

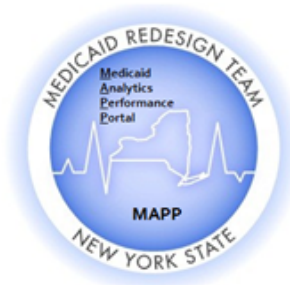


**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
 DSRIP Implementation Plan Project**

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

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

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











Year and Quarter: DY1, Q4

Quarterly Report Status:  Adjudicated

**Status By Section**

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

**Status By Project**

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



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

**Section 01 – Budget**

IPQR Module 1.1 - PPS Budget Report (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 (\$)
<b>Waiver Revenue</b>	7,720,977	8,228,024	13,305,747	11,782,188	7,720,977	48,757,912
<b>Cost of Project Implementation &amp; Administration</b>	<b>3,828,259</b>	<b>7,932,544</b>	<b>10,162,164</b>	<b>9,621,170</b>	<b>8,355,621</b>	<b>39,899,758</b>
Administration and Overhead	988,255	1,348,822	1,885,735	1,781,823	1,538,091	7,542,726
Project Implementation (NYP and Network Members)	2,721,206	6,320,252	7,426,177	6,826,319	5,794,114	29,088,068
Increased Program Capacity	118,798	263,470	850,252	1,013,028	1,023,416	3,268,964
<b>Revenue Loss</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Internal PPS Provider Bonus Payments</b>	<b>0</b>	<b>297,131</b>	<b>3,132,186</b>	<b>2,145,218</b>	<b>4,341,421</b>	<b>9,915,956</b>
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0	297,131	3,132,186	2,145,218	4,341,421	9,915,956
<b>Cost of non-covered services</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Contingency Fund	0	0	0	0	0	0
<b>Total Expenditures</b>	<b>3,828,259</b>	<b>8,229,675</b>	<b>13,294,350</b>	<b>11,766,388</b>	<b>12,697,042</b>	<b>49,815,714</b>
<b>Undistributed Revenue</b>	<b>3,892,718</b>	<b>0</b>	<b>11,397</b>	<b>15,800</b>	<b>0</b>	<b>0</b>

**Current File Uploads**

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

**Narrative Text :**

The IA review found no issue of the PPS budget portion of the 6/1 Implementation Plan. The contingency line above has been left blank due to MAPP tool limitations (not allowing negative numbers). The Contingency Fund is a rolling a fund to address variations in revenue throughout the five years.

The line should read:



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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Complete	





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

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

**IPQR Module 1.2 - PPS Budget Report (Quarterly)**

**Instructions :**

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

**Benchmarks**

Waiver Revenue DY1	Total Waiver Revenue	Undistributed Revenue YTD	Undistributed Revenue Total
7,720,977	48,757,912	4,451,444	45,488,379

Budget Items	DY1 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
<b>Cost of Project Implementation &amp; Administration</b>	<b>1,843,636</b>	<b>3,269,533</b>	<b>558,726</b>	<b>14.59%</b>	<b>36,630,225</b>	<b>91.81%</b>
Administration and Overhead	474,471					
Project Implementation (NYP and Network Members)	1,369,165					
Increased Program Capacity	0					
<b>Revenue Loss</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	
<b>Internal PPS Provider Bonus Payments</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>9,915,956</b>	<b>100.00%</b>
Bonus Payments (DSRIP Milestone and High-Performance Achievement)	0					
<b>Cost of non-covered services</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	
<b>Other</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	
Contingency Fund	0					
<b>Total Expenditures</b>	<b>1,843,636</b>	<b>3,269,533</b>				

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_MDL0117_1_4_20160427193200_DSRIP_Funds_Flow_Reporting_Templat e_for_OMIG_DY1Q4_NYPPPS.xlsx	OMIG-Required Funds Flow Template for DY1Q4.	04/27/2016 07:32 PM



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**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 1.3 - PPS Flow of Funds (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 (\$)
<b>Waiver Revenue</b>	7,720,977	8,228,024	13,305,747	11,782,188	7,720,977	48,757,912
Practitioner - Primary Care Provider (PCP)	137,802	419,506	794,224	689,414	845,434	2,886,380
Practitioner - Non-Primary Care Provider (PCP)	137,802	434,363	950,834	796,675	1,062,505	3,382,179
Hospital	256,950	845,671	2,149,771	1,743,584	2,503,474	7,499,450
Clinic	265,938	679,677	1,363,853	1,520,101	1,462,579	5,292,148
Case Management / Health Home	470,142	1,329,862	1,641,054	1,620,196	1,403,208	6,464,462
Mental Health	281,510	826,004	1,295,844	1,184,658	1,274,351	4,862,367
Substance Abuse	93,837	280,287	484,151	430,640	497,141	1,786,056
Nursing Home	0	14,857	156,609	107,261	217,071	495,798
Pharmacy	0	14,857	156,609	107,261	217,071	495,798
Hospice	0	14,857	156,609	107,261	217,071	495,798
Community Based Organizations	266,982	732,736	909,234	897,977	777,970	3,584,899
All Other	1,874,161	2,477,677	2,905,712	2,283,365	1,854,487	11,395,402
PPS PMO	0	0	0	0	0	0
Uncategorized						0
<b>Total Funds Distributed</b>	<b>3,785,124</b>	<b>8,070,354</b>	<b>12,964,504</b>	<b>11,488,393</b>	<b>12,332,362</b>	<b>48,640,737</b>
<b>Undistributed Revenue</b>	<b>3,935,853</b>	<b>157,670</b>	<b>341,243</b>	<b>293,795</b>	<b>0</b>	<b>117,175</b>

