment for trigger identification and subsequent visits to monitor and adjust recommendations once triggers are identified. Financial reimbursement and lack of funding for these visits is a component and risk for this project also.

Mitigation #3: The preexisting Pediatric Asthma Center will serve as a model the PPS best practice, led by Dr. Jabbar, who will leverage existing collaborations among community organizations to ensure all CBO, including schools, shelters, housing representatives, and other organization are in alignment with risk modification once identified. The initiative will take preexisting best practice and expand to repeat visit needs to determine compliance with recommendations for home environment adjustments. The team is leveraging established asthma community based programs to support PCPs, non-PCPs and health care providers on evidence based practice guidelines to support home management, including repeat home visits when necessary with financial components/incentives.

Risk #4: Connection of the Asthma Resource Center and PPS partners through interoperable electronic medical records or RHIO.

Mitigation #4: IT Committee to work with clinical sub-committee to identify interoperability and access of RHIO by partners, ARC, and schools to maximize communication & coordination of care.

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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 "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY2,Q4	432

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	52	173	250	432
	Quarterly Update	12	60	108	137
	Percent(%) of Commitment	23.08%	34.68%	43.20%	31.71%
IA Approved	Quarterly Update	0	60	0	137
	Percent(%) of Commitment	0.00%	34.68%	0.00%	31.71%

Warning: PPS Reported - Please note that your patients engaged to date (137) does not meet your committed amount (432) for 'DY2,Q4'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13644.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:24 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii2_PES_DOC_3.d.ii_Asthma_13643.xlsx	Patient Engagement Template for DY2 for project 3.d.ii Asthma	04/27/2017 10:23 AM

Narrative Text :

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

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Module Review Status

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its Actively Engaged commitments for DY2,Q4.

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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)	Prescribed Due Date	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.	DY3 Q4	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Create a clinical flow diagram, including all partner types, to include the dynamics of point-of-care activity - referral programs - CBO's - home based care - and DME processing to show the anticipated flow of a patient from point 'A' to 'Z' to ensure understanding & communication of program expectations to all partners utilizing the clinical sub-committee.		Project		Completed	08/01/2015	11/01/2015	08/01/2015	11/01/2015	12/31/2015	DY1 Q3
Task Step 2…Outline best practice standards, based on the above flow diagram, for the program to document PPS expectations. Best practices will include, but not limited to, management of medication, follow-up care, specialty care referrals, home care assessments & coordination, etc.		Project		Completed	11/01/2015	01/01/2016	11/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 3…Review best practice standards & flow diagram with the Asthma Coalition & any other designated CBO's to ensure collaboration & involvement.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Clinical sub-committee to present best practice standards to the Clinical Integration Committee to see input & approvals.		Project		Completed	02/01/2016	04/01/2016	02/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task Step 5…Define partners involved by care outlined in clinical flow diagram & review operational needs for workforce, IT, and		Project		Completed	07/01/2016	08/01/2016	07/01/2016	08/01/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
operational processes.										
Task Step 6…Utilizing the partner listing, clinical flow diagram, and best practice standards, define a timeline to align with the requirement deliverable date of DY3, Q4 as well as the expectations of scale & speed.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 7…Partner with the Cultural Competency sub-committee to include cultural competency & health literacy processes in all aspects of home care.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 8…Utilize the Asthma Resource Center (ARC) to coordinate care for engaged patients.		Project		In Progress	01/01/2017	03/31/2018	01/01/2017	03/31/2018	03/31/2018	DY3 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.	DY2 Q4	Project	N/A	Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed intervention protocols and identified resources in the community to assist patients with needed evidence-based trigger reduction interventions.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Develop an Asthma Resource Center (ARC) to manage all care coordination and create asthma action plans for all patients.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2…Establish evidence-based interventions for the use of 'ARC' and home-care teams that focus to the reduction of triggers and care coordination.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3…Hire care coordinators to staff the 'ARC'; provide staff training; set expectations of coordination of care in accordance with best practice protocols outlined in Requirement #3.		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Step 4…'ARC' to present to the clinical sub-committee quarterly as to the progress of the center, outcomes of care coordination, and challenges identified of best practice standards.		Project		Completed	05/01/2016	02/28/2017	05/01/2016	02/28/2017	03/31/2017	DY2 Q4
Task		Project		Completed	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Step 5…PPS PMO clinical team will utilize data provided by the 'ARC' in the rapid cycle evaluation process.										
Task Step 6…Establish relationships with schools utilized by engaged patient population to allow for communication & education of teams.		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 7…Utilize CBO's to expand/create educational opportunities for patients & families regarding triggers.		Project		Completed	12/01/2015	01/31/2017	12/01/2015	01/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop and implement evidence-based asthma management guidelines.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize the National Heart, Lung and Blood Institute's National Asthma Education and Prevention Program Guidelines Implementation Panel Report for EPR-3 to define the PPS best practice protocols. Ensure processes & protocols address utilization of nursing staff, pharmacists, dieticians & CHW's.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2…Review guidelines with the clinical sub-committee & the Asthma Coalition for revisions.		Project		Completed	08/01/2015	03/31/2016	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3…Present guidelines to the Clinical Integration Committee for revisions or approvals.		Project		Completed	04/01/2016	06/01/2016	04/01/2016	06/01/2016	06/30/2016	DY2 Q1
Task Step 4…Publish & communicate guidelines to all committed partners.		Project		Completed	05/01/2016	03/31/2017	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5…Establish a review process of the guidelines utilizing the 'ARC' and the rapid cycle staff of the PMO that reviews outcomes or struggles related to the guidelines.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 6…Define non-covered services related to management guidelines to inform MCO conversations by PPS partners.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 7…Establish a staff & provider education program, housed		Project		Completed	12/01/2015	03/31/2017	12/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
in the 'ARC' but partnered with CBO's, Asthma Coalition, and social services, focused the expectations of the asthma program & evidence based guidelines. (Train the trainer program)										
Task Step 8…Create a feedback process in Performance Logic for partners to communicate with the PMO as the progress of the implementation of the asthma management guidelines & their effectiveness and training expectations and adoption of new/updated evidence based guidenelines as needed. PMO to provide quarterly reports to the clinical sub-committee.		Project		Completed	01/01/2017	03/31/2017	01/01/2017	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.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	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		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1... Ensure provider and staff are aware aware and/or trained to refer patients to the 'ARC' as clinically appropriate to receive continued self-management education and community/home care referrals. The ARC will work with the Asthma Coalition of Queens to educate providers of asthma self-management education using the NAEPP – EPR-3 Guidelines as a structure and delivered accordingly to each type of provider and from a variety of sources: PACE (Physician Asthma Care Education) from the NHLBI, Becoming an Asthma Educator Care Manager (Association of Asthma Educators (AAE)), Asthma Educator Institute (American Lung Association-course to prepare for the Asthma Educator Certification Test), Community Health Worker Asthma Education Training (AAE & NHLBI), etc.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2... Providers to create an asthma action plan as appropriate for asthma patients and referral to the 'ARC'		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Task Step 3... 'ARC' to education patients and/or caregivers on common asthma environmental triggers and reduction opportunities, medications, , self-monitoring, and the importance of utilizing the action plan.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4..."ARC' to refer patient and/or caregiver to community resources, home care providers for home assessment, and/or PPS partners for air filters, inhalers, school prorams, etc. as appropriate. Patients who are referred to the asthma resource center will be stratified for levels of care, asthma self-management education and asthma home environmental assessment and remediation.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5... If there is an ED or IP incident, refer the patient for a home assessment and complete a root cause analysis and update the asthma action plan if appropriate		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	DY3 Q4	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 and conducted training of all providers, including social services and support.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices in PPS have a Clinical Interoperability System in place for all participating providers.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 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	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Ensure the 'ARC' has access to IT platforms that allow for electronic communications/referrals/documentation of care coordination.		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Step 2…Include representatives of social services, pharmacists, dietitians & CHW's on the clinical sub-committee to allow for ongoing inputs and clinical updates from the ARC and other clinical personnel.		Project		Completed	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)	Prescribed Due Date	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...'ARC' will refer patients to home care after an ED or IP incident for a RCA and update asthma action plan as appropriate		Project		In Progress	12/31/2015	03/31/2018	12/31/2015	03/31/2018	03/31/2018	DY3 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.	DY2 Q4	Project	N/A	Completed	08/01/2015	03/31/2017	08/01/2015	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		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize a population health management IT platform to track engaged patients ED & hospital usage.		Project		Completed	08/01/2015	03/31/2017	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2…Define expectations of use & reporting of the population health management tool to include monthly & quarterly reports.		Project		Completed	08/01/2015	09/30/2016	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3…Rapid cycle evaluation PMO team partners with the 'ARC' and partners to establish parameters focused to ED & hospital utilization that outline follow-up processes after occurrence.		Project		Completed	12/01/2015	01/01/2017	12/01/2015	01/01/2017	03/31/2017	DY2 Q4
Task Step 4…Data collected with the population health management tool will be reported to the clinical sub-committee for review & recommendations for programmatic changes.		Project		Completed	03/01/2016	03/31/2017	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	DY3 Q4	Project	N/A	In Progress	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2018	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Ensure clinical sub-committee is a proper representation of partners to include primary & specialty care providers, health home care managers, social services, coalitions, etc.		Project		Completed	08/01/2015	12/01/2015	08/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task		Project		Completed	09/01/2015	12/01/2015	09/01/2015	12/01/2015	12/31/2015	DY1 Q3

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Step 2…Clinical sub-committee to meet monthly or quarterly based on the needs of the clinical development, at the discretion of the chair.										
Task Step 3…Utilize all steps outlined in the Project Implementation Plan to inform provider agreements & edit as needed for asthma program.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Share information gathered during guideline development for partners to negotiate MCO agreements for non-covered services.		Project		In Progress	09/01/2015	03/31/2018	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_ACQ_Training_Sign_in_sheets_12372.pdf	ACQ Training sign in sheets for school health clinics	04/25/2017 05:48 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_NYPQ_PPS_Asthma_Meeting_Minutes_4_12_17_12370.pdf	April 2017 Asthma Committee meeting minutes demonstrating overview of rapid cycle unit	04/25/2017 05:47 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_Rapid_Cycle_Unit_Overview_04_12_17_12368.pptx	Rapid Cycle Unit overview slides presented at Asthma Committee Meeting in April 2017	04/25/2017 05:45 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_Outreach_Efforts-_to_date_March_2017_12366.pdf	Asthma Coalition of Queens documentation of outreach efforts	04/25/2017 05:45 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_Provider_education_materials_from_ACQ_12365.pdf	Provider education materials utilized by Asthma Coalition of Queens, PPS Partner CBO	04/25/2017 05:44 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_Patient_education_materials_from_ACQ_12364.pdf	Patient education materials utilized by Asthma Coalition of Queens, PPS Partner CBO	04/25/2017 05:43 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES2_DOC_Evidence_based_tools_and_checklist_used_by_Saint_Mary's_for_Asthma_12363.pdf	Evidence based tools and checklist used by Saint Mary's for home assessment on Asthma patients	04/25/2017 05:42 PM
Develop and implement evidence-based asthma management guidelines.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_NYPQ_Remediation_Response_3dii_Asthma_06_02_17_15083.docx	Remediation Response	06/15/2017 10:52 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_New_York_Presbyterian_Queens_PPS_-_Training_Agenda_12421.pdf	Performance Logic Partner Training Agenda	04/25/2017 06:23 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_NYPQ-PL_Demo_Registrations_3-3-17__12419.pdf	Performance Logic Training registrations/webex screenshot	04/25/2017 06:23 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_NYPQ-PL_Demo_Registrations_3-6-17_12417.pdf	Performance Logic Training registrations/webex screenshot	04/25/2017 06:22 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_Dear_PPS_Partner_Performance_Logic_Final_12416.pdf	Performance Logic Partner Letter	04/25/2017 06:22 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_Asthma_Home_Assessment_MCO_Gap_Analysis_March_2017_12384.pdf	Gap analysis of MCO services for Asthma project	04/25/2017 05:56 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_NYPQ_PPS_Asthma_Meeting_Minutes_4_12_17_12382.pdf	April 2017 Asthma Committee meeting minutes that demonstrates discussion of rapid cycle unit	04/25/2017 05:55 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_Rapid_Cycle_Unit_Overview_04_12_17_12381.pptx	Rapid Cycle Unit overview slides presented at the April 2017 Asthma Committee meeting	04/25/2017 05:54 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES3_DOC_Patient_education_materials_from_ACQ_12380.pdf	Patient education materials from Asthma Coalition of Queens, PPS Partner CBO	04/25/2017 05:54 PM
Implement training and asthma self-management education services, including basic facts about asthma, proper medication use, identification and	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Registry_asthma_list_12398.docx	Sample Asthma registry from partner eMR, eClinicalWorks	04/25/2017 06:06 PM
	sadia88	Documentation/Certificati	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Jabbar	Sample inpatient list/registry for follow up of Asthma	04/25/2017 06:06 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
avoidance of environmental exposures that worsen asthma, self-monitoring of asthma symptoms and asthma control, and using written asthma action plans.		on	_IP_Followup_6-16_12-16_12397.xlsx	referral services	
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_ACQ_Meeting_minutes_with_ED_and_clinics_for_engagement_12396.pdf	ACQ Meeting minutes with ED and clinics for engagement	04/25/2017 06:05 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_ACQ_Training_Sign_in_sheets_12394.pdf	ACQ Training Sign in sheets for school health clinics	04/25/2017 06:04 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Outreach_Efforts-_to_date_March_2017_12393.pdf	Document outlining outreach efforts of PPS CBO partner, Asthma Coalition of Queens to date	04/25/2017 06:03 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Patient_education_materials_from_ACQ_12392.pdf	Patient education materials used by Asthma Coalition of Queens, PPS Partner CBO	04/25/2017 06:03 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Provider_education_materials_from_ACQ_12390.pdf	Provider education materials used by Asthma Coalition of Queens, PPS Partner CBO	04/25/2017 06:02 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES4_DOC_Evidence_based_tools_and_checklist_used_by_Saint_Mary's_for_Asthma_12388.pdf	Evidence based tools and checklist used by Saint Mary's for home assessment on Asthma patients	04/25/2017 06:01 PM
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.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_NYPQ_Remediation_Response_3dii_Asthma_06_02_17_15084.docx	Remediation Response with embedded documents	06/15/2017 10:58 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_NYPQ_PPS_Asthma_Meeting_Minutes_4_12_17_12410.pdf	April 2017 Asthma Committee meeting minutes demonstrating discussion of rapid cycle unit	04/25/2017 06:15 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_Rapid_Cycle_Unit_Overview_04_12_17_12409.pptx	Rapid Cycle Unit overview slides presented at the April 2017 Asthma Committee meeting	04/25/2017 06:15 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES6_DOC_Jabbar_IP_Followup_6-16_12-16_12407.xlsx	Sample inpatient list/registry for follow up of asthma referral services	04/25/2017 06:14 PM
Use EHRs or other technical platforms to track all patients engaged in this project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES8_DOC_NYPQ_Remediation_Response_3dii_Asthma_06_02_17_15085.docx	Remediation Response with embedded documents	06/15/2017 11:03 AM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES8_DOC_Registry_asthma_list_12424.docx	Sample Asthma registry from partner eMR, eClinicalWorks	04/25/2017 06:28 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3dii_MDL3dii3_PRES8_DOC_Actively_Engaged_Patient_Template_used_for_tracking_12423.xlsx	Actively Engaged Patient template used for tracking patients	04/25/2017 06:27 PM

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	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
medical follow-up.	
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 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 & Complete	
Milestone #3	Fail	The PPS did not submit documentation to demonstrate that the PPS incorporates evidence-based guidelines that are periodically evaluated and revised, if necessary, in the design and implementation of asthma management as required for this metric.
Milestone #4	Pass & Complete	
Milestone #5	Pass & Ongoing	
Milestone #6	Pass & Complete	
Milestone #7	Pass & Ongoing	
Milestone #8	Pass & Complete	

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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
Milestone Mid-Point Assessment Narrative - Project 3.d.ii - Asthma	Completed	Mid-Point Assessment Narrative - Project 3.d.ii - Asthma	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 3.d.ii - Asthma	

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

Instructions :

Project 3.g.ii – Integration of palliative care into nursing homes

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

Instructions :

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

Risk #1: Low provider and patient/family participation related to a culturally prominent aversion of care givers, patients and families to the topic of death and dying.

Mitigation #1: For the providers, the PPS and affiliates need to develop training sessions for providers and caregivers to understand the purpose of palliative care services and learn care giving behaviors and language that respects patient / families wishes. As part of the training sessions, the nursing homes have to consider the needs of the workforce to attend trainings, develop compliance tracking tools on educational sessions and incorporate training into mandatory and/or annual updates to be fully effective and have the most impact for the patients that they serve.

Risk #2: Low physician participation due to lack of reimbursement for palliative care services in the acute and/or inpatient setting due to the amount of time spent with patients and families focused to the education of palliative care & options.

Mitigation #2: Mitigation strategy would be to create expectations for all staff in contact with a palliative care patient to educate patients and families about palliative care options throughout the time of care to prepare the patient and family for the physician and create an efficient process with many communicators.

Risk #3: Low patient engagement due to religious and cultural beliefs about death and dying.

Mitigation #3: Strategies would include linking this with Cultural Competency/Health Literacy Link implementation plan to increase provider ability to treat this patient population in a culturally-sensitive manner. Incorporate training to providers, care givers, and palliative care coaches about beliefs for the predominant cultures in the service area, reflecting all levels of palliative care, including but not limited to fluid, feedings, transfer and other prominent components of the MOLST initiative.