**Current File Uploads**

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

**Narrative Text :**

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



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**Module Review Status**

Review Status	IA Formal Comments
Pass & Complete	



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**IPQR Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY**

**Instructions :**

Defunct Module - Please refer to the 'DY1 Q4 Module 1.4 Ongoing Funds Flow PIT Report' on the Reports page under the PPS Reports tab to view your quarterly flow of funds reporting based on your PIT file.

**Benchmarks**

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

Funds Flow Items	DY1 Q4 Quarterly Amount - Update	Total Amount Disbursed	Percent Spent By Project	DY Adjusted Difference	Cumulative Difference
			Projects Selected By PPS		
<b>Total Funds Distributed</b>	<b>0</b>	<b>0</b>			

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_MDL0118_1_4_20160609080832_NYP_PPS_Attestation_to_Funds_reported_in_Ongoing_Funds_Flow_PIT_Report_20160607.pdf	Attestation attached for DY1.	06/09/2016 08:08 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 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
<b>Milestone #1</b> 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	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
<b>Task</b> Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	Completed	Complete a preliminary PPS Level budget for Administration and Overhead, Project Implementation, Increased Program Capacity, Contingency and Bonus (includes performance achievement and revenue loss) categories	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Project Leads and PMO jointly draft project-specific provider level budget.	Completed	Project Leads and PMO jointly draft project-specific provider level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	Completed	Develop a funds flow approach and distribution plan that integrates project-specific provider level budgets and PPS level budget.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	On Hold	Finance Committee reviews funds flow approach and distribution plan providing comment and input prior to ratification and recommendation to Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Obtain approval from Executive Committee.	On Hold	Obtain approval from Executive Committee.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	Completed	Prepare PPS, Project and Provider level funds flow budgets for review and approval by Finance Committee.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Complete funds flow budget and distribution plan and communicate with network	ink9012	Meeting Materials	39_MDL0103_1_4_20160425053618_NYP_PPS_FundsFlow_20160329.pdf	Webinar provided to public, including PPS members, on NYP PPS funds flow.	04/25/2016 05:36 AM
	ink9012	Templates	39_MDL0103_1_4_20160425053526_Funds_Flow_Meeting_Template.xlsx	Meeting template for where Funds Flow was discussed	04/25/2016 05:35 AM
	ink9012	Other	39_MDL0103_1_4_20160425053447_NYP_PPS_FundsFlow_Milestone1_Deliverable.pdf	Funds Flow Milestone #1 Document	04/25/2016 05:34 AM

**Prescribed Milestones Narrative Text**

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



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**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
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



**New York State Department Of Health  
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**IPQR Module 1.7 - 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
<b>Milestone #1</b> Finalize governance structure and sub-committee structure	Completed	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	YES
<b>Task</b> PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	Completed	PMO identifies the size and number of standing committees (Executive, Finance, IT/Data Governance, Clinical Operations, Audit/Corporate Compliance)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	Completed	PMO to communicate to PPS Lead and Network Members to confirm composition and membership of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> PPS Governance Committees to install members of standing committees	Completed	PPS Governance Committees to install members of standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> PMO develops regular meeting schedule for standing committees	Completed	PMO develops regular meeting schedule for standing committees	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	Completed	PPS Executive Committee reviews and ratifies final structure for standing committees: 4 PPS Committees and own PPS Executive Committee	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> Ratified structure communicated to Project Advisory Committee (PAC)	Completed	Ratified structure communicated to Project Advisory Committee (PAC)	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	



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



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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
monitoring processes		description of two-way reporting processes and governance monitoring processes.							
<b>Task</b> Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	Completed	Executive Committee develops guiding principles for reporting and monitoring, including what information is shared with whom and when, how monitoring will be done, who is accountable for reviewing results, and what the thresholds and processes are for remediation.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	Completed	PMO to draft key Program-level process milestones and metrics relevant to 4 Committees' purviews and identify schedule of information availability	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	On Hold	PMO to synthesize milestones and metrics into draft Dashboards and other performance reports (as appropriate and to be determined)for reporting to 4 PPS Committees consistent with Committee purview	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	On Hold	4 PPS Committees review and provide feedback re: draft Dashboards, other performance reports, and adequacy of information availability	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 4 PPS Committees' comments incorporated by PMO	On Hold	4 PPS Committees' comments incorporated by PMO	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> 4 PPS Committees ratify final Dashboards and other performance reports	On Hold	4 PPS Committees ratify final Dashboards and other performance reports	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	On Hold	PMO selects key indicators from Dashboards for inclusion in Executive Committee Dashboard	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Executive Committee reviews and ratifies final Dashboard	Completed	Executive Committee reviews and ratifies final Dashboard	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #5</b>	Completed	Community engagement plan, including plans for two-way	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)		communication with stakeholders.							
<b>Task</b> NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	Completed	NYP Community Affairs to engage PAC subset (to include Network Members and non-members representing Community Boards, local religious leaders, community physicians and non-physician providers, NYC DOHMH, homeless services organizations, food pantries,etc.) to collaboratively develop community engagement strategy and draft plan, including target audiences, content categories, communication vehicles and events. Messages will be determined by this group, but may include DSRIP FAQs, how to engage patients/connect to care, emphasis on (and resources available for) behavioral health and substance abuse treatment, inventory of PPS clinical and social services, "what we need from you", etc.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Community engagement plan presented to PAC for review	Completed	Community engagement plan presented to PAC for review	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	On Hold	PAC confirms PAC subset as ongoing Community Engagement Subcommittee, charged with implementing plan; identifies any gaps in participation	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee reviews and ratifies final community engagement plan	On Hold	PPS Executive Committee reviews and ratifies final community engagement plan	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	On Hold	PMO publishes plan consistent with Subcommittee and PPS Executive Committee guidance	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Community Engagement Subcommittee commences	On Hold	Community Engagement Subcommittee commences	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Community Engagement Subcommittee commences monitoring of performance against plan		monitoring of performance against plan							
<b>Task</b> PPS Executive Committee commences monitoring adherence to plan	On Hold	PPS Executive Committee commences monitoring adherence to plan	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Milestone #6</b> Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	07/01/2015	03/31/2016	03/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
<b>Task</b> PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	Completed	PMO recommends an inventory of relationships that require contracts based on Project Leads recommendations which were informed by: cultivation of Network Members to date and experience with same pre-DSRIP, project-level resource budgets, current CBO capabilities, planned CBO capacity, CBO commitment to data exchange, etc. (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and PMO categorizes Network Members by contract type ("Agreement") (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	Completed	PPS Finance Committee reviews Agreement inventory and categorization and provides feedback	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	Completed	PMO, with assistance of PPS Lead resources (legal, quality, finance) drafts Agreement templates	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> PPS Finance Committee reviews Agreement templates and provides feedback	Completed	PPS Finance Committee reviews Agreement templates and provides feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PPS Finance Committee comments incorporated	Completed	PPS Finance Committee comments incorporated by PMO	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	





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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
by PMO									
<b>Task</b> PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	Completed	PPS Finance Committees approves revised templates and recommends to Executive Committee for ratification	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Agreement templates ratified by Executive Committee	Completed	Agreement templates ratified by Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	On Hold	Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Project Leads and PMO facilitate Agreement discussion w/Network Members	On Hold	Project Leads and PMO facilitate Agreement discussion w/Network Members	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Partnership agreements executed with Network Members, including CBOs	On Hold	Partnership agreements executed with Network Members, including CBOs	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #7</b> 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.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
<b>Task</b> Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	Completed	Project Leads to identify and define role of agencies to involve at State/Local level (e.g., NYC DOHMH, End of AIDS Taskforce, NYS Quitline, others TBD) and to advise PMO on nature of engagement to date (active, passive, planned), anticipated project-level role (e.g., advice, resources, cross-PPS coordination) including method of future engagement and key contact(s)	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO to integrate recommendations into agency coordination roadmap and present to PPS	Completed	PMO to integrate recommendations into agency coordination roadmap and present to PPS Clinical Operations Committee for review and feedback	07/01/2015	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Clinical Operations Committee for review and feedback									
<b>Task</b> PPS Clinical Operations Committee comments incorporated by PMO	Completed	PPS Clinical Operations Committee comments incorporated by PMO	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	On Hold	Agency Coordination Plan ratified by Executive Committee, which will monitor adherence to Plan	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Agency delegates recruited	On Hold	Agency delegates recruited	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Milestone #8</b> 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).	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
<b>Task</b> PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	Completed	PMO HR Lead to meet with 1199TEF to discuss workforce engagement and communication strategy and best practices (including objectives, principles, target audiences, channels, barriers and risks, milestones and measuring effectiveness)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	On Hold	PMO HR Lead to engage Workforce Sub-committee (to include representatives of workforce) in discussion of Network's workforce communication and engagement needs and to develop plan outline	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	On Hold	Workforce Sub-committee to integrate Network plan outline with PPS Lead communication and engagement needs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	On Hold	Workforce Sub-committee to draft workforce engagement and communication plan and present to Executive Committee	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b>	On Hold	Executive Committee reviews and ratifies workforce	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Executive Committee reviews and ratifies workforce engagement and communication plan		engagement and communication plan							
<b>Milestone #9</b> Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO
<b>Task</b> The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk.  Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away.	In Progress	The NYP PPS has a proven track record of effectively leading collaborative teams of NYP, community providers and CBOs in the design and development of innovative care models. The Regional Health Collaborative is one example of a recent success story. The NYP PPS will build on that experience to optimize the governance of the NYP PPS and inform the management of governance risk.  Major risks to implementation of the Governance Structure and Processes, and associated mitigation strategies include: Competition for community provider and CBO time: The NYP PPS geography has several different PPS and many community providers and CBOs are members of multiple PPS. As such, demands on these providers and CBO' time are high. We will mitigate this risk by: 1) rotational membership of 10-month Committee terms which decreases the length of service burden; 2) charging Committee members with representation for all like provider and CBO types which will ensure each segment's interests are always represented; and 3) building a broad membership for our Committees, which will allow others to carry more weight when some need to step away.  Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result	04/01/2015	03/31/2016	04/01/2015	03/31/2020	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
step away.  Sustaining community provider and CBO engagement over DSRIP term: Both competing demands for time within and across PPSs, and the need for community providers and CBOs to maintain their non-DSRIP businesses over the term of DSRIP will be risks. If not mitigated, these risks could result in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.		in a lack of engagement across the PPS, which could jeopardize the connectivity and inter-dependence required to produce the broad utilization changes to which DSRIP aspires. The primary mitigation strategy is to ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level. Similarly, engaging in fair and transparent funds flow will be important to securing community provider and CBO loyalty to and engagement with the PPS over time.							