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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

Benchmarks	
Actively Engaged Speed	**Actively Engaged Scale**
DY3,Q4	518

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	62	207	277	440
	Quarterly Update	596	776	955	1,154
	Percent(%) of Commitment	961.29%	374.88%	344.77%	262.27%
IA Approved	Quarterly Update	0	770	0	1,148
	Percent(%) of Commitment	0.00%	371.98%	0.00%	260.91%

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
rez9009	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii2_PES_DOC_DY2_Q4_Executive_Summary-_Efforts_to_Avoid_Duplication_of_Patients_13646.pdf	An executive summary describing the efforts of the NYPQ PPS to avoid the duplication of patients	04/27/2017 10:25 AM
rez9009	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii2_PES_DOC_3.g.ii_Palliative_Care_13645.xlsx	Patient Engagement Template for DY2 for project 3.g.ii Palliative Care	04/27/2017 10:25 AM

Narrative Text :

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

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	

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IPQR Module 3.g.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)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into practice model of participating Nursing Homes.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has integrated palliative care into Nursing Homes in alignment with project requirements.		Provider	Nursing Home	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has integrated palliative care into Nursing Homes in alignment with project requirements.		Provider	Hospice	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Identify providers participating in the project including SNF, hospice, and primary care physicians.		Project		Completed	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2…Complete a current state assessment of palliative care services in participating sites.		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3
Task Step 3…Utilize the current state assessment to complete a gap analysis and determine needs which may include workforce, IT, and training/education.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4…Determine schedule for roll-out of implementation and integration of clinical guidelines into participating sites.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5…Create and educational program for staff on role-appropriate palliative care services.		Project		Completed	11/01/2015	02/01/2016	11/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 6… Implement clinical guidelines and processes into participating sites focused to standardization of basic parameters that allows for individual partner customization based on operational/patient needs.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 7…Quarterly reports will be provided to the clinical sub-committee for clinical reviews of the effectiveness of the		Project		Completed	01/01/2016	07/01/2016	01/01/2016	07/01/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
standard. Adjustments will be recommended based on outcomes & team feedback. All revisions will be presented to the Clinical Integration Committee for approval.										
Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the nursing home.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Identify community providers and resources that provide palliative care services in nursing homes.		Project		Completed	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2…Consider collaboration opportunities with neighboring PPSs participating in this project.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3… Present recommendations for community and provider resource collaboration to the Clinical Integration and Executive Committees for approval to formalize partnerships as appropriate.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4… Formalize partnerships with community resources, which may include but are not limited to, provider agreement, BAA, MOUs.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify nationally recognized clinical guidelines (i.e. Center for Advanced Palliative Care, CAPC) and PPS partner best practices to be adopted by the PPS at participating sites		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2... Determine the number of participating providers that		Project		Completed	07/01/2015	11/15/2015	07/01/2015	11/15/2015	12/31/2015	DY1 Q3

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
current utilize MOLST vs. eMOLST forms.										
Task Step 3…Project sub-committee to develop clinical guidelines for palliative care services with clinical input from participating sites.		Project		Completed	10/01/2015	01/31/2016	10/01/2015	01/31/2016	03/31/2016	DY1 Q4
Task Step 4… Create an education program on the clinical guidelines for palliative care services for staff at participating sites.		Project		Completed	11/01/2015	02/01/2016	11/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 4…Submit clinical guidelines and educational program recommendations for palliative care services to the Clinical Integration Committee and Workforce Committee for approval.		Project		Completed	02/01/2016	06/30/2016	02/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5… Integrate clinical guidelines into participating sites.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6… Quarterly reports will be provided to the clinical sub-committee for clinical reviews of the effectiveness of the standard. Adjustments will be recommended based on outcomes & team feedback. All revisions will be presented to the Clinical Integration Committee for approval.		Project		Completed	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Utilize current state assessment to create a gap analysis of education and training needs of staff at participating sites.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2… Leverage nationally recognized training & education programs (i.e. CAPC) to train staff on palliative care services.		Project		Completed	02/01/2016	09/30/2016	02/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 3…Create training/education program based on gap analysis to address the integration of palliative care services into the nursing home.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task Step 4… Create schedule for initial and maintenance training/education sessions.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1
Task Step 5… Leverage a palliative care champion (i.e.		Project		Completed	01/01/2016	04/01/2016	01/01/2016	04/01/2016	06/30/2016	DY2 Q1

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certified/experienced MD, NP, LCSW) as a resource and on site training at participating SNFs.										
Task Step 6.. Leverage hospice lead in-service sessions at SNFs to increase knowledge of role-appropriate palliative care services and resources available.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7…Track staff participation in training through PMO project management software.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 8…Quarterly reports will be provided to the clinical sub-committee for clinical reviews of the effectiveness of the standard. Adjustments will be recommended based on outcomes & team feedback. All revisions will be presented to the Clinical Integration Committee for approval.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1…Identify uncovered palliative care services that are essential to the success of the project and improving the quality of patient care.		Project		Completed	08/01/2015	12/31/2015	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2…Present uncovered services recommendations to the Finance Committee and the Value Based Purchasing (VBP) sub-committee.		Project		Completed	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3…Invite MCO representatives to clinical sub-committees to educate them of the PPS project, process, and improvements.		Project		In Progress	02/01/2016	03/31/2018	02/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 4…PMO executive leadership to partner with legal teams to outline the parameters of MCO negotiations to provide feedback to partners of next steps.		Project		In Progress	03/01/2016	03/31/2018	03/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 5…PMO to publish recommendations, compliant to Step 4 discussions, for PPS partners to approach MCO partners for negotiations of uncovered services for palliative care.		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	03/31/2018	03/31/2018	DY3 Q4

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Task Step 6…Performance Logic will be loaded with the expectation of negotiations and providers will provide monthly progress updates.		Project		Not Started	01/01/2017	03/31/2017	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Communicate & discuss the definition of 'engaged patient' with the clinical sub-committee as well as the expectations for patient engagement to ensure all partners are aware of expectations.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2…Identify reporting capabilities by partner to track engaged patients while ensuring PHI data security. (EHR Patient Registries, Amalgam Population Health, Allscripts Care Director)		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 3…PMO to partner with any organization without the ability to track engaged patients to identify a plan of tracking.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4…Document process(s) by partner of tracking engaged patients.		Project		Completed	10/01/2015	12/01/2015	10/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 5…Utilize EHRs or other platforms to track engaged patients & report to the PMO monthly regarding volume/performance.		Project		Completed	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_Pain_Management_Overview.Pan.7-11-16.ppt_13383.pptx	EPEC Training slides	04/26/2017 07:06 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_B-Slides_Plenary_2_13382.pdf	EPEC Training slides	04/26/2017 07:05 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_A-Slides_Plenary_1_13380.pdf	EPEC Training slides	04/26/2017 07:05 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_1pgeMOLSTWhyDoeMOLST_(1)_13379.pdf	1 page eMOLST flyer	04/26/2017 07:04 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_eMOLST_training_attendees_3.9.17_13376.xlsx	eMOLST Training attendance sign up sheet	04/26/2017 07:03 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_eMOLSTProgramManual_13375.pdf	eMOLST program manual	04/26/2017 07:03 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_eMOLSTFormCompletionScreenshots_13374.pdf	eMOLST Completion Screenshots	04/26/2017 07:02 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_eMOLSTAdministrativeScreenshots_13373.pdf	eMOLST Admin screenshots	04/26/2017 07:00 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_PCOS_staff_questionnaire_13363.pdf	PCOS questionnaire- tool	04/26/2017 06:51 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES3_DOC_PCOS_guidelines_(3)_13361.pdf	PCOS guidelines used to identify and manage palliative care patients	04/26/2017 06:51 PM
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Training_Flyer_2017_13357.pdf	EPEC Training Flyer	04/26/2017 06:50 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Physician_Assisted_Suicide.Pan.10-10-16.ppt_13346.pptx	EPEC Training slides	04/26/2017 06:41 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_B-Slides_Plenary_2_13344.pdf	EPEC Training slides	04/26/2017 06:40 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_A-Slides_Plenary_1_13342.pdf	EPEC Training slides	04/26/2017 06:39 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_in_sheet.EPEC_#6.St_Marys.12-7-16_13332.pdf	EPEC Training Sign in sheet	04/26/2017 06:30 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_in_sheet.EPEC_#5.Margaret_Tietz.10-13-16_13330.pdf	EPEC Training Sign in sheet	04/26/2017 06:29 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_in_sheet.EPEC_#4.Dry_Harbor.8-3-16_13328.pdf	EPEC Training Sign in sheet	04/26/2017 06:29 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_in_sheet.EPEC_#3.Silvercrest.6-8-16_13326.pdf	EPEC Training Sign in sheet	04/26/2017 06:28 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_in_sheet#2.Woodcrest.4-13-16_13325.pdf	EPEC Training Sign in sheet	04/26/2017 06:28 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES4_DOC_Sign_In_Sheet_EPEC_Training_13323.pdf	EPEC Training Sign in sheet	04/26/2017 06:27 PM
Engage with Medicaid Managed Care to address coverage of services.	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES5_DOC_Long_Term_Care_MCO_Gap_Analysis_March_2017_13349.pdf	Palliative Care MCO Gap Analysis	04/26/2017 06:42 PM
Use EHRs or other IT platforms to track all patients engaged in this project.	cod9034	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES6_DOC_NYPQ_Remediation_Response_3gii_Palliative_Care_06_02_	Remediation Response with attachments embedded	06/15/2017 10:39 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			17_15082.docx		
	sadia88	Documentation/Certification	40_DY2Q4_PROJ3gii_MDL3gii3_PRES6_DOC_Actively_engaged_patient_template_13354.xlsx	Actively engaged patient template for patient tracking	04/26/2017 06:48 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into practice model of participating Nursing Homes.	
Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

Milestone Review Status

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

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IPQR Module 3.g.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
Milestone Mid-Point Assessment Narrative - Project 3.g.ii - Palliative Care	Completed	Mid-Point Assessment Narrative - Project 3.g.ii - Palliative Care	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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
Mid-Point Assessment Narrative - Project 3.g.ii - Palliative Care	

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

Instructions :

Project 4.c.ii – Increase early access to, and retention in, HIV care

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

Instructions :

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

Risk #1: The current New York State process for HIV testing is cumbersome for providers. This includes the opt-in approach for testing, provider knowledge on HIV testing, and access to care for patients.

Mitigation #1: The PPS will mitigate this risk by ensuring that all PCPs offer HIV testing, when clinically indicated, for patients and that they are well versed on the process of testing and requirements of this project.

Risk #2: Patients with behavioral health diagnoses pose an additional risk as they tend to be more complicated to manage and ensure that testing, treatment, and necessary follow-up care are received appropriately.

Mitigation #2: The HIV committee with work with the Behavioral Health committee to align strategies for engaging these pateints.

Risk #3: The existing workforce associated with collaboration, additional training and resources that will be required for participating in this domain.

Mitigation #3: PPS providers will work collaboratively with the HIV Workgroup Charter to align protocols and procedures around the integration of HIV screening and an improved linkage system, align protocols and procedures around a viral load suppression initiative, align training, protocols, and procedures around peer support programs, work together on a patient education and/or social marketing campaign, align on protocols and procedures around an EHR tool to track patients and ensure linkage to appropriate care, and design a training curriculum and/or provide joint training to PPS providers around cultural competency and HIV patients. This best practice appreciated collaboration will be addressed in the workforce organizational component so that the NYHQ PPS can contribute correspondingly to the HIV domain charter.

Risk #4: Lack of patient navigation poses a risk for this patient population.

Mitigation #4: The PPS will work with health homes to enroll patients as appropriate and will collaborate with the workforce committee to determine the need for hiring care naviagators to work with providers and patients across PPS projects.

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

Instructions :

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care.	Completed	1. Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care.	08/01/2015	12/31/2016	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 1…Define clinical barriers to early access.	Completed	Step 1…Define clinical barriers to early access.	08/01/2015	02/29/2016	08/01/2015	02/29/2016	03/31/2016	DY1 Q4
Task Step 2…Outline partner network & access points of care for early access & ongoing HIV care.	Completed	Step 2…Outline partner network & access points of care for early access & ongoing HIV care.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3…Utilize clinical sub-committee to communicate need & access points to partners.	Completed	Step 3…Utilize clinical sub-committee to communicate need & access points to partners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Establish PPS partner agreements with partners, performance based, that incentivize clinical improvements & focus to milestones.	Completed	Step 4…Establish PPS partner agreements with partners, performance based, that incentivize clinical improvements & focus to milestones.	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone 2. Increase peer-led interventions around HIV care navigation, testing, and other services.	Completed	2. Increase peer-led interventions around HIV care navigation, testing, and other services.	09/01/2015	03/31/2017	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1…Identify existing peer-led intervention strategies in coordination with other PPS	Completed	Step 1…Identify existing peer-led intervention strategies in coordination with other PPS	09/01/2015	01/01/2016	09/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 2…Develop peer-role model strategy by utilizing best practices	Completed	Step 2…Develop peer-role model strategy by utilizing best practices	09/01/2015	01/01/2016	09/01/2015	01/01/2016	03/31/2016	DY1 Q4
Task Step 3…Present best practices to clinical subcommittee for approval	Completed	Step 3…Present best practices to clinical subcommittee for approval	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4…Evaluate practices on a quarterly basis	Completed	Step 4…Evaluate practices on a quarterly basis	02/01/2016	03/31/2017	02/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 3. Launch educational campaigns to improve	In Progress	3. Launch educational campaigns to improve health literacy and patient	11/01/2015	05/30/2017	11/01/2015	05/30/2017	06/30/2017	DY3 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
health literacy and patient participation in healthcare, especially among high-need populations, including: Hispanics, lesbian, gay, bisexual, and transgender (LGBT) groups.		participation in healthcare, especially among high-need populations, including: Hispanics, lesbian, gay, bisexual, and transgender (LGBT) groups.						
Task Step 1…Partner with DOH, Brightpoint Health and ACQC, CBO to create a map of high-need populations	Completed	Step 1…Partner with DOH, Brightpoint Health and ACQC, CBO to create a map of high-need populations	11/01/2015	06/30/2016	11/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2…Utilize cross PPS work-group to develop a plan for outreach	Completed	Step 2…Utilize cross PPS work-group to develop a plan for outreach	11/01/2015	06/01/2016	11/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task Step 3. Present plan to clinical committee for approval	Completed	Step 3. Present plan to clinical committee for approval	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 4.. Launch outreach activities	Completed	Step 4.. Launch outreach activities	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Step 5… Evaluate on a quarterly basis	Not Started	Step 5… Evaluate on a quarterly basis	01/01/2017	05/30/2017	04/01/2017	05/30/2017	06/30/2017	DY3 Q1
Milestone 4. Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health.	In Progress	4. Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health.	01/01/2016	12/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 1…Work with QCCP Health Home and DOH to identify the two most prevalent factors in the PPS catchment area	In Progress	Step 1…Work with QCCP Health Home and DOH to identify the two most prevalent factors in the PPS catchment area	01/01/2016	03/31/2017	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 2…Evaluate best practices	Completed	Step 2…Evaluate best practices	10/01/2016	11/30/2016	10/01/2016	11/30/2016	12/31/2016	DY2 Q3
Task Step 3. Present plan to clinical committee for approval	In Progress	Step 3. Present plan to clinical committee for approval	10/01/2016	01/31/2017	10/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 4.. Launch outreach activities	Not Started	Step 4.. Launch outreach activities	02/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Task Step 5… Evaluate on a quarterly basis	Not Started	Step 5… Evaluate on a quarterly basis	02/01/2017	12/31/2017	04/01/2017	12/31/2017	12/31/2017	DY3 Q3
Milestone 5. Ensure that EHR systems used by participating safety net providers must meet Meaningful Use	In Progress	5. Ensure that EHR systems used by participating safety net providers must meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year (DY) 3.	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4

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and PCMH Level 3 standards by the end of Demonstration Year (DY) 3.								
Task Step 1…Complete partner IT survey	Completed	Step 1…Complete partner IT survey	07/01/2015	11/30/2015	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2…Deploy IT resource to provider sites to evaluate HER and RHIO connectivity	In Progress	Step 2…Deploy IT resource to provider sites to evaluate HER and RHIO connectivity	12/01/2015	03/31/2018	12/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone 6. Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care.	In Progress	6. Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care.	09/01/2015	09/30/2018	09/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Step 1…Partner with DOH, Brightpoint Health and ACQC, CBO to create a map of high prevalence areas	Completed	Step 1…Partner with DOH, Brightpoint Health and ACQC, CBO to create a map of high prevalence areas	09/01/2015	06/30/2016	09/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2…Utilize cross PPS work-group to develop a plan for outreach	Completed	Step 2…Utilize cross PPS work-group to develop a plan for outreach	09/01/2015	02/01/2016	09/01/2015	02/01/2016	03/31/2016	DY1 Q4
Task Step 3. Present plan to clinical committee for approval	In Progress	Step 3. Present plan to clinical committee for approval	03/01/2016	03/31/2017	03/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Step 4.. Launch outreach activities	Not Started	Step 4.. Launch outreach activities	01/01/2017	06/01/2017	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Step 5… Evaluate on a quarterly basis	Not Started	Step 5… Evaluate on a quarterly basis	01/01/2017	09/30/2018	04/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone 7. Promote delivery of HIV/STD Partner Services to at risk individuals and their partners.	In Progress	8. Promote delivery of HIV/STD Partner Services to at risk individuals and their partners.	11/01/2015	12/31/2018	11/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 1…Utilize cross PPS work-group to develop a plan for outreach	In Progress	Step 1…Utilize cross PPS work-group to develop a plan for outreach	11/01/2015	03/31/2017	11/01/2015	12/31/2018	12/31/2018	DY4 Q3
Task Step 2. Present plan to clinical committee for approval	Not Started	Step 2. Present plan to clinical committee for approval	01/01/2017	01/31/2018	04/01/2017	01/31/2018	03/31/2018	DY3 Q4
Task Step 3.. Launch outreach activities	Not Started	Step 3.. Launch outreach activities	01/01/2017	12/31/2017	04/01/2017	12/31/2018	12/31/2018	DY4 Q3
Task Step 4… Evaluate on a quarterly basis	Not Started	Step 4… Evaluate on a quarterly basis	01/01/2017	12/31/2018	04/01/2017	12/31/2018	12/31/2018	DY4 Q3
Milestone	Completed	Mid-Point Assessment Narrative - Project 4.c.ii - HIV	06/01/2016	06/30/2016	06/01/2016	06/30/2016	06/30/2016	DY2 Q1

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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Mid-Point Assessment Narrative - Project 4.c.ii - HIV								

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
2. Increase peer-led interventions around HIV care navigation, testing, and other services.	sadia88	Documentation/Certification	40_DY2Q4_PROJ4cii_MDL4cii2_PPS1057_DOC_NYPQ_PPS_Finance_Meeting_Minutes_03_01_17_11917.pdf	March 2017 Finance Committee minutes showing approval of HIV Peer Led Intervention budget and scope	04/24/2017 06:26 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ4cii_MDL4cii2_PPS1057_DOC_NYPQ_Executive_Committee_Minutes_03_23_17_11916.pdf	March 2017 Executive Committee minutes showing approval of HIV Peer Led Intervention document	04/24/2017 06:26 PM
	sadia88	Documentation/Certification	40_DY2Q4_PROJ4cii_MDL4cii2_PPS1057_DOC_NYPQ_HIV_Project_Service_Expansion_Executive_Committee_March_23_2017_11915.pdf	NYPQ HIV Peer Led Intervention Document	04/24/2017 06:25 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care.	
2. Increase peer-led interventions around HIV care navigation, testing, and other services.	
3. Launch educational campaigns to improve health literacy and patient participation in healthcare, especially among high-need populations, including: Hispanics, lesbian, gay, bisexual, and transgender (LGBT) groups.	
4. Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health.	
5. Ensure that EHR systems used by participating safety net providers must meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year (DY) 3.	
6. Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care.	
7. Promote delivery of HIV/STD Partner Services to at risk individuals and their partners.	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment Narrative - Project 4.c.ii - HIV	

Module Review Status

Review Status	IA Formal Comments
Pass & Ongoing	Milestone #1 of Project 4.c.ii is considered complete.