**IA Instructions / Quarterly Update**

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

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	lea9024	Other	39_MDL0203_1_4_20160421103625_NYP_PPS_Governance_Structure_Updated_DY1_Q4.pdf	updated governance structure	04/21/2016 10:36 AM



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**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	lea9024	Policies/Procedures	39_MDL0203_1_4_20160421103539_Updated_Charters_DY1_Q4.pdf	updated Committee charters	04/21/2016 10:35 AM
	lea9024	Templates	39_MDL0203_1_4_20160421103500_Updated_Committee_Meetings_DY1_Q4.pdf	updated Committee meeting schedule	04/21/2016 10:35 AM
	lea9024	Rosters	39_MDL0203_1_4_20160421103344_Updated_Committee_Membership_DY1_Q4.pdf	updated Committee membership	04/21/2016 10:33 AM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	lea9024	Policies/Procedures	39_MDL0203_1_4_20160421104359_NYP_PPS_ClinOpsCommitteeGuidelines_20160418_DY1_Q4.pdf	Updated Clinical Operations Committee charter	04/21/2016 10:43 AM
	lea9024	Other	39_MDL0203_1_4_20160421104311_NYP_PPS_Governance_Structure_Updated_DY1_Q4.pdf	Updated NYP PPS governance structure organizational chart	04/21/2016 10:43 AM
	lea9024	Templates	39_MDL0203_1_4_20160421104222_Meeting_Schedule_Clinical_Operations_Committee_DY1_Q4.pdf	Updated Clinical Operations Committee meeting schedule	04/21/2016 10:42 AM
	lea9024	Rosters	39_MDL0203_1_4_20160421104139_Clinical_Governance_Committee_Membership_DY1_Q4.pdf	Updated Clinical Operations Committee membership list	04/21/2016 10:41 AM
Finalize bylaws and policies or Committee Guidelines where applicable	lea9024	Policies/Procedures	39_MDL0203_1_4_20160421104657_Updated_Charters_DY1_Q4.pdf	Updated Committee charters	04/21/2016 10:46 AM
Establish governance structure reporting and monitoring processes	lea9024	Other	39_MDL0203_1_4_20160421105638_Governance_Milestone_#4_Update_DY1_Q4.pdf	Update on governance reporting/monitoring actions from prior quarter	04/21/2016 10:56 AM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	lea9024	Templates	39_MDL0203_1_4_20160425131040_Community_Engagement_Template_DY1_Q4.pdf	Community Engagement Template	04/25/2016 01:10 PM
	lea9024	Other	39_MDL0203_1_4_20160421110159_Community_Engagement_Plan_final.pdf	NYP PPS Community Engagement Plan	04/21/2016 11:01 AM
Finalize partnership agreements or contracts with CBOs	lea9024	Templates	39_MDL0203_1_4_20160425131201_Meeting_Schedule_DY1_Q4.pdf	Meeting schedule	04/25/2016 01:12 PM
	lea9024	Rosters	39_MDL0203_1_4_20160421132407_Community_Based_Organizations_Template_DY1_Q4.pdf	Community-based organizations template	04/21/2016 01:24 PM
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.)	lea9024	Rosters	39_MDL0203_1_4_20160421132738_Public_Sector_Agency_Template_DY1_Q4.pdf	Public Sector Agency Template	04/21/2016 01:27 PM



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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	See updated Committee membership lists, meeting schedules, charters and organizational chart.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	See updated Clinical Operations Committee meeting schedule, membership list and charter. See updated NYP PPS governance structure organizational chart.
Finalize bylaws and policies or Committee Guidelines where applicable	See updated Committee charters
Establish governance structure reporting and monitoring processes	See attached update and supporting documentation on governance reporting/monitoring actions taken in DY1, Q4.
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	The New York and Presbyterian Hospital has not yet finished executing participation agreements with all of its collaborators. At the recommendation of the IA during the remediation period, this milestone has been pushed back one year to allow for the contracting process to finish.
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.)	Per the IA June 1st remediation guidance, "If you don't intend to execute contracts with Public Sector Agencies please complete this remediation requirement by submitting a narrative which explains the nature of your relationship with these agencies your intent not to execute contracts," the following narrative has been provided.  The New York and Presbyterian Hospital Performing Provider System (PPS) does not plan to execute agreements with the agencies listed within the attached Public Sector Agency Coordination template. These relationships do not require agreements, as they are mostly focused on bi-directional information sharing around projects, receiving feedback on DSRIP projects and evolving community needs, and providing public forums to discuss PPS progress/efforts. There are no current plans for service coordination that require participation/service agreements.
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	We are adjusting the end date for this milestone pending further guidance on the IA regarding minimum standard requirements.

**Milestone Review Status**

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



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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #7</b>	Pass & Complete	
<b>Milestone #8</b>	Pass & Complete	
<b>Milestone #9</b>	Pass & Ongoing	



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**IPQR Module 2.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found





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

**Instructions :**

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

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

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

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

**✓ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams**

**Instructions :**

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

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



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

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

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

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



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**✓ IPQR Module 2.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**Module 2.6 - IPQR Module 2.6 - Key Stakeholders**

**Instructions :**

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

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



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**✓ IPQR Module 2.7 - IT Expectations**

**Instructions :**

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

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

Key to the NYP PPS IT shared infrastructure will be:

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

**✓ IPQR Module 2.8 - Progress Reporting**

**Instructions :**

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

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

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



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

**IPQR Module 2.9 - IA Monitoring**

**Instructions :**



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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
<b>Milestone #1</b> Finalize PPS finance structure, including reporting structure	Completed	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
<b>Task</b> Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	Completed	Complete PPS Finance Committee structure (including reporting structure), charter and Committee Guidelines per Governance workplan	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Define roles and responsibilities of PPS lead and finance function	Completed	Define roles and responsibilities of PPS lead and finance function	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	Completed	Develop PPS org chart that depicts finance function with reporting structure to PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	Completed	Obtain approval of finance function reporting structure from PPS Executive Committee, PPS Finance Committee and PPS Lead Applicant.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #2</b> 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	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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





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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
interventions and framework to PPS Executive Committee									
<b>Task</b>  PPS Executive Committee reviews recommendations and ratifies, as appropriate	On Hold	PPS Executive Committee reviews recommendations and ratifies, as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b>  PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	On Hold	PPS Finance Committee communicates standards/thresholds and framework to PPS Network Members and to PAC	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b>  PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	On Hold	PMO facilitates information-gathering discussions with selected PPS regarding opportunities for shared financial sustainability strategies, resources and timelines	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b>  PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	On Hold	PPS Finance Committee (or approved designee) provides general guidance on the development of a sustainability plan to financially fragile organizations	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b>  PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	On Hold	PPS Finance Committee to initiate quarterly, semi-annual and annual financial sustainability reporting as required under DSRIP	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Milestone #3</b> 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
<b>Task</b> Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	Completed	Complete review of NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance	Completed	Develop Compliance Plan to include written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance	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
plan that are within the scope of responsibilities of the PPS Lead.									
<b>Task</b> PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	On Hold	PPS Audit/Compliance Committee to review and approve Compliance Plan developed by PPS Lead - Compliance and PMO; recommends to PPS Executive Committee for ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee ratifies PPS Compliance Plan	On Hold	PPS Executive Committee ratifies PPS Compliance Plan	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	On Hold	PPS Audit/Compliance Committee, with support of PMO, to obtain confirmation from PPS network providers that they have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	On Hold	PMO and PPS Finance Committee ensure that compliance plan requirements are integrated into Agreement templates	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Milestone #4</b> Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board.	07/01/2015	03/31/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	YES
<b>Task</b> Establish Value Based Payment Work Group and Initiate Engagement	Completed	Establish Value Based Payment Work Group and Initiate Engagement	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	Completed	Convene VBP Work Group ("VBPWG") representative of PPS system. Consider representation from PPS providers, PCMH, FQHCs and plans	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Develop VBPWG Charter and guidelines to include responsibility to determine how revenue will be estimated, how value will be determined, how payments will be made and how MCOs will be engaged	On Hold	Develop VBPWG Charter and guidelines to include responsibility to determine how revenue will be estimated, how value will be determined, how payments will be made and how MCOs will be engaged	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	