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IPQR Module 4.c.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 'NewYork-Presbyterian/Queens', 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:	NEW YORK PRESBYTERIAN QUEENS
Secondary Lead PPS Provider:	
Lead Representative:	Kevin J Ward
Submission Date:	06/16/2017 12:13 PM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q4	Adjudicated	Kevin J Ward	mrurak	06/30/2017 01:22 PM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Adjudicated	The DY2, Q4 Quarterly Report has been adjudicated.	mrurak	06/30/2017 01:22 PM
Returned	The DY2, Q4 Quarterly Report has been returned for Remediation.	mrurak	05/31/2017 05:19 PM

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Section	Module Name	Status
Section 01	IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Completed
	IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Completed
	IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.5 - Prescribed Milestones	Completed
	IPQR Module 1.6 - PPS Defined Milestones	Completed
	IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Completed
	IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Completed
	IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Completed
	IPQR Module 1.11 - 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

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Section	Module Name	Status
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed
	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

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Section	Module Name	Status
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed
	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

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Section	Module Name	Status
	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	
Section 11	IPQR Module 11.1 - Workforce Strategy Spending (Baseline)	Completed
	IPQR Module 11.2 - Prescribed Milestones	Completed
	IPQR Module 11.3 - PPS Defined Milestones	Completed
	IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 11.5 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 11.6 - Roles and Responsibilities	Completed
	IPQR Module 11.7 - Key Stakeholders	Completed
	IPQR Module 11.8 - IT Expectations	Completed
	IPQR Module 11.9 - Progress Reporting	Completed
	IPQR Module 11.10 - Staff Impact	Completed
	IPQR Module 11.11 - Workforce Strategy Spending (Quarterly)	Completed
	IPQR Module 11.12 - IA Monitoring	

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

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

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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY	Pass & Ongoing	
	Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
	Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
	Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)	Pass & Ongoing	
	Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)	Pass & Ongoing	
Section 02	Module 2.1 - Prescribed Milestones		
	Milestone #1 Finalize governance structure and sub-committee structure	Pass & Complete	
	Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	Pass & Complete	
	Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	Pass & Complete	
	Milestone #4 Establish governance structure reporting and monitoring processes	Pass & Complete	
	Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	Pass & Complete	
	Milestone #6 Finalize partnership agreements or contracts with CBOs	Pass & Ongoing	
	Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Pass & Complete	
	Milestone #8 Finalize workforce communication and engagement plan	Pass & Ongoing	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Complete	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	

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Section	Module Name / Milestone #	Review Status	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop a Value Based Payments Needs Assessment ("VNA")	Pass & Complete	
	Milestone #5 Develop an implementation plan geared towards addressing the needs identified within your VNA	Pass & Ongoing	
	Milestone #6 Develop partner engagement schedule for partners for VBP education and training	Pass & Ongoing	
	Milestone #7 ≥50% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 8%* (blended for 15% target for fully capitated plans (MLTC and SNPS) and 5% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 ≥80% of total MCO payments (in terms of total dollars) captured in at least Level 1 VBPs, and ≥ 20%* (blended for 35% target for fully capitated plans (MLTC and SNPS) and 15% target for not fully capitated plans) of total MCO payments captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Complete	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & Complete	
	Milestone #2 Develop an IT Change Management Strategy.	Pass & Ongoing	
	Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	Pass & Ongoing	
	Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	Pass & Complete	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Complete	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Complete	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Complete	
Section 08	Module 8.1 - Prescribed Milestones		

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Section	Module Name / Milestone #	Review Status	
	Milestone #1 Develop population health management roadmap.	Pass & Complete	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Complete	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Complete	
	Milestone #2 Develop a Clinical Integration strategy.	Pass & Ongoing	
Section 11	Module 11.1 - Workforce Strategy Spending (Baseline)	Pass & Complete	
	Module 11.2 - Prescribed Milestones		
	Milestone #1 Define target workforce state (in line with DSRIP program's goals).	Pass & Ongoing	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Complete	
	Milestone #5 Develop training strategy.	Pass & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
2.a.ii	Module 2.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.a.ii.3 - Prescribed Milestones		
	Milestone #1 Ensure that all eligible participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Pass & Complete	
	Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Pass & Complete	
	Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Complete	
	Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Pass & Ongoing	
	Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Pass & Complete	
	Milestone #9 Implement open access scheduling in all eligible primary care practices.	Pass & Ongoing	
2.b.v	Module 2.b.v.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.v.3 - Prescribed Milestones		
	Milestone #1 Partner with associated SNFs to develop a standardized protocol to assist with resolution of the identified issues.	Pass & Complete	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Managed Long Term Care or FIDA Plans associated with their identified population to develop transition of care protocols, ensure covered services including DME will be readily available, and that there is a payment strategy for the transition of care services.	Pass & Complete	
	Milestone #3 Develop transition of care protocols that will include timely notification of planned discharges and the ability of the SNF staff to visit the patient and staff in the hospital to develop the transition of care services. Ensure that all relevant protocols allow patients in end-of-life situations to transition home with all appropriate services.	Pass & Complete	
	Milestone #4 Establish protocols for standardized care record transitions to the SNF staff and medical personnel.	Pass & Complete	
	Milestone #5 Ensure all participating hospitals and SNFs have shared EHR system capability and HIE/RHIO/SHIN-NY access	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	for electronic transition of medical records by the end of DSRIP Year 3.		
	Milestone #6 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.vii	Module 2.b.vii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.vii.3 - Prescribed Milestones		
	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.	Fail	
	Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Pass & Complete	
	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.	Pass & Complete	
	Milestone #4 Educate all staff on care pathways and INTERACT principles.	Pass & Complete	
	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.	Pass & Complete	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Complete	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Complete	
	Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Pass & Complete	
	Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Complete	
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
2.b.viii	Module 2.b.viii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.viii.3 - Prescribed Milestones		
	Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Pass & Ongoing	
	Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Pass & Complete	
	Milestone #3 Develop 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.	Pass & Complete	
	Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Pass & Complete	
	Milestone #5 Develop 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.	Pass & Complete	
	Milestone #6 Create coaching program to facilitate and support implementation.	Pass & Complete	
	Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Pass & Ongoing	
	Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Pass & Ongoing	
	Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Pass & Ongoing	
	Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Pass & Ongoing	
	Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Complete	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating eligible primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Complete	
	Milestone #7 Conduct preventive care screenings, including physical and behavioral health screenings.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
	Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing	
	Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing	
	Milestone #13 Measure outcomes as required in the IMPACT Model.	Pass & Ongoing	
	Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Pass & Ongoing	
	Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
3.b.i	Module 3.b.i.2 - Patient Engagement Speed	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
	Module 3.b.i.3 - Prescribed Milestones		
	Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Pass & Ongoing	
	Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	Pass & Ongoing	
	Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
	Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Pass & Complete	
	Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Pass & Complete	
	Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Pass (with Exception) & Complete	
	Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Pass & Ongoing	
	Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Pass & Complete	
	Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Pass & Ongoing	
	Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Pass & Complete	
	Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Pass & Ongoing	
	Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Pass & Ongoing	
	Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Pass & Complete	
	Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Pass & Complete	
	Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Pass & Complete	
	Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Pass & Ongoing	
	Milestone #18 Adopt strategies from the Million Hearts Campaign.	Pass & Complete	
	Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Pass & Ongoing	
	Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Pass & Complete	

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Project ID	Module Name / Milestone #	Review Status	
3.d.ii	Module 3.d.ii.2 - Patient Engagement Speed	Fail	
	Module 3.d.ii.3 - Prescribed Milestones		
	Milestone #1 Expand asthma home-based self-management program to include home environmental trigger reduction, self-monitoring, medication use, and medical follow-up.	Pass & Ongoing	
	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.	Pass & Complete	
	Milestone #3 Develop and implement evidence-based asthma management guidelines.	Fail	
	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.	Pass & Complete	
	Milestone #5 Ensure coordinated care for asthma patients includes social services and support.	Pass & Ongoing	
	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.	Pass & Complete	
	Milestone #7 Ensure communication, coordination, and continuity of care with Medicaid Managed Care plans, Health Home care managers, primary care providers, and specialty providers.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Complete	
3.g.ii	Module 3.g.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.g.ii.3 - Prescribed Milestones		
	Milestone #1 Integrate Palliative Care into practice model of participating Nursing Homes.	Pass & Ongoing	
	Milestone #2 Contract or develop partnerships with community and provider resources, including Hospice, to bring the palliative care supports and services into the nursing home.	Pass & Ongoing	
	Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Pass & Complete	
	Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Pass & Complete	
	Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Pass & Ongoing	
	Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Complete	
4.c.ii	Module 4.c.ii.2 - PPS Defined Milestones	Pass & Ongoing	

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Providers Participating in Projects

	Selected Projects										
	Project 2.a.ii	**Project 2.b.v**	**Project 2.b.vii**	**Project 2.b.viii**	**Project 3.a.i**	**Project 3.b.i**	**Project 3.d.ii**	**Project 3.g.ii**	**Project 4.c.ii**	**Project**	**Project**
Provider Speed Commitments	DY3 Q4	DY2 Q4	DY2 Q4	DY3 Q4	DY4 Q4	DY3 Q4	DY3 Q4	DY3 Q4			

Provider Category		**Project 2.a.ii**		**Project 2.b.v**		**Project 2.b.vii**		**Project 2.b.viii**		**Project 3.a.i**		**Project 3.b.i**		**Project 3.d.ii**		**Project 3.g.ii**		**Project 4.c.ii**		**Project**		**Project**	
		Selected / Committed		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**		**Selected / Committed**	
Practitioner - Primary Care Provider (PCP)	Total	90	34	100	92	101	-	3	-	11	14	124	124	18	12	101	93	66	-				
	Safety Net	59	14	37	26	37	-	1	0	4	4	44	36	12	4	37	26	47	-				
Practitioner - Non-Primary Care Provider (PCP)	Total	24	-	91	68	91	-	8	-	171	134	54	47	21	13	87	66	49	-				
	Safety Net	14	-	9	16	9	-	0	10	22	22	12	13	2	6	7	17	22	-				
Hospital	Total	0	-	0	0	1	-	1	-	0	-	0	-	0	-	1	-	0	-				
	Safety Net	0	-	0	0	1	0	1	0	0	-	0	-	0	-	1	-	0	-				
Clinic	Total	2	0	2	-	2	-	2	-	3	4	0	0	2	0	3	-	2	-				
	Safety Net	2	0	0	-	0	-	1	-	1	7	0	0	1	0	1	-	2	-				
Case Management / Health Home	Total	0	-	1	-	1	-	2	-	5	-	1	0	4	0	1	-	1	-				
	Safety Net	0	-	0	-	0	-	1	-	4	-	1	0	3	0	0	-	1	-				
Mental Health	Total	1	-	23	-	22	-	1	-	87	50	1	0	11	-	23	-	22	-				
	Safety Net	1	-	1	-	1	-	1	0	20	18	0	0	3	-	1	-	7	-				
Substance Abuse	Total	0	-	0	-	0	-	0	-	10	6	1	0	1	-	0	-	2	-				
	Safety Net	0	-	0	-	0	-	0	0	10	6	1	0	1	-	0	-	2	-				
Nursing Home	Total	0	-	24	21	24	-	1	-	0	-	3	-	0	-	24	21	0	-				
	Safety Net	0	-	24	23	24	23	1	0	0	-	3	-	0	-	24	23	0	-				
Pharmacy	Total	0	-	1	-	1	-	3	-	0	-	3	1	2	1	1	-	2	-				
	Safety Net	0	-	0	-	0	-	1	1	0	-	1	1	1	1	0	-	1	-				
Hospice	Total	0	-	0	-	0	-	3	-	0	-	0	-	1	-	5	5	0	-				

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Provider Category		Project 2.a.ii		Project 2.b.v		Project 2.b.vii		Project 2.b.viii		Project 3.a.i		Project 3.b.i		Project 3.d.ii		Project 3.g.ii		Project 4.c.ii		Project		Project	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	0	-	0	-	0	-	2	-	0	-	0	-	1	-	2	1	0	-				
Community Based Organizations	Total	0	-	0	0	0	-	0	-	0	1	0	0	0	1	0	0	0	-				
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
All Other	Total	111	-	147	96	148	-	23	-	34	46	142	95	27	5	145	94	106	-				
	Safety Net	75	-	65	47	65	-	13	7	16	11	50	37	17	4	66	47	74	-				
Uncategorized	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
Additional Providers	Total	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				
	Safety Net	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-				

Additional Project Scale Commitments

Instructions:

Please indicate the scale of the categories below that meet all of the project requirements committed to in the Project Plan Application. Documentation must be submitted in Excel format in the quarter when the PPS provider speed commitments for a particular project are due. This documentation should include the target category(e.g. Medical Villages, Emergency Departments with Care Triage, Community-based navigators, etc.), the project ID(e.g. 2.a.iv,2.a.v,3.a.ii, etc.), and the name of the providers/entities/individuals associated with this project, if applicable.

Project Scale Category	Project	Selected	Committed
Home Care Facilities	2.b.viii	0	8

* Safety Net Providers in Green

Participating in Projects											
Provider Name	Provider Category	2.a.ii	2.b.v	2.b.vii	2.b.viii	3.a.i	3.b.i	3.d.ii	3.g.ii	4.c.ii	
Weissman Harold Md	Practitioner - Primary Care Provider (PCP)	✓						✓			
Breite Melvin J Md	Practitioner - Primary Care Provider (PCP)	✓					✓				
Teich Marvin L Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓		
Feldman Robert M Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓		
Agrawal Jugal K Md	Practitioner - Primary Care Provider (PCP)										
Barra Peter R Md	Practitioner - Primary Care Provider (PCP)	✓					✓				

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.v**	**2.b.vii**	**2.b.viii**	**3.a.i**	**3.b.i**	**3.d.ii**	**3.g.ii**	**4.c.ii**		
Chennareddy Swaminathan	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Zeller Barbara C Md	Practitioner - Primary Care Provider (PCP)									✓		
Anagnostopoulos Constantin Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Patel Hiralal S Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Lowell Bruce K Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Arevalo Carlos Oscar Md	Practitioner - Primary Care Provider (PCP)						✓					
Avolese Sebastian P Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Winik Joseph S Md	Practitioner - Primary Care Provider (PCP)											
Aggarwal Om Parkash Md	Practitioner - Primary Care Provider (PCP)					✓	✓					
Laudon Russell J Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Ramaraju Thippa R Md	Practitioner - Primary Care Provider (PCP)											
Shirwaikar Anil B Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Stauber Stuart L Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Asencio Eliseo Md Llc Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Friedman Ross Md	Practitioner - Primary Care Provider (PCP)											
Calamia Vincent Md	Practitioner - Primary Care Provider (PCP)				✓		✓			✓		
Fatica Nunzia Md	Practitioner - Primary Care Provider (PCP)											
Coman John C Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Choy Lawrence T Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Khoury Salim A Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Abramovici Bernard Barbu Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Ramis Carmen Maria Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Donin Roberta L Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Babitsky George Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Quiwa Jose Escueta Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Lum George Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Crisari Flavio Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Hurtado Hillary John Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Kamran Nia Md	Practitioner - Primary Care Provider (PCP)						✓					
Byrns Daniel John Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Buff Daniel David Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.v**	**2.b.vii**	**2.b.viii**	**3.a.i**	**3.b.i**	**3.d.ii**	**3.g.ii**	**4.c.ii**		
Sgarlato Anthony Ralph Md	Practitioner - Primary Care Provider (PCP)											
Rubin David S Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Iakovou Christos Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Conetta Rick Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Tolia Jitendra N Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Lutas Elizabeth Mary Md	Practitioner - Primary Care Provider (PCP)									✓		
Weissman Audrey Michelle Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Puccia Vincent Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Tumminello Calogero C Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Turett Glenn Scott Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Better Care Inc	Practitioner - Primary Care Provider (PCP)	✓						✓				
John David H A	Practitioner - Primary Care Provider (PCP)	✓								✓		
Sung Wei Fun Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Boyadjian Kevork George Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Lodha Ajay K Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Dave Devang Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Sinesi Andrew P Md	Practitioner - Primary Care Provider (PCP)	✓										
Lynch Gina Adriana Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Capobianco Luigi M Md Pc	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Crisostomo Eugenio S Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Haider Qazi Kamal Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Georgescu Liviu Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Mukhtarzad Aman M Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Somogyi Anthony A Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Segal-Maurer Sorana Md	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Bhardwaj Rakesh Kumar Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Hall-Ross Sandra M Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Benoit Marcel M Md	Practitioner - Primary Care Provider (PCP)											
Panhani Ramkumar Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Rego Park Medical Associate Pc	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Golyan Bijan Do	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.v**	**2.b.vii**	**2.b.viii**	**3.a.i**	**3.b.i**	**3.d.ii**	**3.g.ii**	**4.c.ii**		
Bressner Robert Stuart Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Familusi Abiola Olawale Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Weinstein Leon Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Diner Alan E Md	Practitioner - Primary Care Provider (PCP)					✓						
Pipia Ambrose Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Depetris Gustavo Raul Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Jawaid Mohammad Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Amin Kalpesh S Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Vela Anthony T P J Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Pelzman Fred Nathan Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Messana Ida Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Wubshet Berhane Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Vamadevan Nallasivam Md	Practitioner - Primary Care Provider (PCP)											
Battu Vasantha Kumari	Practitioner - Primary Care Provider (PCP)											
Yuen Hak Kin	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Feygin Polina Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Duke William Meng Md	Practitioner - Primary Care Provider (PCP)						✓					
Gold Richard Elliott Do	Practitioner - Primary Care Provider (PCP)					✓	✓					
Pan Cynthia X Md	Practitioner - Primary Care Provider (PCP)						✓		✓			
Rahman Mohammed Mominur Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Ogunfowora Olusegun O Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Kumar Yogesh Md	Practitioner - Primary Care Provider (PCP)					✓						
Sadhwani Shankar Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Waseem Faisal Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Fathallah-Mammo Aysar B Md	Practitioner - Primary Care Provider (PCP)					✓						
Wildfeurer Olga Md	Practitioner - Primary Care Provider (PCP)											
Nazmul H Khan Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Lao Wilfredo Sy Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Robie Kristin	Practitioner - Primary Care Provider (PCP)											
Huang Zheng-Bo Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Haralambou George Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			