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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
how payments will be made and how MCOs will be engaged									
<b>Task</b> VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	On Hold	VBPWG to develop communication plan and materials for providers to facilitate understanding of value based payment (VBP) and NYS VBP roadmap including levels of VBP and risk sharing options	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Conduct Stakeholder Engagement with PPS Providers	Completed	Conduct Stakeholder Engagement with PPS Providers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	On Hold	VBPWG to roll out communication plan and materials for providers to facilitate understanding of value based payment (VBP), to include levels of VBP and risk sharing options	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	Completed	VBPWG to develop a self-reported, stakeholder engagement survey to assess the PPS provider population and establish a baseline assessment of: degree of experience operating in VBP models and preferred compensation modalities; and, performance under any existing VBP arrangements currently in place	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> VBPWG to release stakeholder engagement survey	Completed	VBPWG to release stakeholder engagement survey	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> VBPWG to compile stakeholder engagement survey results and analyze findings.	In Progress	VBPWG to compile stakeholder engagement survey results and analyze findings.	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Milestone: Conduct stakeholder engagement with MCOs	In Progress	Milestone: Conduct stakeholder engagement with MCOs	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VBPWG to conduct stakeholder engagement sessions with MCOs to discuss potential contracting options and requirements (workforce, infrastructure, knowledge, legal support, etc.).	In Progress	VBPWG to conduct stakeholder engagement sessions with MCOs to discuss potential contracting options and requirements (workforce, infrastructure, knowledge, legal support, etc.).	10/01/2015	03/31/2016	10/01/2015	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
infrastructure, knowledge, legal support, etc.).									
<b>Task</b> Finalize PPS VBP Baseline Assessment	In Progress	Finalize PPS VBP Baseline Assessment	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	In Progress	VBPWG to develop initial PPS VBP Baseline Assessment, based on discussions at provider and MCO stakeholder sessions and survey results	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VBPWG to identify best practices in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	In Progress	VBPWG to identify best practices in VBP strategy including key metrics, based on strategy selected reaching out to MCOs for input	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	In Progress	Conduct provider meetings regarding the VBP Baseline Assessment to ensure their understanding and seek their agreement with the findings of the Assessment	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	In Progress	VBPWG to present initial PPS VBP Baseline Assessment to PPS Finance and Executive Committees for feedback	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	In Progress	VBPWG to present initial PPS VBP Baseline Assessment to PPS membership and PAC	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Milestone #5</b> Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board.	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	YES
<b>Task</b> Prioritize potential opportunities and providers for VBP arrangements.	On Hold	Prioritize potential opportunities and providers for VBP arrangements.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	On Hold	VBPWG to analyze total cost of care data provided by NYS DOH and other governmental agencies to identify opportunities related to an upside-only shared savings model ("UOSSM")	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b>	On Hold	VBPWG to identify challenges related to the implementation	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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



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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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
Finalize PPS finance structure, including reporting structure	lea9024	Templates	39_MDL0303_1_4_20160421135622_Meeting_Schedule_Finance_Committee_DY1_Q4.pdf	Updated Finance Committee meeting schedule	04/21/2016 01:56 PM
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	ink9012	Other	39_MDL0303_1_4_20160609054835_Financial_Sustainability_Milestone_FINAL_clean_copy.pdf	Updated Financial Health Assessment strategy document, in response to IA Remediation	06/09/2016 05:48 AM
	lea9024	Other	39_MDL0303_1_4_20160421153331_NYP_PPS_Financial_Health_Assessment_FINAL.pdf	Copy of Financial Health Assessment	04/21/2016 03:33 PM



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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	Updated Finance Committee meeting schedule. Updated governance structure organizational chart.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Date changed to 9/30/2016 per guidance from NYSDOH in chart titled "Update: Required Deadlines for Domain 1 Organizational Milestones," received by PPSs on 2/21/2016.
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Updated to reflect 4/6/16 training guidance.
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	

**Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
<b>Milestone #1</b>	Pass & Complete	
<b>Milestone #2</b>	Pass & Complete	
<b>Milestone #3</b>	Pass & Complete	
<b>Milestone #4</b>	Pass & Ongoing	
<b>Milestone #5</b>	Pass & Ongoing	
<b>Milestone #6</b>	Pass & Ongoing	
<b>Milestone #7</b>	Pass & Ongoing	
<b>Milestone #8</b>	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
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found





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

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

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

#### Instructions :

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

**Funding:** The NYP PPS DSRIP budgeted conservatively based on expectations set by the State regarding both PMPM and preliminary attribution. The actual reduction in funding of 21% resulted in a budget contraction of similar magnitude. At the same time, there has been no relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology have not changed, we are concerned about the impact on sustainable implementation of the ten projects and the impact lower funding on our community providers/CBOs. Mitigation strategies include encouraging the State to reduce reporting and performance requirements and conservative planning/expectation-setting across the PPS.

**Acceptance by Network Members of Sustainability Plan/compliance with reporting Requirements:** Some Network Members may be reluctant to share their financial challenges with other Members. Also, some Members may be not be able to adhere to reporting requirements which may stress organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements within the constraints of the DSRIP requirements, collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial metrics for PPS participants, or collaborating with local PPSs with shared network members to share financial sustainability information.

**Resources to maintain the financial sustainability monitoring:** There is a risk that financial sustainability reporting becomes onerous. This is a risk for the Network Members (see above) and for the PPS Finance Committee and PMO as aggregate reporting requirements across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements and the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.

**Acceptance of funds flow model by PPS members:** Having the buy-in of the PPS membership is key if the PPS is going to meet DSRIP project requirements and earn the performance payments. In some instances those project requirements may negatively affect PPS members' business model. Therefore, the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.

**Adherence by Network Members to compliance reporting:** Network Members may have compliance plans that may not be fully aligned with DSRIP requirements. Modifying compliance plans may require involvement of Boards and organizations may be reluctant to modify long-standing programs. Mitigation strategy includes allowing Network Members to self-report and attest to meeting the requirements.