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Sckell Blanca M Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Shetty Das Renuka Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Sabogal Gonzalo Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
San Myat Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Sehati Farzin Do	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Hassanein Mahmoud M Md	Practitioner - Primary Care Provider (PCP)						✓					
Fuzaylova Svetlana Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Trivedi Ashwin	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Rappa Vincent P Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Batoon Sherwin Bumanglag Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Pavlovici Sherban Jr Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Arana Nicasio I Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Mohammad Sajjad	Practitioner - Primary Care Provider (PCP)	✓								✓		
Oltean Ion Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Cheung Ming Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Mienko Iwona Katarzyna	Practitioner - Primary Care Provider (PCP)											
Henriquez Edmee M Md	Practitioner - Primary Care Provider (PCP)	✓					✓					
Ahmed Sultan Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Holalkere Rajagopal Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Rawal Jagat M Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Borrego Fernando J Md	Practitioner - Primary Care Provider (PCP)						✓			✓		
Dr T'S Pediatrics Pllc	Practitioner - Primary Care Provider (PCP)	✓										
Israel Igor Md	Practitioner - Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Park Jia Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Stephenson Karen Md	Practitioner - Primary Care Provider (PCP)									✓		
Huang Qinghong Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Fano Michael	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Christophe Gladys	Practitioner - Primary Care Provider (PCP)	✓								✓		
Lodha Sanjay Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Sure Hertzel Md Llc	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Khaldarov Yevgeniy Md	Practitioner - Primary Care Provider (PCP)					✓						

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Gutnik Igor Md	Practitioner - Primary Care Provider (PCP)											
Laks David Md	Practitioner - Primary Care Provider (PCP)					✓						
Shah Uday Niranjan Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Aung Zaw Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Phillips Erica Gwendolyn Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Maje Hafiz	Practitioner - Primary Care Provider (PCP)	✓								✓		
Wells Barbara	Practitioner - Primary Care Provider (PCP)					✓						
Bogdanov Assen Petrov Md	Practitioner - Primary Care Provider (PCP)											
Tavdy David Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Pavlovici Calina Lia Md	Practitioner - Primary Care Provider (PCP)											
Hassan Rana Nadeem Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Janas Nodar Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Kamenshchikova Marina Md	Practitioner - Primary Care Provider (PCP)					✓						
Glick Arthur A	Practitioner - Primary Care Provider (PCP)											
Brandler Michael Md	Practitioner - Primary Care Provider (PCP)							✓				
Djen Simon	Practitioner - Primary Care Provider (PCP)	✓								✓		
Chow Grace A Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Zeitlin Adam D	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Yeturu Bhaskar Reddy Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Zellan Jonathan D Md	Practitioner - Primary Care Provider (PCP)									✓		
Rosenblum Robyn E Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Rolston Sandra A Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Calagos Ma Jesusa Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Fievre Garnes Marie Ft Md	Practitioner - Primary Care Provider (PCP)	✓										
Ho James Chung Md	Practitioner - Primary Care Provider (PCP)	✓		✓			✓			✓		
Wang Yuancong Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Ramzan Muhammad Masood	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Lodha Anupama Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Thompson Maureen Althea	Practitioner - Primary Care Provider (PCP)											
Sinclair Paula Almalinda Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Murtezani Skender Md	Practitioner - Primary Care Provider (PCP)	✓					✓					

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Weissman Matthew Aron Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Punj Sonia X	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Park Yohan Md	Practitioner - Primary Care Provider (PCP)	✓						✓				
Natovich Natalia Md	Practitioner - Primary Care Provider (PCP)					✓	✓					
Tavares Rosanabela Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Chaudhry Naeem Akhter Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Alikaj Nano Evia Md	Practitioner - Primary Care Provider (PCP)											
Zoubtsova Minzalia Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Auld Clara Stringer	Practitioner - Primary Care Provider (PCP)											
Sinha Rita Md	Practitioner - Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Isaacs-Charles Karen Ann Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Jaiswal Arti Chander Md	Practitioner - Primary Care Provider (PCP)	✓								✓		
Zheng Dan Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Chaikhoutdinov Marat Galiyevich Md	Practitioner - Primary Care Provider (PCP)					✓	✓					
Uthman Adeola Rafihhi Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Pinkhasov Mikhail B Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Serrano Ileana	Practitioner - Primary Care Provider (PCP)	✓								✓		
Moiz A Hamdani	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Kateryna Perevoznychenko Md	Practitioner - Primary Care Provider (PCP)						✓					
Nahar Jebun Md	Practitioner - Primary Care Provider (PCP)		✓	✓					✓			
Yagudayev Lev	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Nancy Lynn Chez	Practitioner - Primary Care Provider (PCP)									✓		
Kini Jyoti	Practitioner - Primary Care Provider (PCP)											
Borges Rolando Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Rimmer Linda Marie Gawronski	Practitioner - Primary Care Provider (PCP)											
Duncan Neasha	Practitioner - Primary Care Provider (PCP)	✓								✓		
Palinski Suzanne	Practitioner - Primary Care Provider (PCP)	✓								✓		
Summers Rebecca	Practitioner - Primary Care Provider (PCP)	✓								✓		
Apolaya Pamela Evelyn	Practitioner - Primary Care Provider (PCP)	✓								✓		
Amin Prina Pandya	Practitioner - Primary Care Provider (PCP)	✓								✓		
Han Jung-Ah	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			

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David Julia	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Barnali Hasan	Practitioner - Primary Care Provider (PCP)	✓					✓					
Hahn Erica Kyle	Practitioner - Primary Care Provider (PCP)	✓								✓		
Roseme-Frederic Nathalie	Practitioner - Primary Care Provider (PCP)	✓					✓					
Charnow Noemi	Practitioner - Primary Care Provider (PCP)	✓								✓		
Hill Keran	Practitioner - Primary Care Provider (PCP)	✓					✓			✓		
Tsai Tien-Tsai	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Dubois Elizabeth Marie	Practitioner - Primary Care Provider (PCP)	✓								✓		
Balfour Jennifer	Practitioner - Primary Care Provider (PCP)	✓								✓		
Hung Lingpin	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Joseph Myriam	Practitioner - Primary Care Provider (PCP)									✓		
Mohd A Hossain	Practitioner - Primary Care Provider (PCP)	✓					✓					
Dudek Mona	Practitioner - Primary Care Provider (PCP)	✓								✓		
Napolitano Daniel Louis	Practitioner - Primary Care Provider (PCP)	✓								✓		
Sylvia H Chudy Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Peyman E Younesi Md	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Patel Seema	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Tan Jenny Yu	Practitioner - Primary Care Provider (PCP)	✓								✓		
Greene Rebecca Elizabeth	Practitioner - Primary Care Provider (PCP)		✓	✓				✓	✓			
Jenkins Monique	Practitioner - Primary Care Provider (PCP)	✓								✓		
Giurleo Patricia	Practitioner - Primary Care Provider (PCP)									✓		
Delshadfar Hoorbod	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Fernandez Beverly A	Practitioner - Primary Care Provider (PCP)									✓		
Liang Elizabeth	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Patel Reena J	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Petros Jessica Theresa	Practitioner - Primary Care Provider (PCP)	✓								✓		
Kelly Roberta	Practitioner - Primary Care Provider (PCP)									✓		
Wiesinger Katherine	Practitioner - Primary Care Provider (PCP)	✓								✓		
Acquista Domenick	Practitioner - Primary Care Provider (PCP)											
Patel Melvina	Practitioner - Primary Care Provider (PCP)	✓					✓					
Anglade Claudia	Practitioner - Primary Care Provider (PCP)	✓								✓		

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Staples Karen	Practitioner - Primary Care Provider (PCP)	✓								✓		
Quindor Rhealynne B	Practitioner - Primary Care Provider (PCP)									✓		
Dumrese Danielle Lee	Practitioner - Primary Care Provider (PCP)											
Gonzalez Katherne	Practitioner - Primary Care Provider (PCP)	✓								✓		
Singh Loveena	Practitioner - Primary Care Provider (PCP)	✓					✓					
Canlas Aurora Juliana	Practitioner - Primary Care Provider (PCP)	✓								✓		
Hall Tami L	Practitioner - Primary Care Provider (PCP)	✓								✓		
Krikhely Sharon	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Yu May	Practitioner - Primary Care Provider (PCP)	✓						✓				
Kirit Dharia Md Pc	Practitioner - Primary Care Provider (PCP)		✓	✓			✓		✓			
Okoye Safiyyah Maryam	Practitioner - Primary Care Provider (PCP)	✓								✓		
Sanchez Tiffany	Practitioner - Primary Care Provider (PCP)	✓						✓				
Schepker Elizabeth Erin	Practitioner - Primary Care Provider (PCP)	✓								✓		
Mikheyev Vyacheslav	Practitioner - Primary Care Provider (PCP)	✓								✓		
Mcginnis Nathan Lamar	Practitioner - Primary Care Provider (PCP)	✓								✓		
Hampton Elisa Padilla	Practitioner - Primary Care Provider (PCP)	✓								✓		
Kopple Sara	Practitioner - Primary Care Provider (PCP)	✓						✓				
Rodriguez-Jaquez Carlos R	Practitioner - Primary Care Provider (PCP)											
Pekareva-Kochergina Irina	Practitioner - Primary Care Provider (PCP)	✓								✓		
Chan York Sing	Practitioner - Primary Care Provider (PCP)											
Ali Amanda Elizabeth	Practitioner - Primary Care Provider (PCP)	✓								✓		
Mitchell Clemaine C	Practitioner - Primary Care Provider (PCP)	✓								✓		
Partos Nancy	Practitioner - Primary Care Provider (PCP)									✓		
Goodman Debra	Practitioner - Primary Care Provider (PCP)											
Round Caroline	Practitioner - Primary Care Provider (PCP)											
Card Andrea Dione Md	Practitioner - Primary Care Provider (PCP)											
Zavolunova Ella Md	Practitioner - Primary Care Provider (PCP)											
Roach Keith Md	Practitioner - Primary Care Provider (PCP)											
Gonzalez Pedro	Practitioner - Primary Care Provider (PCP)											
Ortiz Carlos A Jr Md	Practitioner - Primary Care Provider (PCP)											
Tung Judy Md	Practitioner - Primary Care Provider (PCP)											

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Charytan Chaim Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Bryskin Lawrence Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Golden Ronald A Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Reddy Kumar S Md	Practitioner - Non-Primary Care Provider (PCP)											
Gumpeni Rammohan	Practitioner - Non-Primary Care Provider (PCP)						✓					
Karbowitz Stephen R Md	Practitioner - Non-Primary Care Provider (PCP)											
Lorber Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)											
Aquino Vazquez Armando A Md	Practitioner - Non-Primary Care Provider (PCP)											
Chirayil John J Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Allen Theodore Elias Pc Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mosberg Herbert J Pc Do	Practitioner - Non-Primary Care Provider (PCP)									✓		
Bulauitan Manuel C Md	Practitioner - Non-Primary Care Provider (PCP)											
Edelstein Ari Md	Practitioner - Non-Primary Care Provider (PCP)											
Hochman Melvin C Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Spinowitz Bruce S Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Loona Ravi Pc Md	Practitioner - Non-Primary Care Provider (PCP)											
Adler Mitchell Dds	Practitioner - Non-Primary Care Provider (PCP)											
Sprecher Stanley Md	Practitioner - Non-Primary Care Provider (PCP)											
Katzurin Sam Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Kyriannis Charles Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hsu Tony C S Md	Practitioner - Non-Primary Care Provider (PCP)											
Arora Arun	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Shechter David Z Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Chubak Gary S Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Wellington Liu Y Md	Practitioner - Non-Primary Care Provider (PCP)											
Edward Pineles	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Naveh Marcia Spiegel Md	Practitioner - Non-Primary Care Provider (PCP)											
Rube Gerald S Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Sobel Joan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Abularrage Joseph J Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Lechich Anthony J Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kalafatic Francisco	Practitioner - Non-Primary Care Provider (PCP)											
Finestone Jacob Md	Practitioner - Non-Primary Care Provider (PCP)											
Wertenthiel Marvin H Md	Practitioner - Non-Primary Care Provider (PCP)											
Chiu Ching Tswen Md	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Goldstein Leonard S Od Pc	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Addasi Talat F Md	Practitioner - Non-Primary Care Provider (PCP)	✓					✓					
Adler David N Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Chaimowitz Chaim Dpm	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Kathpalia Kusum Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Roger Ignatius Daniel Md	Practitioner - Non-Primary Care Provider (PCP)											
Marcelo Gemma A	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shukla Dinesh Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hersh Sheldon Paul Md	Practitioner - Non-Primary Care Provider (PCP)											
Kahn David I Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Friedman Simon Harold Md	Practitioner - Non-Primary Care Provider (PCP)											
Chernick Stephen Barry Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Jabbar Hadi M Md	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Rubin Allen Md	Practitioner - Non-Primary Care Provider (PCP)											
Clerisme Joseph Roosevelt Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Yatco Ruben Tapia Md	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Galler Marilyn Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Weiss Laszlo Md	Practitioner - Non-Primary Care Provider (PCP)											
Maw Kyee Tint Md	Practitioner - Non-Primary Care Provider (PCP)											
Tambar Balvir Krishan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Gustafson Gregory M Md	Practitioner - Non-Primary Care Provider (PCP)											
Tibaldi Joseph Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Raagas Edita M Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Bader Paul B Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Kramer Lawrence David Md	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Lazar John	Practitioner - Non-Primary Care Provider (PCP)									✓		
Lipsky William Michael Md	Practitioner - Non-Primary Care Provider (PCP)											

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Kleinberg Charles Md	Practitioner - Non-Primary Care Provider (PCP)											
Moroz Georges Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Adelglass Howard R Md	Practitioner - Non-Primary Care Provider (PCP)				✓					✓		
Nicholson John Perry Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Deutsch Vicki-Jo Md	Practitioner - Non-Primary Care Provider (PCP)											
Pardeshi Ramsing B Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Koenig Eli Md	Practitioner - Non-Primary Care Provider (PCP)											
Satterfield James Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Garcia Ochakovsky Amelia Md	Practitioner - Non-Primary Care Provider (PCP)					✓				✓		
Mann Jack M Md	Practitioner - Non-Primary Care Provider (PCP)											
Cohen Ellen Md	Practitioner - Non-Primary Care Provider (PCP)											
Abel Bey Geddis Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Rajput Ashok Kumar Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ninan Philip Mohan Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Lombardi Charles M Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Asadourian Armand V Md	Practitioner - Non-Primary Care Provider (PCP)											
Iqbal Azmat Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Shliselberg Nissan Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Desai Rajesh B Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Desai Savitri J Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Iannacone Ronald F Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Tiszenkel Howard I Md	Practitioner - Non-Primary Care Provider (PCP)											
Parikh Shobhana Mitesh Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Young Constance A Md Pllc	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Rubin Moshe Md	Practitioner - Non-Primary Care Provider (PCP)											
Ancona Salvatore Md	Practitioner - Non-Primary Care Provider (PCP)											
Cardenas-Crowley Silvia Olga	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Gonzalez Orlando Jr Md	Practitioner - Non-Primary Care Provider (PCP)											
Weissman Scott Stuart Md Pc	Practitioner - Non-Primary Care Provider (PCP)											
Schumann Marc Seth-Jon Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Dimond Carol L Md	Practitioner - Non-Primary Care Provider (PCP)											

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Todd Angela Henry Md	Practitioner - Non-Primary Care Provider (PCP)											
Volpe Linda Susan Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Savino Fred Louis Phd	Practitioner - Non-Primary Care Provider (PCP)					✓						
Elstein Irwin D Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Nicol Martin Haynes	Practitioner - Non-Primary Care Provider (PCP)											
Samra Eliahu Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Levi Uriel N Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Baghdassarian Bagdig S Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Cotterell Kevin Paul Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Morgan Ann Catherine	Practitioner - Non-Primary Care Provider (PCP)					✓						
Sussman Daniel L Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Reddy Satish Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Pomerantz Janet Roberta Md	Practitioner - Non-Primary Care Provider (PCP)											
Berlin Hilary B	Practitioner - Non-Primary Care Provider (PCP)											
Vuong Chinh Minh Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Skupski Daniel W Md	Practitioner - Non-Primary Care Provider (PCP)						✓			✓		
Escovar Ida Maria	Practitioner - Non-Primary Care Provider (PCP)					✓						
Fakhuri Ramsey John	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Stepancic Mariano Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Taylor Stuart William Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Yee Lily Fong Cho Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Yadoo Moshe Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Arjune Dulmanie Phd	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Levenson Davida	Practitioner - Non-Primary Care Provider (PCP)					✓						
Lippman Marie Abarientos Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Rabbat Ahmed Salah E T Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Iqbal Parveen A Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Persaud Fores	Practitioner - Non-Primary Care Provider (PCP)											
Kim John H Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Ciuffo Roseann Camille Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Umali Daniel P Md	Practitioner - Non-Primary Care Provider (PCP)					✓						

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Rousseau Monique J Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Dogim Lila Md	Practitioner - Non-Primary Care Provider (PCP)											
Gondal Nasir Mahmood Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Jean-Bart Robert Y Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hong Jae Kwang Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Sheth Sandip Pranlal Md	Practitioner - Non-Primary Care Provider (PCP)											
Goyal Ameet Kumar Md	Practitioner - Non-Primary Care Provider (PCP)											
Berman Audrey Beth Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Gross Ronald L Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Antoine Ewald Jonathan Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Segal Timothy D Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Scallon Richard J	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Alsaloum Mourhege Matta Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Cohn Howard Irwin	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Tam Raymond	Practitioner - Non-Primary Care Provider (PCP)					✓						
Siegel Beth M Md	Practitioner - Non-Primary Care Provider (PCP)											
Rameshwar Karamchand Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Olivera Rosemarie R Cnm	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Schofield Barbara S Md	Practitioner - Non-Primary Care Provider (PCP)											
Thenor-Louis Wesner Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Silver Larry Mark Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Sachse Desiree	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Chen Jimmy Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ross Donald Md	Practitioner - Non-Primary Care Provider (PCP)											
Mahler Howard Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Moussavian Hamid	Practitioner - Non-Primary Care Provider (PCP)											
De Los Santos Cynthia	Practitioner - Non-Primary Care Provider (PCP)					✓						
Tandon Usha K Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shamim Kausar Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Stritzler Ronald	Practitioner - Non-Primary Care Provider (PCP)											
Mcintosh James	Practitioner - Non-Primary Care Provider (PCP)					✓						