**Building basic understanding of VBP across the PPS membership:** Many Network Members lack experience with non-fee-for-service models of reimbursement. The preferred mitigation strategy is the State provides broad-based education for providers at increasing levels of sophistication (and possibly certification to demonstrate proficiency). A less desirable model relies on the PPS Finance Committee (or designee) providing this education.

**Analyzing population health data to inform VBP Adoption Plan in a cost-effective way:** Little local experience exists in VBP and this presents a risk as achievement of the 80-90% goal is fundamentally transformative and presents a significant threat to participants. In addition, risk exists that preparing for VBP may be cost-prohibitive vis. the needed consultants, IT infrastructure, data analysis and contracting expertise. Mitigation strategies include: collaborating with the State for shared resources, including scrubbed/searchable population data, and collaborating with other PPS in discussions with MCOs to increase scalability.



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

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

#### IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

##### Instructions :

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

Major risks to implementation of the Financial Sustainability workstream and achievement of outcome measure targets, and associated mitigation strategies include:

**DSRIP Funding:** The NYP PPS DSRIP calculated its project budgets based on communications from the State regarding both the PMPM and the preliminary attribution for the NYP PPS. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement values and lower-than-expected Domain 2 and 3 quality and clinical outcomes measures. The actual reduction in funding of 21% due to the change in attribution methodology and, possibly, a change in PMPM has resulted in a budget contraction of a similar magnitude. At the same time, there has been no communication regarding relief from any DSRIP reporting or performance requirements. Given that the fixed costs of DSRIP management and technology infrastructure have not changed, we remain concerned about the negative impact on our ability to sustainably implement the ten projects chosen and developed by the PPS during the application phase and the impact lower funding could have on our community providers and CBOs. Mitigation strategies include encouraging the State to address reporting and performance requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.

**Acceptance by Network Members of the Financial Sustainability Plan and compliance with PPS reporting Requirements:** It is anticipated that some Network Members may be reluctant to share their financial challenges with other network members, including potential competitors in other lines of business. In addition, some Network Members may be overwhelmed by (or not have robust enough financial reporting to adhere to) reporting requirements which may add stress and workload in particular to organizations which are already financially stressed. Mitigation strategies currently include simplifying reporting requirements to the extent possible within the constraints of the DSRIP requirements, and collaborating with other PPSs to encourage the State to develop and maintain a shared warehouse of financial sustainability metrics for PPS network members from around the State and, in the absence of that, collaborate with local PPSs with shared network members to share financial sustainability information and mitigation approaches.

**Resources to maintain the financial sustainability monitoring:** There is a risk should the requirements for financial sustainability reporting become onerous and the metrics either too numerous or not well-defined. This is a risk for the Network Members (as discussed above) and for the PPS Finance Committee and PMO as reporting requirements taken in aggregate across DSRIP are prolific. Mitigation strategies include allowing Network Members to self-report and attest to meeting the requirements (in lieu of PPS Finance Committee/PMO collecting and analyzing). A second mitigation strategy could be the State, regional PPSs, or the NYP PPS developing an IT capability for automatic metric submission and attestation by the Network Members.

**Acceptance of funds flow model by PPS members:** Having the buy-in and support of the PPS membership is key if the PPS is going to meet DSRIP's overall goals and project requirements and earn the acceptable levels of DSRIP payment. In some instances those project goals and requirements may negatively affect PPS members' standard business model. In order to obtain, and maintain, this essential buy-in the PPS will regularly communicate with full transparency to all members regarding the funds distribution plan and its related processes.



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**✓ IPQR Module 3.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**☑ IPQR Module 3.6 - Key Stakeholders**

**Instructions :**

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

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



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

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

**✓ IPQR Module 3.8 - Progress Reporting**

**Instructions :**

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

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

**IPQR Module 3.9 - IA Monitoring**

**Instructions :**



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**Section 04 – Cultural Competency & Health Literacy**