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Tsatsas Manolis T Md	Practitioner - Non-Primary Care Provider (PCP)											
Singer Andrew J Md	Practitioner - Non-Primary Care Provider (PCP)											
Stearns Alan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Wasserman Burton Dds	Practitioner - Non-Primary Care Provider (PCP)											
Negrea Bogdan D Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Micic Ljubisa Sinisa Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Shapiro Mikhail Do	Practitioner - Non-Primary Care Provider (PCP)											
Connolly Fiona G Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Figlerski Robert W Phd	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Zheleznyak-Bronstein Tatiana	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Francois Pierre L Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Russo Daniel Joseph Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Onyeike Godwin Do	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rosen Jeffrey Edward Md	Practitioner - Non-Primary Care Provider (PCP)											
Golyan Joseph Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Wehbeh Wehbeh Md	Practitioner - Non-Primary Care Provider (PCP)											
Lazzara Alicia	Practitioner - Non-Primary Care Provider (PCP)											
Millet Sherley Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Jacobs Alysha Kim	Practitioner - Non-Primary Care Provider (PCP)											
Brodsky Ella Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Peretz Lydia Kleiner Phd	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Herman Craig	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Zelenger Sahndor	Practitioner - Non-Primary Care Provider (PCP)											
Bernard James	Practitioner - Non-Primary Care Provider (PCP)					✓						
Yuabov Boris Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Hahn Laura Bette Phd	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Tiu Aurora Tompar Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Gazis Sophia Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Tsai Tony Md	Practitioner - Non-Primary Care Provider (PCP)											
Hardy Curtis Lee Md	Practitioner - Non-Primary Care Provider (PCP)									✓		
Alluri Jagga Rao Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								

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Saldinger Pierre Frank Md	Practitioner - Non-Primary Care Provider (PCP)											
Merola Stephen Md	Practitioner - Non-Primary Care Provider (PCP)											
Purugganan Romeo Sison Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Rathinapandian Francis X Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Santiago Aramis E Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Lee Andy Ming Md	Practitioner - Non-Primary Care Provider (PCP)											
Isak Isakov Medical Pc	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Turkish Aaron Md	Practitioner - Non-Primary Care Provider (PCP)											
Kotsaftis Antonios	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Basavaraju Nerlige G	Practitioner - Non-Primary Care Provider (PCP)											
Dooley Francis Patrick	Practitioner - Non-Primary Care Provider (PCP)											
Go Jacob T Md	Practitioner - Non-Primary Care Provider (PCP)											
Porizkova Anna M	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Baker Margaret Np	Practitioner - Non-Primary Care Provider (PCP)											
Bartol David Dpm	Practitioner - Non-Primary Care Provider (PCP)											
Kowacz Tomasz Wojciech Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Foley Cornelius J Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Kim Helen Dds	Practitioner - Non-Primary Care Provider (PCP)											
Palumbo Frank Michael	Practitioner - Non-Primary Care Provider (PCP)											
Weiner Holly H	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Murillo Mauricio Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Belayneh Lulenesh Md	Practitioner - Non-Primary Care Provider (PCP)											
Nieto Jaime H Md	Practitioner - Non-Primary Care Provider (PCP)											
Naco Elva Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Lee Sangwoo Md	Practitioner - Non-Primary Care Provider (PCP)											
Kamel Abdelhady Wael Md	Practitioner - Non-Primary Care Provider (PCP)											
Simon Gladys	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kerwin Todd Christopher Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Raichoudhury Ritesh Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sample Jason Michael Md	Practitioner - Non-Primary Care Provider (PCP)											
Valmiki Rajasekhar Kishore Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			

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Perez Margarita De Los Angeles Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Castro Armando E	Practitioner - Non-Primary Care Provider (PCP)											
Park Chong Hyun Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Rosenthal Amy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Smikle Marlene	Practitioner - Non-Primary Care Provider (PCP)					✓						
Small Marlene S	Practitioner - Non-Primary Care Provider (PCP)					✓						
Yel Zinaida Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Johnkutty Suja Md	Practitioner - Non-Primary Care Provider (PCP)											
Shah Neena Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Edelman Susan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Srinivasan Pinchi Sundaram Md	Practitioner - Non-Primary Care Provider (PCP)											
Achalla Kiranmayi	Practitioner - Non-Primary Care Provider (PCP)						✓					
Karcnik Gregory Francis	Practitioner - Non-Primary Care Provider (PCP)											
Cheema Sohail Iqbal Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hyatt Phyllis S	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kelly Renee	Practitioner - Non-Primary Care Provider (PCP)					✓						
Tartakoff Nancy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Walfish Jeanne	Practitioner - Non-Primary Care Provider (PCP)					✓						
Chai Edward Nienfei Md	Practitioner - Non-Primary Care Provider (PCP)											
Khan Nasrin Akter Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Dogaru-Lungu Sorina V Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Sun Wei Yue Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Savino Perry	Practitioner - Non-Primary Care Provider (PCP)									✓		
Winder Alan Betzalel Phd	Practitioner - Non-Primary Care Provider (PCP)											
Ya Aung Ze Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Beek Grace L	Practitioner - Non-Primary Care Provider (PCP)					✓						
Akhter Pervez Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Egan Sarah Mcdavitt	Practitioner - Non-Primary Care Provider (PCP)								✓			
Rahman Mohammad Mazibur Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Iordache Mihai M	Practitioner - Non-Primary Care Provider (PCP)					✓						
Csompo Michael F Md	Practitioner - Non-Primary Care Provider (PCP)									✓		

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Ghani Javed Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Lan Qiuxia Md	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Canizares Jose Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Reddy Thulasi	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bernstein Michael	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Jimenez Claudie H	Practitioner - Non-Primary Care Provider (PCP)											
Shahab Saira Khalid Md	Practitioner - Non-Primary Care Provider (PCP)											
Recon-Bucevic Myra	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ahsan Mohammad Md	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Horowitz Scott Alan Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Lysohir Kathleen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Griffin Rachel Susan	Practitioner - Non-Primary Care Provider (PCP)									✓		
Landmann Karen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Chou Jung Chung Md	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Gasperino James Md	Practitioner - Non-Primary Care Provider (PCP)											
Ogula Veronica	Practitioner - Non-Primary Care Provider (PCP)									✓		
Huang Loli Md	Practitioner - Non-Primary Care Provider (PCP)											
Goldbarg Seth Md	Practitioner - Non-Primary Care Provider (PCP)											
Paya Shagupta Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Azizollahoff Joan	Practitioner - Non-Primary Care Provider (PCP)					✓						
Cohen Oksana Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Twohig Evelyn	Practitioner - Non-Primary Care Provider (PCP)					✓						
Fiorello Janine	Practitioner - Non-Primary Care Provider (PCP)					✓						
Smith Pauline Joy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Adeyemo Vivian Oghenevwede Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Mehta Preeti Md	Practitioner - Non-Primary Care Provider (PCP)											
Spitaletta Mary	Practitioner - Non-Primary Care Provider (PCP)					✓						
Negrin Anne Sara Md	Practitioner - Non-Primary Care Provider (PCP)											
Tse Waiyee	Practitioner - Non-Primary Care Provider (PCP)					✓						
Glass Jessica	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kymissis Carisa Maureen Md	Practitioner - Non-Primary Care Provider (PCP)					✓						

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Campbell Elizabeth	Practitioner - Non-Primary Care Provider (PCP)					✓						
Khan Munibur	Practitioner - Non-Primary Care Provider (PCP)					✓						
Alexander Steven Craig Md	Practitioner - Non-Primary Care Provider (PCP)											
Thanjan Maria Md	Practitioner - Non-Primary Care Provider (PCP)											
Schwartz-Moser Laurie	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Zeyneloglu Nejat	Practitioner - Non-Primary Care Provider (PCP)											
Reddy Lokesh Karur	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Schleimer Helen Lilli	Practitioner - Non-Primary Care Provider (PCP)					✓						
Laura Amram	Practitioner - Non-Primary Care Provider (PCP)					✓						
David Jason Ellenbogen Dpm	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Gagliano Diana	Practitioner - Non-Primary Care Provider (PCP)											
Iorio Joanne	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rosenhaft Andrea	Practitioner - Non-Primary Care Provider (PCP)					✓						
Echegoyen Rossanna	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ford Edwina	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rios Marisol	Practitioner - Non-Primary Care Provider (PCP)									✓		
Fohn Gila	Practitioner - Non-Primary Care Provider (PCP)					✓						
Oommen Shobin Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Lowery April Alexis Rpa	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Lavery Elise	Practitioner - Non-Primary Care Provider (PCP)											
Quintana Jorge	Practitioner - Non-Primary Care Provider (PCP)											
Ulyana Khaldarov Md	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kuo Sheng Feng Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Kagan Brocha Fayge Rpa	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Miller-Damato Catherine Helen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Johnson Sharon	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Jennerjahn Hans P Pa	Practitioner - Non-Primary Care Provider (PCP)	✓										
Borg Lisa	Practitioner - Non-Primary Care Provider (PCP)					✓						
Reichert James Michael	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mcdermott Patricia	Practitioner - Non-Primary Care Provider (PCP)					✓						
Fiskus Rachel	Practitioner - Non-Primary Care Provider (PCP)					✓						

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NewYork-Presbyterian/Queens (PPS ID:40)

* Safety Net Providers in Green

Participating in Projects												
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Gundel Tracey	Practitioner - Non-Primary Care Provider (PCP)					✓						
Emmanuel N Moustakakis Md	Practitioner - Non-Primary Care Provider (PCP)						✓					
Sarfraz Muhammad Md	Practitioner - Non-Primary Care Provider (PCP)											
Quach Tony Md	Practitioner - Non-Primary Care Provider (PCP)											
Alexander Golant Md	Practitioner - Non-Primary Care Provider (PCP)											
Bezwada Krishna	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Lan Li	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Sara Leah Davis-Conway	Practitioner - Non-Primary Care Provider (PCP)											
Mirani Ajay Jayant	Practitioner - Non-Primary Care Provider (PCP)											
Dookhoo Shantie	Practitioner - Non-Primary Care Provider (PCP)					✓						
La Rosa Anita	Practitioner - Non-Primary Care Provider (PCP)					✓						
Willock Sharlene	Practitioner - Non-Primary Care Provider (PCP)					✓						
Gagos Marios	Practitioner - Non-Primary Care Provider (PCP)						✓	✓				
Rukavishnikova Natalya	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Ardila Alba	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bhuiyan Shamsul	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Wang Gerald Jeh	Practitioner - Non-Primary Care Provider (PCP)											
Averescu Marie Jeanne	Practitioner - Non-Primary Care Provider (PCP)					✓						
Friedman David	Practitioner - Non-Primary Care Provider (PCP)									✓		
Christnelly Scott	Practitioner - Non-Primary Care Provider (PCP)									✓		
Bissoondial Carrol	Practitioner - Non-Primary Care Provider (PCP)					✓						
Cai Jing	Practitioner - Non-Primary Care Provider (PCP)								✓			
Leger Esther	Practitioner - Non-Primary Care Provider (PCP)					✓						
Sharov Yakov	Practitioner - Non-Primary Care Provider (PCP)					✓	✓					
Manchanda-Gera Akanksha	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Pontone Gregory	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Thompson Sean	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Zlobinskiy Ellen	Practitioner - Non-Primary Care Provider (PCP)								✓			
Fred S Schwartz	Practitioner - Non-Primary Care Provider (PCP)								✓			
Balek Mark Md	Practitioner - Non-Primary Care Provider (PCP)											
Diamantini Paolo	Practitioner - Non-Primary Care Provider (PCP)									✓		

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Jain Ajay	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Bircaj Alfred Md	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Bilenkin Leonid	Practitioner - Non-Primary Care Provider (PCP)									✓		
Elan-Michael Goldwyn Md	Practitioner - Non-Primary Care Provider (PCP)											
Kettani Hind Md	Practitioner - Non-Primary Care Provider (PCP)											
Joseph Cohen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Sydelle R Ross	Practitioner - Non-Primary Care Provider (PCP)									✓		
Silver Cheryl	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bolsom Lara	Practitioner - Non-Primary Care Provider (PCP)					✓						
Wang Da	Practitioner - Non-Primary Care Provider (PCP)					✓						
Adelsky Margarita Bougioukas	Practitioner - Non-Primary Care Provider (PCP)											
Goldberg Alla Do	Practitioner - Non-Primary Care Provider (PCP)						✓					
Conrad Stephen Chrzanowski	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Rostocki Bernice Ann	Practitioner - Non-Primary Care Provider (PCP)											
Washington Debra	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ziel Valerie	Practitioner - Non-Primary Care Provider (PCP)					✓						
Lassus Veronica	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bussoletti Natalee Marie	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Campetta Carlos	Practitioner - Non-Primary Care Provider (PCP)					✓						
Solomon Elaine	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mendoza Elizabeth Almero	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Sasagawa Kaya	Practitioner - Non-Primary Care Provider (PCP)					✓						
Joseph Miriam	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mccabe Patricia	Practitioner - Non-Primary Care Provider (PCP)									✓		
Oyiborhoro John Mokoro A	Practitioner - Non-Primary Care Provider (PCP)											
Hulse Ellis	Practitioner - Non-Primary Care Provider (PCP)					✓						
Haber Mirta	Practitioner - Non-Primary Care Provider (PCP)					✓						
Udyawar Aparna P	Practitioner - Non-Primary Care Provider (PCP)					✓						
Decrosta Inge	Practitioner - Non-Primary Care Provider (PCP)								✓			
Mcpherson Christina	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Kamath Suma	Practitioner - Non-Primary Care Provider (PCP)											

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Lazarescu Roxana	Practitioner - Non-Primary Care Provider (PCP)	✓										
Perron Thomas	Practitioner - Non-Primary Care Provider (PCP)									✓		
Schlafrig Edith Cypora Lcsw	Practitioner - Non-Primary Care Provider (PCP)					✓						
Scott Palmer Smith	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Hanna Dena Sherif	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Gonzales Ma Lourdes Castillo	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hu Jason	Practitioner - Non-Primary Care Provider (PCP)											
Ma Siu-Ling	Practitioner - Non-Primary Care Provider (PCP)											
Monje Claude Andrew Phd	Practitioner - Non-Primary Care Provider (PCP)					✓						
Cohen Alexis	Practitioner - Non-Primary Care Provider (PCP)									✓		
Mclean James E	Practitioner - Non-Primary Care Provider (PCP)					✓						
Deasy Paul	Practitioner - Non-Primary Care Provider (PCP)					✓						
Creighton Edward	Practitioner - Non-Primary Care Provider (PCP)					✓						
Duncan Tamika Simone	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Lindsay N Price	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Saccente Erica	Practitioner - Non-Primary Care Provider (PCP)									✓		
Jang Jennifer	Practitioner - Non-Primary Care Provider (PCP)					✓						
Chu Wai Ling Kennis	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Song Christian E	Practitioner - Non-Primary Care Provider (PCP)											
Greene Elizabeth	Practitioner - Non-Primary Care Provider (PCP)					✓						
Messore Elisa	Practitioner - Non-Primary Care Provider (PCP)									✓		
Calderon Ruddy Smith	Practitioner - Non-Primary Care Provider (PCP)									✓		
Odiah Nnamdi	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Mercurio Meeghan	Practitioner - Non-Primary Care Provider (PCP)									✓		
Sodhi Dimple	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Petkos Jennifer Renee	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hofmann Joanna Frances	Practitioner - Non-Primary Care Provider (PCP)											
Middleton Clay Altamease	Practitioner - Non-Primary Care Provider (PCP)					✓						
Malieckal Giles	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hodge Sandra	Practitioner - Non-Primary Care Provider (PCP)	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Khurana Mukul	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			

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Drucker George	Practitioner - Non-Primary Care Provider (PCP)					✓						
Becker Naomi	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ward Sarah	Practitioner - Non-Primary Care Provider (PCP)					✓						
Goldshield Amy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Michnowich Dena	Practitioner - Non-Primary Care Provider (PCP)					✓						
Mcleod Karen Antonnette	Practitioner - Non-Primary Care Provider (PCP)											
Shao Xiyun	Practitioner - Non-Primary Care Provider (PCP)											
Conen Amy	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kim Oksook	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Kim Sung Yup	Practitioner - Non-Primary Care Provider (PCP)											
Abdelaziz Hoda H Fnp	Practitioner - Non-Primary Care Provider (PCP)		✓	✓								
Jalwan Ajay	Practitioner - Non-Primary Care Provider (PCP)					✓						
Barclay Emanuel J	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rayappa Premalatha	Practitioner - Non-Primary Care Provider (PCP)					✓						
Camiolo Lauren	Practitioner - Non-Primary Care Provider (PCP)											
Annan David Nii Yarteboye	Practitioner - Non-Primary Care Provider (PCP)								✓			
Kaplan David	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rosenmann Carl Jay	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shugar Julia Ann	Practitioner - Non-Primary Care Provider (PCP)					✓						
Bengeloun Nor Sabah	Practitioner - Non-Primary Care Provider (PCP)					✓						
Huang Xianchun	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shvets Yelena	Practitioner - Non-Primary Care Provider (PCP)					✓						
Pepe Danielle	Practitioner - Non-Primary Care Provider (PCP)											
Miller Margaret Mcdonald	Practitioner - Non-Primary Care Provider (PCP)					✓						
Krempasky Chance Nicholas	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Geri Lydia Moroh	Practitioner - Non-Primary Care Provider (PCP)					✓						
Goldstein-Steuerman Erika Beth	Practitioner - Non-Primary Care Provider (PCP)					✓						
Amatenstein Sherry Ann	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ackerman David Charles	Practitioner - Non-Primary Care Provider (PCP)					✓						
Anand Kul Bhushan	Practitioner - Non-Primary Care Provider (PCP)		✓	✓	✓		✓		✓			
Blakely Carolin Marie	Practitioner - Non-Primary Care Provider (PCP)					✓						

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Deleon Renato A	Practitioner - Non-Primary Care Provider (PCP)					✓						
Fabunan Maria	Practitioner - Non-Primary Care Provider (PCP)					✓						
Rodriguez Jokathleen C	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Mazza Marianne	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Arenas Chona Balauag	Practitioner - Non-Primary Care Provider (PCP)					✓						
Calabria Diego Gennaro	Practitioner - Non-Primary Care Provider (PCP)					✓						
Kallopoulos Parthena	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Cloutier-Champagne Laurence	Practitioner - Non-Primary Care Provider (PCP)	✓								✓		
Weston Lois Schroeder	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Addo Evelyn	Practitioner - Non-Primary Care Provider (PCP)	✓										
Davis Alecia A Np	Practitioner - Non-Primary Care Provider (PCP)											
Pearlman Shoshannah	Practitioner - Non-Primary Care Provider (PCP)									✓		
Powers-Spoering Susan E	Practitioner - Non-Primary Care Provider (PCP)					✓						
Hyacinthe Cynthia J	Practitioner - Non-Primary Care Provider (PCP)		✓	✓				✓	✓			
Sullivan Nancy A	Practitioner - Non-Primary Care Provider (PCP)					✓						
La Jason	Practitioner - Non-Primary Care Provider (PCP)									✓		
Brooke Shyvonne	Practitioner - Non-Primary Care Provider (PCP)									✓		
Sharret Rachel	Practitioner - Non-Primary Care Provider (PCP)	✓						✓				
Kang Miyoung	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Ruan Lily	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Landicho Marilyn R	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Wheeler Sandra E	Practitioner - Non-Primary Care Provider (PCP)											
Schultz Anita Ellieen	Practitioner - Non-Primary Care Provider (PCP)					✓						
Jayasekara Weerasinghege B S	Practitioner - Non-Primary Care Provider (PCP)					✓						
Yang Li	Practitioner - Non-Primary Care Provider (PCP)		✓	✓			✓		✓			
Thomas Sumini	Practitioner - Non-Primary Care Provider (PCP)					✓						
Ali Sami M	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			
Arlene Katz	Practitioner - Non-Primary Care Provider (PCP)					✓						
Williams-Copeland Gail	Practitioner - Non-Primary Care Provider (PCP)					✓						
Shapiro Deborah L	Practitioner - Non-Primary Care Provider (PCP)					✓						
Zablow Michael Scott	Practitioner - Non-Primary Care Provider (PCP)		✓	✓					✓			

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Chawla Jatinder	Practitioner - Non-Primary Care Provider (PCP)					✓		✓				
Chernyshenko, Vladislav	Practitioner - Non-Primary Care Provider (PCP)											
Pineda Diana	Practitioner - Non-Primary Care Provider (PCP)											
Datt Rimjhim	Practitioner - Non-Primary Care Provider (PCP)											
Nektalov Alla	Practitioner - Non-Primary Care Provider (PCP)											
Bashayan Omar	Practitioner - Non-Primary Care Provider (PCP)											
Fischer Maureen	Practitioner - Non-Primary Care Provider (PCP)											
Hayes James Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Forster Ida	Practitioner - Non-Primary Care Provider (PCP)											
Smith William	Practitioner - Non-Primary Care Provider (PCP)											
Cadet Besnard Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Bosa Maria Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Anhalt Laura	Practitioner - Non-Primary Care Provider (PCP)											
Thompson Maria B	Practitioner - Non-Primary Care Provider (PCP)											
Merritt-Morrison Laverne Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Torres Johana	Practitioner - Non-Primary Care Provider (PCP)											
Marsala Cullen Kim Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Lazo-Montanez Cheryl Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Riggs Kathryn	Practitioner - Non-Primary Care Provider (PCP)											
Ortiz-Soba Yacyrenia	Practitioner - Non-Primary Care Provider (PCP)											
Leonart Ralph	Practitioner - Non-Primary Care Provider (PCP)											
Coye Deidre	Practitioner - Non-Primary Care Provider (PCP)											
Goldfarb Frances Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Liciaga Nellie	Practitioner - Non-Primary Care Provider (PCP)											
Grabowski Robert	Practitioner - Non-Primary Care Provider (PCP)											
Jones Deborah	Practitioner - Non-Primary Care Provider (PCP)											
Mcquade Sarah	Practitioner - Non-Primary Care Provider (PCP)											
Calderon Dianna Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Furno Mary Ann Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Abreu Maria	Practitioner - Non-Primary Care Provider (PCP)											
Martinez Adriana	Practitioner - Non-Primary Care Provider (PCP)											

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Kirby Kelly Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Harris Miles	Practitioner - Non-Primary Care Provider (PCP)											
Sandoval Erica	Practitioner - Non-Primary Care Provider (PCP)											
Margolis Batsheva	Practitioner - Non-Primary Care Provider (PCP)											
Martiniouk Oxana	Practitioner - Non-Primary Care Provider (PCP)											
O'Rourke Jennifer Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Davila Nixa Mrs.	Practitioner - Non-Primary Care Provider (PCP)											
Hope Diane	Practitioner - Non-Primary Care Provider (PCP)											
Uche Loveta	Practitioner - Non-Primary Care Provider (PCP)											
Ferguson Rosalyn	Practitioner - Non-Primary Care Provider (PCP)											
Linares Maria	Practitioner - Non-Primary Care Provider (PCP)											
Lycke Susan	Practitioner - Non-Primary Care Provider (PCP)											
De La Cruz Sonia	Practitioner - Non-Primary Care Provider (PCP)											
Lavin John Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Robinson Albert	Practitioner - Non-Primary Care Provider (PCP)											
Kimm Theresa Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Tsai Josephine	Practitioner - Non-Primary Care Provider (PCP)											
Blandino Ramon Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Prat Jerez Miriam	Practitioner - Non-Primary Care Provider (PCP)											
Miron Wendy	Practitioner - Non-Primary Care Provider (PCP)											
Rondon Metherlyn	Practitioner - Non-Primary Care Provider (PCP)											
Scrivani Joseph Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Mastrandrea Jill Ms.	Practitioner - Non-Primary Care Provider (PCP)											
Silva Michelle	Practitioner - Non-Primary Care Provider (PCP)											
Albright Samuel Mr.	Practitioner - Non-Primary Care Provider (PCP)											
Haroon Omer Ahmad	Practitioner - Non-Primary Care Provider (PCP)											
Calvary Hospital Inc	Hospital				✓				✓			
New York Hosp Med Ctr Queens	Hospital			✓								
Help/Project Samaritan Svcs Corp	Clinic					✓				✓		
Flushing Manor Dialysis Ctr Llc	Clinic											
Cliffside Renal Dialysis	Clinic		✓	✓					✓			

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Harlem East Life Plan	Clinic											
Nyc Dept Mh Early Interventio	Clinic					✓						
Community Healthcare Network	Clinic	✓								✓		
Lexington Hearing And Speech	Clinic					✓						
Terence Cardinal Cooke Hcc	Clinic											
Calvary Hospital Inc	Clinic				✓				✓			
Medical Hlth Research Asc Nyc	Clinic											
New York Hosp Med Ctr Queens	Clinic											
St Marys Hospital For Children	Clinic		✓	✓	✓			✓	✓			
Queens-Long Island Renal Institute	Clinic											
Hillside Polymedic D Ant T Ctr	Clinic	✓						✓				
Vnsny Community Health Services	Case Management / Health Home				✓			✓				
New Horizon Counseling Ctr Mh	Case Management / Health Home					✓		✓				
Mental Hlth Prov/W Queens Mh	Case Management / Health Home					✓						
Help/Psi Aids Adhcp	Case Management / Health Home					✓	✓	✓				
Aids Ctr Of Queens County Inc	Case Management / Health Home					✓				✓		
Nyc Dept Of Mh Early Interven	Case Management / Health Home					✓						
Lexington Ctr For Mh Services	Case Management / Health Home											
Medical Hlth Research Asc Nyc	Case Management / Health Home											
St Marys Hospital For Children	Case Management / Health Home		✓	✓	✓			✓	✓			
Help/Project Samaritan Svcs Corp	Mental Health					✓				✓		
Reddy Lokesh Karur	Mental Health		✓	✓					✓			
Vnsny Community Health Services	Mental Health				✓			✓				
Laura Amram	Mental Health					✓						
Khan Munibur	Mental Health					✓						
Glass Jessica	Mental Health					✓						
Spitaletta Mary	Mental Health					✓						
Cohen Oksana Md	Mental Health					✓						
Azizollahoff Joan	Mental Health					✓						
Paya Shagupta Md	Mental Health					✓						
Ogula Veronica	Mental Health									✓		

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Landmann Karen	Mental Health											
Griffin Rachel Susan	Mental Health									✓		
Fortune Society Inc, The	Mental Health					✓						
Bernstein Michael	Mental Health					✓		✓				
Reddy Thulasi	Mental Health					✓						
Lan Qiuxia Md	Mental Health					✓		✓				
Creedmoor Pc	Mental Health					✓						
Ghani Javed Md	Mental Health		✓	✓					✓			
Akhter Pervez Md	Mental Health		✓						✓			
Winder Alan Betzalel Phd	Mental Health											
Glick Arthur A	Mental Health											
Walfish Jeanne	Mental Health					✓						
Kelly Renee	Mental Health					✓						
Hyatt Phyllis S	Mental Health					✓						
Cheema Sohail Iqbal Md	Mental Health					✓						
Achalla Kiranmayi	Mental Health						✓					
Yel Zinaida Md	Mental Health					✓						
Small Marlene S	Mental Health					✓						
Perez Margarita De Los Angeles Md	Mental Health					✓						
Valmiki Rajasekhar Kishore Md	Mental Health		✓	✓					✓			
Naco Elva Md	Mental Health		✓	✓					✓			
Murillo Mauricio Md	Mental Health		✓	✓					✓			
Khaldarov Yevgeniy Md	Mental Health					✓						
Kowacz Tomasz Wojciech Md	Mental Health					✓						
Dooley Francis Patrick	Mental Health											
Mental Hlth Prov/W Queens Mh	Mental Health					✓						
Kotsaftis Antonios	Mental Health		✓	✓					✓			
Isak Isakov Medical Pc	Mental Health					✓		✓				
Rathinapandian Francis X Md	Mental Health					✓						
Purugganan Romeo Sison Md	Mental Health		✓	✓					✓			
Tiu Aurora Tompar Md	Mental Health					✓						

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Hahn Laura Bette Phd	Mental Health		✓	✓					✓			
Bernard James	Mental Health					✓						
Peretz Lydia Kleiner Phd	Mental Health		✓	✓					✓			
Brodsky Ella Md	Mental Health					✓						
Millet Sherley Md	Mental Health					✓						
Harlem East Life Plan	Mental Health											
Francois Pierre L Md	Mental Health					✓						
Figlerski Robert W Phd	Mental Health		✓	✓					✓			
Singer Andrew J Md	Mental Health											
Mcintosh James	Mental Health					✓						
Shamim Kausar Md	Mental Health									✓		
Tandon Usha K Md	Mental Health					✓						
Moussavian Hamid	Mental Health											
Mahler Howard Md	Mental Health					✓		✓				
Chen Jimmy Md	Mental Health					✓						
Rameshwar Karamchand Md	Mental Health									✓		
Tam Raymond	Mental Health					✓						
Scallon Richard J	Mental Health		✓	✓					✓			
Segal Timothy D Md	Mental Health		✓	✓					✓			
Antoine Ewald Jonathan Md	Mental Health					✓		✓				
Sheth Sandip Pranlal Md	Mental Health											
Jean-Bart Robert Y Md	Mental Health					✓						
Rousseau Monique J Md	Mental Health					✓						
Aids Ctr Of Queens County Inc	Mental Health					✓				✓		
Canarsie Aware Inc	Mental Health					✓						
Lippman Marie Abarientos Md	Mental Health					✓		✓				
Arjune Dulmanie Phd	Mental Health		✓	✓					✓			
Pomerantz Janet Roberta Md	Mental Health											
Sussman Daniel L Md	Mental Health		✓	✓					✓			
Cotterell Kevin Paul Md	Mental Health					✓						
Savino Fred Louis Phd	Mental Health					✓						

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Desai Rajesh B Md	Mental Health					✓		✓				
Shliselberg Nissan Md	Mental Health					✓						
Ninan Philip Mohan Md	Mental Health					✓						
Rajput Ashok Kumar Md	Mental Health					✓						
Garcia Ochakovsky Amelia Md	Mental Health					✓				✓		
Pardeshi Ramsing B Md	Mental Health		✓	✓					✓			
Raagas Edita M Md	Mental Health					✓		✓				
Clerisme Joseph Roosevelt Md	Mental Health					✓						
Adler David N Md	Mental Health		✓	✓					✓			
Community Healthcare Network	Mental Health	✓								✓		
New Horizon Counseling Ctr	Mental Health					✓		✓				
Sobel Joan	Mental Health					✓						
Creedmoor Pc	Mental Health					✓						
Lexington Ctr For Mh Services	Mental Health											
Child Center Of Ny, The	Mental Health					✓						
Lifeline Ctr For Child Dev Dt	Mental Health					✓						
Long Island Consultation Ctr	Mental Health					✓						
Bryskin Lawrence Md	Mental Health									✓		
Iorio Joanne	Mental Health					✓						
Echegoyen Rossanna	Mental Health					✓						
Ford Edwina	Mental Health					✓						
Rios Marisol	Mental Health									✓		
Fohn Gila	Mental Health					✓						
Oommen Shobin Md	Mental Health		✓	✓					✓			
Quintana Jorge	Mental Health											
Miller-Damato Catherine Helen	Mental Health					✓						
Borg Lisa	Mental Health					✓						
Fiskus Rachel	Mental Health					✓						
Gundel Tracey	Mental Health					✓						
Bezwada Krishna	Mental Health		✓	✓					✓			
Lan Li	Mental Health		✓	✓					✓			

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Sara Leah Davis-Conway	Mental Health											
La Rosa Anita	Mental Health					✓						
Ardila Alba	Mental Health					✓						
Friedman David	Mental Health									✓		
Christnelly Scott	Mental Health									✓		
Bissoondial Carrol	Mental Health					✓						
Leger Esther	Mental Health					✓						
Diamantini Paolo	Mental Health									✓		
Joseph Cohen	Mental Health					✓						
Wang Da	Mental Health					✓						
Adelsky Margarita Bougioukas	Mental Health											
Conrad Stephen Chrzanowski	Mental Health		✓	✓					✓			
Washington Debra	Mental Health					✓						
Campetta Carlos	Mental Health					✓						
Solomon Elaine	Mental Health					✓						
Sasagawa Kaya	Mental Health					✓						
Joseph Miriam	Mental Health					✓						
Mccabe Patricia	Mental Health									✓		
Hulse Ellis	Mental Health					✓						
Haber Mirta	Mental Health					✓						
Udyawar Aparna P	Mental Health					✓						
Perron Thomas	Mental Health									✓		
Schlafrig Edith Cypora Lcsw	Mental Health					✓						
Scott Palmer Smith	Mental Health		✓	✓					✓			
Gonzales Ma Lourdes Castillo	Mental Health					✓						
Cohen Alexis	Mental Health									✓		
Deasy Paul	Mental Health					✓						
Saccente Erica	Mental Health									✓		
Greene Elizabeth	Mental Health					✓						
Messore Elisa	Mental Health									✓		
Calderon Ruddy Smith	Mental Health									✓		

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Odiah Nnamdi	Mental Health		✓	✓					✓			
Mercurio Meeghan	Mental Health									✓		
Sodhi Dimple	Mental Health					✓		✓				
Malieckal Giles	Mental Health					✓						
Rosenmann Carl Jay	Mental Health					✓						
Pepe Danielle	Mental Health											
Ackerman David Charles	Mental Health											
Calabria Diego Gennaro	Mental Health					✓						
Pearlman Shoshannah	Mental Health									✓		
Sullivan Nancy A	Mental Health											
Brooke Shyvonne	Mental Health									✓		
Thomas Sumini	Mental Health					✓						
Chawla Jatinder	Mental Health											
Haroon Omer Ahmad	Mental Health											
Help/Project Samaritan Svcs Corp	Substance Abuse					✓				✓		
Elmcor Youth Adult Act Inc	Substance Abuse					✓				✓		
Fortune Society Inc, The	Substance Abuse					✓						
So Brooklyn Med Admin Svcs	Substance Abuse											
Mental Hlth Prov/W Queens Mh	Substance Abuse					✓						
Nri Group Llc	Substance Abuse											
Harlem East Life Plan	Substance Abuse											
Interline Emp Asst Prog Inc	Substance Abuse											
Canarsie Aware Inc	Substance Abuse					✓						
Creedmoor Addiction Trt Ctr	Substance Abuse					✓						
South Beach Addiction Trt Ctr	Substance Abuse											
New Horizon Counseling Ctr	Substance Abuse					✓		✓				
Medical Arts Sanitarium	Substance Abuse					✓	✓					
Child Center Of Ny, The	Substance Abuse					✓						
Long Island Consultation Ctr	Substance Abuse					✓						
Reality House	Substance Abuse											
New York Counseling For Change	Substance Abuse											

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New York Center Reh Care Snf	Nursing Home		✓	✓					✓			
Elmhurst Care Center Adhc	Nursing Home		✓	✓					✓			
Fairview Nrs Care Cent Adhc	Nursing Home		✓	✓					✓			
Dry Harbor Nursing Home Adhc	Nursing Home		✓	✓					✓			
Union Plaza Care Center	Nursing Home		✓	✓					✓			
Chapin Home For Aging Adhc	Nursing Home		✓	✓					✓			
Long Island Care Center Inc	Nursing Home		✓	✓					✓			
Silvercrest Rhcf	Nursing Home											
Highland Care Center Inc Snf	Nursing Home		✓	✓					✓			
Schnurmacher Center Reh & Nrs	Nursing Home											
Menorah Home & Hosp Aged Inf	Nursing Home											
Parker Jewish Inst Hlth Cr Re	Nursing Home		✓	✓	✓		✓		✓			
Center For Nursing & Rehab In	Nursing Home											
St Marys Hospital For Childre	Nursing Home		✓	✓					✓			
Beth Abraham Health Services	Nursing Home											
Flushing Manor Care Ctr Snf	Nursing Home		✓	✓					✓			
Woodcrest Nursing Home	Nursing Home		✓	✓					✓			
Queens Ctr Reh & Res Hlth Cr	Nursing Home		✓	✓					✓			
Ozanam Hall Of Queens Nh	Nursing Home		✓	✓					✓			
Margaret Tietz Center For Nur	Nursing Home		✓	✓					✓			
Sunharbor Manor Inc	Nursing Home		✓	✓			✓		✓			
Cliffside Reh & Res Hlt Cr Ct	Nursing Home		✓	✓					✓			
Waterview Nursing Cc	Nursing Home		✓	✓					✓			
Meadow Park Reh & Hlt Cr Ct	Nursing Home		✓	✓					✓			
Franklin Center For Reh & Nrs	Nursing Home											
Forest View Ctr For Reh & Nrs	Nursing Home		✓	✓			✓		✓			
Forest Hills Nursing Home	Nursing Home		✓	✓					✓			
Rego Park Nursing Home	Nursing Home		✓	✓					✓			
Holliswood Operating Co Llc	Nursing Home		✓	✓					✓			
Queens Blvd Extended Care	Nursing Home		✓	✓					✓			
Alexander Infusion Llc	Pharmacy				✓		✓	✓		✓		

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Parker Jewish Geriatric Inst	Pharmacy		✓	✓	✓		✓		✓			
Total Care Rx Inc	Pharmacy				✓		✓	✓		✓		
Medpack Llc	Pharmacy											
Vnsny Community Health Services	Hospice				✓			✓				
Calvary Hha & Hospice Care	Hospice				✓				✓			
Comprehensive Com Hospice Pji	Hospice											
Hospice Of New York Llc	Hospice								✓			
Jacob Perlow Hospice	Hospice								✓			
Vns Of Ny Hospice Care	Hospice								✓			
Calvary Hospital Inc	Hospice				✓				✓			
Asthma Coalition Of Queens - American Lung Association Of The Northeast	Community Based Organizations											
Centerlight Healthcare Inc	Community Based Organizations											
Cl Healthcare Inc	Community Based Organizations											
Elmcor Youth And Adult Activities, Inc	Community Based Organizations											
Mvp Housing Development Fund Company Inc.	Community Based Organizations											
Park Housing Development Fund Company Inc.	Community Based Organizations											
Queens Coordinated Care Partners	Community Based Organizations											
Scheuer Gardens Limited Partnership	Community Based Organizations											
Scheuer Plaza Limited Partnership	Community Based Organizations											
Schwartz-Moser Laurie	All Other	✓								✓		
Moiz A Hamdani	All Other		✓	✓			✓		✓			
Kateryna Perevoznychenko Md	All Other						✓					
Nahar Jebun Md	All Other		✓	✓					✓			
Help/Project Samaritan Svcs Corp	All Other					✓				✓		
Vnsny Community Health Services	All Other				✓			✓				
Yagudayev Lev	All Other		✓	✓			✓		✓			
Laura Amram	All Other					✓						
David Jason Ellenbogen Dpm	All Other		✓	✓					✓			
Flushing Manor Dialysis Ctr Llc	All Other											
Crt Surgical Assoc	All Other											
Thanjan Maria Md	All Other											

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Alexander Steven Craig Md	All Other											
Serrano Ileana	All Other	✓								✓		
Pinkhasov Mikhail B Md	All Other		✓	✓			✓		✓			
Negrin Anne Sara Md	All Other											
Mehta Preeti Md	All Other											
Uthman Adeola Rafihhi Md	All Other		✓	✓			✓		✓			
Card Andrea Dione Md	All Other											
Chaikhoutdinov Marat Galiyevich Md	All Other					✓	✓					
Zheng Dan Md	All Other		✓	✓			✓		✓			
Jaiswal Arti Chander Md	All Other	✓								✓		
Isaacs-Charles Karen Ann Md	All Other	✓								✓		
Goldbarg Seth Md	All Other											
Huang Loli Md	All Other											
Madison York Assisted Lvg Cm	All Other											
Alikaj Nano Evia Md	All Other											
Horowitz Scott Alan Md	All Other		✓	✓			✓		✓			
Chaudhry Naeem Akhter Md	All Other		✓	✓			✓		✓			
Fortune Society Inc, The	All Other					✓						
Cliffside Renal Dialysis	All Other		✓	✓					✓			
Tavares Rosanabela Md	All Other	✓								✓		
Zavolunova Ella Md	All Other											
Natovich Natalia Md	All Other					✓	✓					
Park Yohan Md	All Other	✓						✓				
Punj Sonia X	All Other	✓					✓			✓		
Ghani Javed Md	All Other		✓	✓					✓			
Csompo Michael F Md	All Other									✓		
Weissman Matthew Aron Md	All Other	✓								✓		
Murtezani Skender Md	All Other	✓					✓					
Sinclair Paula Almalinda Md	All Other	✓								✓		
Thompson Maureen Althea	All Other											
Lodha Anupama Md	All Other		✓	✓			✓		✓			

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Ramzan Muhammad Masood	All Other		✓	✓			✓		✓			
Rahman Mohammad Mazibur Md	All Other											
Wang Yuancong Md	All Other		✓	✓			✓		✓			
Ho James Chung Md	All Other	✓		✓			✓			✓		
Fievre Garnes Marie Ft Md	All Other	✓										
Calagos Ma Jesusa Md	All Other	✓						✓				
Rolston Sandra A Md	All Other	✓								✓		
Rosenblum Robyn E Md	All Other	✓						✓				
Zellan Jonathan D Md	All Other									✓		
Yeturu Bhaskar Reddy Md	All Other		✓	✓			✓		✓			
Sun Wei Yue Md	All Other		✓	✓			✓		✓			
Zeitlin Adam D	All Other		✓	✓			✓		✓			
Chow Grace A Md	All Other	✓								✓		
Djen Simon	All Other	✓								✓		
Glick Arthur A	All Other											
Kamenshchikova Marina Md	All Other					✓						
Janas Nodar Md	All Other		✓	✓					✓			
Pavlovici Calina Lia Md	All Other											
Shah Neena Md	All Other		✓	✓	✓		✓		✓			
Johnkutty Suja Md	All Other											
Tavdy David Md	All Other		✓	✓			✓		✓			
Bogdanov Assen Petrov Md	All Other											
Park Chong Hyun Md	All Other						✓					
Castro Armando E	All Other											
Sample Jason Michael Md	All Other											
Raichoudhury Ritesh Md	All Other						✓					
Kerwin Todd Christopher Md	All Other						✓					
Metropolitan Jewish Hm Care	All Other				✓				✓			
Wells Barbara	All Other					✓						
Maje Hafiz	All Other	✓								✓		
Kamel Abdelhady Wael Md	All Other											

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Lee Sangwoo Md	All Other											
Phillips Erica Gwendolyn Md	All Other	✓								✓		
Nieto Jaime H Md	All Other											
Belayneh Lulenesh Md	All Other											
Shah Uday Niranjan Md	All Other		✓	✓			✓		✓			
Weiner Holly H	All Other	✓								✓		
Palumbo Frank Michael	All Other											
Empire St Hm Care Ser Lthhcp	All Other				✓					✓		
Khaldarov Yevgeniy Md	All Other					✓						
New York Center Reh Care Snf	All Other		✓	✓					✓			
Kowacz Tomasz Wojciech Md	All Other					✓						
Bartol David Dpm	All Other											
Sure Hertzel Md Llc	All Other		✓	✓					✓			
Baker Margaret Np	All Other											
Lodha Sanjay Md	All Other		✓	✓			✓		✓			
Porizkova Anna M	All Other	✓								✓		
Christophe Gladys	All Other	✓								✓		
Basavaraju Nerlige G	All Other											
Mental Hlth Prov/W Queens Mh	All Other					✓						
Fano Michael	All Other	✓					✓			✓		
Turkish Aaron Md	All Other											
Nri Group Llc	All Other											
Huang Qinghong Md	All Other		✓	✓			✓		✓			
Stephenson Karen Md	All Other									✓		
Park Jia Md	All Other	✓						✓				
Israel Igor Md	All Other		✓	✓	✓		✓		✓			
Lee Andy Ming Md	All Other											
Dr T'S Pediatrics Pllc	All Other	✓										
Tung Judy Md	All Other											
Saldinger Pierre Frank Md	All Other											
Borrego Fernando J Md	All Other						✓			✓		

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Roach Keith Md	All Other											
Rawal Jagat M Md	All Other		✓	✓			✓		✓			
Holalkere Rajagopal Md	All Other		✓	✓			✓		✓			
Ahmed Sultan Md	All Other	✓						✓				
Alluri Jagga Rao Md	All Other		✓	✓								
Henriquez Edmee M Md	All Other	✓					✓					
Hardy Curtis Lee Md	All Other									✓		
Tsai Tony Md	All Other											
Mienko Iwona Katarzyna	All Other											
Cheung Ming Md	All Other		✓	✓			✓		✓			
Elmhurst Care Center Adhc	All Other		✓	✓					✓			
Oltean Ion Md	All Other		✓	✓			✓		✓			
Mohammad Sajjad	All Other	✓								✓		
Arana Nicasio I Md	All Other	✓						✓				
Pavlovici Sherban Jr Md	All Other		✓	✓			✓		✓			
Yuabov Boris Dpm	All Other											
Batoon Sherwin Bumanglag Md	All Other		✓	✓			✓		✓			
Calvary Hha & Hospice Care	All Other				✓				✓			
Rappa Vincent P Md	All Other		✓	✓			✓		✓			
Herman Craig	All Other	✓								✓		
Fuzaylova Svetlana Md	All Other	✓					✓					
Jacobs Alysha Kim	All Other											
Lazzara Alicia	All Other											
Harlem East Life Plan	All Other											
Golyan Joseph Md	All Other		✓	✓								
Onyeike Godwin Do	All Other					✓						
Sehati Farzin Do	All Other		✓	✓			✓		✓			
Fairview Nrs Care Cent Adhc	All Other		✓	✓					✓			
San Myat Md	All Other		✓	✓			✓		✓			
Sabogal Gonzalo Md	All Other	✓						✓				
Dry Harbor Nursing Home Adhc	All Other		✓	✓					✓			

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Connolly Fiona G Dpm	All Other											
Shapiro Mikhail Do	All Other											
Micic Ljubisa Sinisa Md	All Other											
Shetty Das Renuka Md	All Other	✓					✓					
Sckell Blanca M Md	All Other	✓					✓					
Negrea Bogdan D Md	All Other		✓	✓					✓			
New York Hosp Med Ctr Queens	All Other											
Haralambou George Md	All Other		✓	✓			✓		✓			
Huang Zheng-Bo Md	All Other		✓	✓			✓		✓			
Lao Wilfredo Sy Md	All Other	✓						✓				
Tsatsas Manolis T Md	All Other											
Nazmul H Khan Md	All Other	✓					✓					
Wildfeurer Olga Md	All Other											
Moussavian Hamid	All Other											
Ross Donald Md	All Other											
Fathallah-Mammo Aysar B Md	All Other					✓						
Alexander Infusion Llc	All Other				✓		✓	✓		✓		
Silver Larry Mark Dpm	All Other											
Waseem Faisal Md	All Other		✓	✓			✓		✓			
Thenor-Louis Wesner Md	All Other									✓		
Sadhwani Shankar Md	All Other		✓	✓			✓		✓			
St Mary'S Comm Care Prof Inc	All Other		✓	✓	✓			✓	✓			
Olivera Rosemarie R Cnm	All Other	✓								✓		
Rameshwar Karamchand Md	All Other									✓		
Kumar Yogesh Md	All Other					✓						
Ogunfowora Olusegun O Md	All Other		✓	✓			✓		✓			
Rahman Mohammed Mominur Md	All Other		✓	✓			✓		✓			
Interline Emp Asst Prog Inc	All Other											
Gold Richard Elliott Do	All Other					✓	✓					
Duke William Meng Md	All Other						✓					
Siegel Beth M Md	All Other											

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Yuen Hak Kin	All Other		✓	✓			✓		✓			
Union Plaza Care Center	All Other		✓	✓					✓			
Wubshet Berhane Md	All Other		✓	✓					✓			
Messana Ida Md	All Other		✓	✓			✓		✓			
Help/Psi Aids Adhcp	All Other					✓	✓	✓				
Pelzman Fred Nathan Md	All Other	✓								✓		
Alsaloum Mourhege Matta Md	All Other						✓					
Chapin Home For Aging Adhc	All Other		✓	✓					✓			
Antoine Ewald Jonathan Md	All Other					✓		✓				
Amin Kalpesh S Md	All Other		✓	✓			✓		✓			
Jawaid Mohammad Md	All Other		✓	✓			✓		✓			
Gross Ronald L Md	All Other		✓	✓			✓		✓			
Depetris Gustavo Raul Md	All Other		✓	✓			✓		✓			
Pipia Ambrose Md	All Other	✓					✓					
Goyal Ameet Kumar Md	All Other											
Weinstein Leon Md	All Other		✓	✓			✓		✓			
Gondal Nasir Mahmood Md	All Other		✓	✓								
Familusi Abiola Olawale Md	All Other		✓	✓					✓			
Bressner Robert Stuart Md	All Other		✓	✓			✓		✓			
Golyan Bijan Do	All Other		✓	✓			✓		✓			
Rego Park Medical Associate Pc	All Other		✓	✓					✓			
Panhani Ramkumar Md	All Other		✓	✓			✓		✓			
Benoit Marcel M Md	All Other											
Umali Daniel P Md	All Other					✓						
Hall-Ross Sandra M Md	All Other	✓								✓		
Selfhelp Special Fam Hc Inc	All Other				✓							
Bhardwaj Rakesh Kumar Md	All Other		✓	✓			✓		✓			
Segal-Maurer Sorana Md	All Other	✓					✓			✓		
Aids Ctr Of Queens County Inc	All Other					✓				✓		
Kim John H Md	All Other		✓	✓					✓			
Gamzel Ny Inc	All Other				✓			✓		✓		

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Somogyi Anthony A Md	All Other	✓					✓					
Parker Jewish Geriatric Inst	All Other		✓	✓	✓		✓		✓			
Canarsie Aware Inc	All Other					✓						
Georgescu Liviu Md	All Other		✓	✓			✓		✓			
Haider Qazi Kamal Md	All Other		✓	✓					✓			
Iqbal Parveen A Md	All Other											
Rabbat Ahmed Salah E T Md	All Other		✓	✓			✓		✓			
Crisostomo Eugenio S Md	All Other		✓	✓					✓			
Capobianco Luigi M Md Pc	All Other		✓	✓			✓		✓			
Lynch Gina Adriana Md	All Other	✓								✓		
Dave Devang Md	All Other											
Elm York Alp	All Other											
Lodha Ajay K Md	All Other		✓	✓			✓		✓			
Yee Lily Fong Cho Md	All Other		✓	✓			✓		✓			
Nyc Dept Mh Early Interventio	All Other					✓						
Boyadjian Kevork George Md	All Other		✓	✓			✓		✓			
Fakhuri Ramsey John	All Other		✓	✓			✓		✓			
Americare Certified Ss Inc	All Other				✓							
Skupski Daniel W Md	All Other						✓			✓		
Sung Wei Fun Md	All Other	✓					✓					
John David H A	All Other	✓								✓		
Better Care Inc	All Other	✓						✓				
Turett Glenn Scott Md	All Other	✓					✓			✓		
Comprehensive Care Mgt D&T Ct	All Other											
Ortiz Carlos A Jr Md	All Other											
Tumminello Calogero C Md	All Other		✓	✓			✓		✓			
B Fineson Dc Hillside Ii	All Other					✓						
B Fineson Dc Hillside I	All Other					✓						
Puccia Vincent Md	All Other		✓	✓			✓		✓			
Baghdassarian Bagdig S Md	All Other		✓	✓			✓		✓			
Levi Uriel N Dpm	All Other											

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Samra Eliahu Md	All Other		✓	✓			✓		✓			
Long Island Care Center Inc	All Other		✓	✓					✓			
Nicol Martin Haynes	All Other											
Weissman Audrey Michelle Md	All Other	✓						✓				
Silvercrest Rhcf	All Other											
Todd Angela Henry Md	All Other											
Lutas Elizabeth Mary Md	All Other									✓		
Tolia Jitendra N Md	All Other		✓	✓			✓		✓			
Schumann Marc Seth-Jon Dpm	All Other											
Parker Jewish Geriatric D&T	All Other		✓	✓	✓		✓		✓			
Cah St Marys Hosp Children	All Other		✓	✓					✓			
Conetta Rick Md	All Other		✓	✓			✓		✓			
Iakovou Christos Md	All Other		✓	✓			✓		✓			
Weissman Scott Stuart Md Pc	All Other											
Cath Char Nghbhd Svcs Mclees Icf	All Other											
Cath Char Nghbhd Svcs Caldwell Icf	All Other											
Cath Char Nghbhd Svcs Mugavero Icf	All Other											
Cath Char Nghbhd Svcs Adessa Icf	All Other											
Gonzalez Orlando Jr Md	All Other											
Highland Care Center Inc Snf	All Other		✓	✓					✓			
Rubin David S Md	All Other	✓					✓			✓		
Schnurmacher Center Reh & Nrs	All Other											
Jacob Perlow Hospice	All Other								✓			
Sgarlato Anthony Ralph Md	All Other											
Buff Daniel David Md	All Other		✓	✓					✓			
Ancona Salvatore Md	All Other											
Rubin Moshe Md	All Other											
Byrns Daniel John Md	All Other		✓	✓			✓		✓			
Kamran Nia Md	All Other						✓					
Hurtado Hillary John Md	All Other		✓	✓			✓		✓			
Vns Of Ny Hospice Care	All Other								✓			

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Crisari Flavio Md	All Other		✓	✓					✓			
Young Constance A Md Pllc	All Other	✓								✓		
Lum George Md	All Other		✓	✓			✓		✓			
St Marys Hosp For Child Adc	All Other		✓	✓					✓			
Quiwa Jose Escueta Md	All Other	✓						✓				
Iannacone Ronald F Dpm	All Other											
Babitsky George Md	All Other		✓	✓			✓		✓			
Donin Roberta L Md	All Other		✓	✓			✓		✓			
Cath Char Nghbhd Donald Savio Icf	All Other											
Ramis Carmen Maria Md	All Other	✓								✓		
Abramovici Bernard Barbu Md	All Other		✓	✓			✓		✓			
Khoury Salim A Md	All Other		✓	✓			✓		✓			
Iqbal Azmat Md	All Other		✓	✓					✓			
Asadourian Armand V Md	All Other											
Lombardi Charles M Dpm	All Other											
Abel Bey Geddis Md	All Other									✓		
Mann Jack M Md	All Other											
Parker Jewish Geri Inst Lthhc	All Other		✓	✓	✓		✓		✓			
Choy Lawrence T Md	All Other		✓	✓			✓		✓			
Satterfield James Edward Md	All Other											
Deutsch Vicki-Jo Md	All Other											
Coman John C Md	All Other	✓					✓					
Adelglass Howard R Md	All Other				✓					✓		
Kleinberg Charles Md	All Other											
Lipsky William Michael Md	All Other											
Lazar John	All Other									✓		
Calamia Vincent Md	All Other				✓		✓			✓		
Kramer Lawrence David Md	All Other	✓								✓		
Bader Paul B Md	All Other		✓	✓								
Tibaldi Joseph Michael Md	All Other											
Gustafson Gregory M Md	All Other											

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Weiss Laszlo Md	All Other											
Asencio Eliseo Md Llc Md	All Other		✓	✓			✓		✓			
Galler Marilyn Md	All Other						✓					
Rubin Allen Md	All Other											
Chernick Stephen Barry Dpm	All Other											
Stauber Stuart L Md	All Other		✓	✓			✓		✓			
Kahn David I Md	All Other					✓						
Hersh Sheldon Paul Md	All Other											
Shirwaikar Anil B Md	All Other		✓	✓			✓		✓			
Laudon Russell J Md	All Other	✓						✓				
Roger Ignatius Daniel Md	All Other											
Menorah Home & Hosp Aged Inf	All Other											
Parker Jewish Institute Hlth	All Other											
Community Healthcare Network	All Other	✓								✓		
New Horizon Counseling Ctr	All Other					✓		✓				
Lexington Hearing And Speech	All Other					✓						
Wertenthiel Marvin H Md	All Other											
Finestone Jacob Md	All Other											
Kalafatic Francisco	All Other											
Winik Joseph S Md	All Other											
Abularrage Joseph J Md	All Other					✓						
Avolese Sebastian P Md	All Other	✓					✓					
Edward Pineles	All Other		✓	✓			✓		✓			
Arevalo Carlos Oscar Md	All Other						✓					
Chubak Gary S Md	All Other		✓	✓								
Shechter David Z Dpm	All Other											
Arora Arun	All Other		✓	✓					✓			
Hsu Tony C S Md	All Other											
Lowell Bruce K Md	All Other		✓	✓			✓		✓			
Katzurin Sam Md Pc	All Other											
Cath Char Nghbhd Svcs Cribbin Icf	All Other											

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Terence Cardinal Cooke Hcc	All Other											
Sprecher Stanley Md	All Other											
Loona Ravi Pc Md	All Other											
Spinowitz Bruce S Md	All Other						✓					
Parker Jewish Inst Hlth Cr Re	All Other		✓	✓	✓		✓		✓			
Center For Nursing & Rehab In	All Other											
St Marys Hospital For Childre	All Other		✓	✓					✓			
Beth Abraham Health Services	All Other											
Flushing Manor Care Ctr Snf	All Other		✓	✓					✓			
Woodcrest Nursing Home	All Other		✓	✓					✓			
Queens Ctr Reh & Res Hlth Cr	All Other		✓	✓					✓			
Ozanam Hall Of Queens Nh	All Other		✓	✓					✓			
Margaret Tietz Center For Nur	All Other		✓	✓					✓			
Sunharbor Manor Inc	All Other		✓	✓			✓		✓			
Cliffside Reh & Res Hlt Cr Ct	All Other		✓	✓					✓			
Waterview Nursing Cc	All Other		✓	✓					✓			
Meadow Park Reh & Hlt Cr Ct	All Other		✓	✓					✓			
Franklin Center For Reh & Nrs	All Other											
Forest View Ctr For Reh & Nrs	All Other		✓	✓			✓		✓			
Forest Hills Nursing Home	All Other		✓	✓					✓			
Rego Park Nursing Home	All Other		✓	✓					✓			
Edelstein Ari Md	All Other											
Calvary Hospital Inc	All Other				✓				✓			
Medical Arts Sanitarium	All Other					✓	✓					
Bulauitan Manuel C Md	All Other											
Medical Hlth Research Asc Nyc	All Other											
Child Center Of Ny, The	All Other					✓						
Lifeline Ctr For Child Dev Dt	All Other					✓						
New York Hosp Med Ctr Queens	All Other											
Long Island Consultation Ctr	All Other					✓						
Mosberg Herbert J Pc Do	All Other									✓		

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Allen Theodore Elias Pc Md	All Other					✓						
Anagnostopoulos Constantin Md	All Other		✓	✓			✓		✓			
Lorber Daniel L Md	All Other											
Karbowitz Stephen R Md	All Other											
Zeller Barbara C Md	All Other									✓		
Chennareddy Swaminathan	All Other		✓	✓			✓		✓			
Gumpeni Rammohan	All Other						✓					
Barra Peter R Md	All Other	✓					✓					
Agrawal Jugal K Md	All Other											
Reddy Kumar S Md	All Other											
Golden Ronald A Md	All Other						✓					
Feldman Robert M Md	All Other		✓	✓					✓			
Teich Marvin L Md	All Other		✓	✓			✓		✓			
Charytan Chaim Md	All Other						✓					
Breite Melvin J Md	All Other	✓					✓					
Weissman Harold Md	All Other	✓						✓				
Gagliano Diana	All Other											
Nancy Lynn Chez	All Other									✓		
Lowery April Alexis Rpa	All Other	✓								✓		
Kini Jyoti	All Other											
Alpine Home Health Care Llc	All Other				✓							
Kuo Sheng Feng Md	All Other						✓					
Borges Rolando Md	All Other		✓	✓			✓		✓			
Johnson Sharon	All Other	✓								✓		
Reichert James Michael	All Other					✓						
Sarfraz Muhammad Md	All Other											
Duncan Neasha	All Other	✓								✓		
Emmanuel N Moustakakis Md	All Other						✓					
Palinski Suzanne	All Other	✓								✓		
Summers Rebecca	All Other	✓								✓		
Mirani Ajay Jayant	All Other											

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Apolaya Pamela Evelyn	All Other	✓								✓		
Amin Prina Pandya	All Other	✓								✓		
Han Jung-Ah	All Other		✓	✓			✓		✓			
Flushing Manor Lthhc	All Other		✓	✓					✓			
Chapin Home For The Aging Adhc	All Other		✓	✓					✓			
Barnali Hasan	All Other	✓					✓					
Hahn Erica Kyle	All Other	✓								✓		
Roseme-Frederic Nathalie	All Other	✓					✓					
Bhuiyan Shamsul	All Other											
Wang Gerald Jeh	All Other											
Charnow Noemi	All Other	✓								✓		
Hill Keran	All Other	✓					✓			✓		
Manchanda-Gera Akanksha	All Other	✓								✓		
Pontone Gregory	All Other		✓	✓					✓			
Thompson Sean	All Other		✓	✓								
Selfhelp Community Ser Inc Nhtd	All Other											
Dubois Elizabeth Marie	All Other	✓								✓		
Balfour Jennifer	All Other	✓								✓		
Hung Lingpin	All Other		✓	✓			✓		✓			
Joseph Myriam	All Other									✓		
Balek Mark Md	All Other											
Mohd A Hossain	All Other	✓					✓					
St Marys Hospital For Children	All Other		✓	✓	✓			✓	✓			
Jain Ajay	All Other		✓	✓			✓		✓			
Bilenkin Leonid	All Other									✓		
Dudek Mona	All Other	✓								✓		
Elan-Michael Goldwyn Md	All Other											
Napolitano Daniel Louis	All Other	✓								✓		
Henry Moskowitz Md Pc	All Other											
Sylvia H Chudy Md	All Other		✓	✓			✓		✓			
Queens-Long Island Renal Institute	All Other											

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Sydelle R Ross	All Other									✓		
Peyman E Younesi Md	All Other		✓	✓			✓		✓			
Goldberg Alla Do	All Other						✓					
Bussoletti Natalee Marie	All Other	✓								✓		
Patel Seema	All Other		✓	✓			✓		✓			
Tan Jenny Yu	All Other	✓								✓		
New York Counseling For Change	All Other											
Extraordinary Home Care	All Other		✓	✓	✓				✓			
Mccabe Patricia	All Other									✓		
Jenkins Monique	All Other	✓								✓		
Giurleo Patricia	All Other									✓		
Mcpherson Christina	All Other	✓								✓		
Perron Thomas	All Other									✓		
New York Queens Medicine And Surger	All Other											
Fernandez Beverly A	All Other									✓		
Hanna Dena Sherif	All Other	✓								✓		
Liang Elizabeth	All Other		✓	✓			✓		✓			
Hu Jason	All Other											
Ma Siu-Ling	All Other											
Patel Reena J	All Other		✓	✓			✓		✓			
Duncan Tamika Simone	All Other	✓								✓		
Jang Jennifer	All Other					✓						
Petros Jessica Theresa	All Other	✓								✓		
Lindsay N Price	All Other	✓								✓		
Saccente Erica	All Other									✓		
Kelly Roberta	All Other									✓		
Chu Wai Ling Kennis	All Other		✓	✓					✓			
Song Christian E	All Other											
Calderon Ruddy Smith	All Other									✓		
Wiesinger Katherine	All Other	✓								✓		
Acquista Domenick	All Other											

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Patel Melvina	All Other	✓					✓					
Anglade Claudia	All Other	✓								✓		
Staples Karen	All Other	✓								✓		
Quindor Rhealynne B	All Other									✓		
Dumrese Danielle Lee	All Other											
Gonzalez Katherne	All Other	✓								✓		
Singh Loveena	All Other	✓					✓					
Canlas Aurora Juliana	All Other	✓								✓		
Hall Tami L	All Other	✓								✓		
Krikhely Sharon	All Other		✓	✓			✓		✓			
Hofmann Joanna Frances	All Other											
Yu May	All Other	✓						✓				
Kirit Dharia Md Pc	All Other											
Okoye Safiyyah Maryam	All Other	✓								✓		
Hodge Sandra	All Other	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Mcleod Karen Antonnette	All Other											
Shao Xiyun	All Other											
Sanchez Tiffany	All Other	✓						✓				
Kim Sung Yup	All Other											
Schepker Elizabeth Erin	All Other	✓								✓		
Abdelaziz Hoda H Fnp	All Other		✓	✓								
Mikheyev Vyacheslav	All Other	✓								✓		
Mcginnis Nathan Lamar	All Other	✓								✓		
Hampton Elisa Padilla	All Other	✓								✓		
Kopple Sara	All Other	✓						✓				
Hillside Polymedic D Ant T Ctr	All Other	✓						✓				
Holliswood Operating Co Llc	All Other		✓	✓					✓			
Rodriguez-Jaquez Carlos R	All Other											
Krempasky Chance Nicholas	All Other	✓								✓		
Pekareva-Kochergina Irina	All Other	✓								✓		
Chan York Sing	All Other											

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Inpatient Hospitalist Services Of N	All Other											
Cloutier-Champagne Laurence	All Other	✓								✓		
Centerlight Certified Home Health A	All Other				✓							
Ali Amanda Elizabeth	All Other	✓								✓		
Addo Evelyn	All Other	✓										
Mitchell Clemaine C	All Other	✓								✓		
Pearlman Shoshannah	All Other									✓		
Queens Blvd Extended Care	All Other		✓	✓					✓			
Kang Miyoung	All Other											
Gonzalez Pedro	All Other											
Sharret Rachel	All Other	✓						✓				
Partos Nancy	All Other									✓		
Yang Li	All Other											
Round Caroline	All Other											
Goodman Debra	All Other											
Harris Miles	All Other											
Centerlight Healthcare Inc	Uncategorized											
Centerlight Healthcare Inc	Uncategorized											
Elderplan Inc Map	Uncategorized											
Agewell New York Llc	Uncategorized											
Mcquade James Dr.	Uncategorized											
Barone Elizabeth Ms.	Uncategorized											
Life'S Worc	Uncategorized											
Predmore Lisa	Uncategorized											
Delbrune Serge	Uncategorized											
Life'S Worc	Uncategorized											
Nguyen Ha	Uncategorized											
Parihar Karanjit Dr.	Uncategorized											
Life'S Worc	Uncategorized											
Life'S Worc	Uncategorized											
Life'S Worc	Uncategorized											

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Participating in Projects												
Provider Name	**Provider Category**	**2.a.ii**	**2.b.v**	**2.b.vii**	**2.b.viii**	**3.a.i**	**3.b.i**	**3.d.ii**	**3.g.ii**	**4.c.ii**		
Feldman Shara Dr.	Uncategorized											
Castillo Theresa	Uncategorized											
Ditrani Michael Dr.	Uncategorized											
Jim Charles	Uncategorized											
Life'S Worc	Uncategorized											
Life'S Worc	Uncategorized											
Hwang Yoo	Uncategorized											
Mileaf Maxwell	Uncategorized											
Hermano Lourdes	Uncategorized											
Palacio Patricia	Uncategorized											
Deen Ryan	Uncategorized											
Artinian Rebecca	Uncategorized											
Joannidis Linda Ms.	Uncategorized											
Singh Rajeev	Uncategorized											
Resource Medical Services, Pc (D.B.A. Arcwell Medical)	Uncategorized											
Werbin Karen Mrs.	Uncategorized											
Shegerian Arlene Ms.	Uncategorized											
Thypin Elaine	Uncategorized											
Life'S Worc	Uncategorized											
Creedmoor Psychiatric Center	Uncategorized											
Im Miok	Uncategorized											
Truong Anh Dr.	Uncategorized											
Flushing Manor Geriatric Center, Inc. D/B/A Dr. William O. Benenson Rehab Pavilion	Uncategorized											
Flushing Manor Dialysis	Uncategorized											
Life'S Worc	Uncategorized											
Lakeville Ambulete Transportation, Llc	Uncategorized											
Main Street Medical, Pc	Uncategorized											
Lemelle Cheryl	Uncategorized											
Klimchuck Elaina	Uncategorized											
Roban Arifa Miss	Uncategorized											
Joseph Laura	Uncategorized											

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Flushing Manor Care Center, Inc.	Uncategorized											
Fmnh, Llc D/B/A Flushing Manor Nursing And Rehab	Uncategorized											
Wong Michele	Uncategorized											
Simpser Edwin Dr.	Uncategorized											
Oluwasegun Gabriel	Uncategorized											
Universal Health Care	Uncategorized											
New York Hospital Queens	Uncategorized											
Lambiaso Julie	Uncategorized											
Luu Hun-Jue Dr.	Uncategorized											
Madison York Rego Park, Llc	Uncategorized											
Edward Gluck	Uncategorized											
Main Street Medical, P.C. - Neurology	Uncategorized											
Monroe-Hunte Sheryl Mrs.	Uncategorized											
John Anish	Uncategorized											
Blumenkrantz Ingrid Dr.	Uncategorized											
Elite Home Services, Llc	Uncategorized											
Nabavian Guissoo Dr.	Uncategorized											
Life'S Worc	Uncategorized											
Pick Anthony	Uncategorized											
God'S Love We Deliver, Inc.	Uncategorized											
Elm York Dba Elm York Alp	Uncategorized											
Sawhne Jasmine Dr.	Uncategorized											
Grossman Lisa Dr.	Uncategorized											
Khoury Nadine Dr.	Uncategorized											
Paez Jesse	Uncategorized											
Life'S Worc	Uncategorized											
Maharaja Binal Dr.	Uncategorized											
Dhillon Swapna Dr.	Uncategorized											
Ruffen Frederick	Uncategorized											
Grandi Caterina	Uncategorized											
Sorensen Mark Dr.	Uncategorized											

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Weiss Elin Ms.	Uncategorized											
Life'S Worc	Uncategorized											
Gordon Christine Miss	Uncategorized											
York Home Care	Uncategorized											
Hamilton Robin	Uncategorized											
Madison York Assisted Living Community, Llc	Uncategorized											
Kumar Suneela Dr.	Uncategorized											
Family Home Care Services Of Brooklyn & Queens, Inc.	Uncategorized											
Malaspina Dolores Dr.	Uncategorized											
Americare, Inc.	Uncategorized											
Chorowski Jason Dr.	Uncategorized											
Schwartz Rebeka	Uncategorized											
New York Queens Cv Anesthesia, Pc	Uncategorized											
Life'S Worc	Uncategorized											
Life'S Worc	Uncategorized											
Romero Wallace	Uncategorized											
Walia Alka Mrs.	Uncategorized											
Niewinski Cynthia Mrs.	Uncategorized											
Carrasquillo Jeffrey	Uncategorized											
Life'S Worc	Uncategorized											
Selfhelp Community Services, Inc	Uncategorized											
Aronoff Matthew Mr.	Uncategorized											
Life'S Worc	Uncategorized											
Homefirst Lhcsa, Inc. D/B/A License Home Care Service Agency	Uncategorized											
Best Choice Home Health Care (596 Prospect Place)	Uncategorized											
Life'S Worc	Uncategorized											
Rottersman Anna Ms.	Uncategorized											
City Medical Of Upper East Side, Pllc	Uncategorized											
Agewell New York, Llc	Uncategorized											
Faith Mission Crisis Center	Uncategorized											
Jaffee Alan Dr.	Uncategorized											

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Holliswood Care Center Inc	Uncategorized											
Moore Gregory	Uncategorized											
Martinez Altagracia	Uncategorized											
Corbin Jennifer	Uncategorized											
Johnson Danyale	Uncategorized											
Aliah Home Care Inc	Uncategorized											
Life'S Worc	Uncategorized											
Elderplan, Inc	Uncategorized											
Devia Martha	Uncategorized											
Jones Gina	Uncategorized											
Life'S Worc	Uncategorized											
Haftel Deborah Mrs.	Uncategorized											
Life'S Worc	Uncategorized											
Charles Kleinberg	Uncategorized											
Jurgens Helene Dr.	Uncategorized											
Silverman Robert Dr.	Uncategorized											
Holman Cynthia	Uncategorized											
Rossmer Jacob	Uncategorized											
Cleaver John Mr.	Uncategorized											
Joshi Sagar Dr.	Uncategorized											
Nair Jayakrishnan	Uncategorized											
Harlem East Life Plan	Uncategorized											
Penny James Dr.	Uncategorized											
Joseph Adipietro, Lcsw	Uncategorized											
Du Liang	Uncategorized											
Caralis Dionyssios Dr.	Uncategorized											
Linfield Louis Dr.	Uncategorized											
Life'S Worc	Uncategorized											
Life'S Worc	Uncategorized											
Bobbitt Theresa Ms.	Uncategorized											
Wickware Nancy Ms.	Uncategorized											

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Life'S Worc	Uncategorized											
Mansueto Jose Dr.	Uncategorized											
Thomas Leo Mr.	Uncategorized											
Franquiz Maureen	Uncategorized											
Life'S Worc	Uncategorized											
Ecal Jose Dr.	Uncategorized											

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