**✓ IPQR Module 4.1 - Prescribed Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> 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
<b>Task</b> VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: Clinical Operations Committee and internal and external colleagues with an expertise in cultural competency/health literacy and delivering cultural competency/health literacy training to healthcare providers.	On Hold	VP, Community Health develops expanded cultural competency/health literacy strategy ("CCHL") based on the core NYP "Culture of One" framework. Inputs will include: meetings and discussions with key CBOs, Network Members and community stakeholders; and a review of the health disparities and community needs in each NYP PPS service area (Southwest Bronx, Upper Manhattan, Upper East Side, Harlem, Western Queens and Lower Manhattan) via the CNA.	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
<b>Task</b> VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	On Hold	VP, Community Health leads a small PPS-wide Working Group (including representatives from the Workforce Sub-committee as appropriate) to define plans for two-way communication with the community, e.g., through the PAC; identify which tools currently being used will be best to assist patients with self-management in different service areas; and set up a training schedule for all providers involved in DSRIP projects.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	On Hold	Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, including the proven "Culture of One" roles, responsibilities, materials, timelines and methods, revising as appropriate for approval.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Clinical/Operations Committee approves CCHL strategy.	Completed	Clinical/Operations Committee approves CCHL strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Working Group to present CCHL strategy to Executive Committee for ratification.	Completed	Working Group to present CCHL strategy to Executive Committee for ratification.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PPS Executive Committee to ratify CCHL strategy	Completed	PPS Executive Committee to ratify CCHL strategy	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Working group presents strategy to PAC	On Hold	Working group presents strategy to PAC	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #2</b> Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
<b>Task</b>	In Progress	VP, Community Health reviews current cultural competency	07/01/2015	03/31/2016	07/01/2015	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
VP, Community Health reviews current cultural competency curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.		curricula in light of PPS CNA and identifies gaps between existing curricula for "Culture of One" and "Culture of Populations", and CNA-identified needs. Gaps may include death and dying and the stigma of addiction and others, TBD.							
<b>Task</b> VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	In Progress	VP, Community Health collects information through meetings, interviews and other methods from projects (sources: Project Leads and PPS Network Members) to determine project-specific cultural competency training topics with a focus on Behavioral Health, HIV and Palliative Care	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	In Progress	VP, Community Health adapts existing cultural competency training curricula for additional workforce roles and communities (e.g., Chinese American in Lower Manhattan) in concert with key community members, city agencies, workforce stakeholders and Workforce Sub-committee. One example: different sets of providers will require different training (physicians, staff, peer providers, etc.) Curricula will be customized to meet the needs of the three largest new DSRIP workforces in the NYP PPS: care managers, patient navigators, and community healthcare workers.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	On Hold	VP, Community Health, convenes same Working Group to review revised curricula (which includes two major components: Culture of One and Culture of Populations)and to present training strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b>	On Hold	Clinical/Operations Committee approves training strategy.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	





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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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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.	lea9024	Templates	39_MDL0403_1_4_20160421164247_Meeting_Schedule_CC_HL_Workgroup.pdf	Meeting schedule for CC/HL Workgroup	04/21/2016 04:42 PM
	lea9024	Other	39_MDL0403_1_4_20160421164129_NYP_PPS_CC_HL_Meeting_Update_20160419.pdf	Memo regarding CC/HL community forms	04/21/2016 04:41 PM

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	See attached memo regarding community forms and meeting template for the CC/HL Workgroup
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	



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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #1</b>	Pass & Complete	
<b>Milestone #2</b>	Pass & Ongoing	



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**IPQR Module 4.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**

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

Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The NYP PPS has adopted a patient-centered approach to cultural competency, known as the "Culture of One," which is aligned with the National Quality Forum's (NQF) framework, was arose from seminal research published by NYP's VP-Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally. As part of the Culture of One, the the burden of clear communication and understanding is placed on the provider, not the patient, otherwise, we risk the same fragmented care that DSRIP seeks to remedy.. We have identified several associated implementation risks: .

Training. We must ensure that all providers on a patient's care team across the continuum are consistently and effectively trained in cultural competency and health literacy. To mitigate this risk, the NYP PPS will train frontline staff and physicians to provide care that respects patients' "Culture of One" by treating patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoiding racial or ethnic stereotyping. Additionally, providers and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i will receive training on how to deal sensitively with patients and families facing advanced illnesses. Those involved in Projects 3.e.i and 4.c.i will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues. We will also establish an expert panel to review the health literacy level of DSRIP project educational materials.

The NYP PPS also intends to co-invest with the State through the CRFP and with ASCNYC in a Peer Training Institute which provide training for CHWs, Patient Navigators, Health Educators and Interpreters. These "peer providers" are trained local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. At the Peer Training Institute, trainees will learn to avoid the pitfalls of "false fluency" and of using family interpreters or bilingual providers as ad hoc interpreters. They are critical to mitigating the barriers presented by the cultural diversity of our attributed beneficiaries.

New Patient Population. Though NYP has extensive experience with Upper Manhattan communities, it has less experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. This service area is 25% Asian with a majority of Chinese origin (75% of the Asian population; 18% of the total service area). Almost a third of the population is foreign-born, 60% of which originate from Asian countries. Twenty percent of the population speaks an Asian language, of which 65% speak English less than "very well." To address the challenge of working with this new population, the NYP PPS will collaborate with long-standing, experienced leaders in the community such as Charles B. Wang Community Health Center as well as the NYC Department of Health and Mental Hygiene for training, translated materials and so on.

In addition, the NYP PPS will establish and provide guidance to existing and new cultural competency committees at several large Network Members to ensure that the Culture of One program is tailored to the needs of PPS members.

Data Collection. In order to analyze data and measure progress/success, we must capture the appropriate patient-level data at each encounter. These include but are not limited to ethnicity, race and preferred language. To mitigate the risk of not having adequate data, training for registrars and other front-desk staff will include education on how to ask these sensitive questions and how to code them appropriately.

**✓ IPQR Module 4.4 - Major Dependencies on Organizational Workstreams**



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**Instructions :**

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

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

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

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

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

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



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**IPQR Module 4.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**✓ IPQR Module 4.6 - Key Stakeholders**

**Instructions :**

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

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



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**✓ IPQR Module 4.7 - IT Expectations**

**Instructions :**

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

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

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

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

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

**✓ IPQR Module 4.8 - Progress Reporting**

**Instructions :**

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

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





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progress.

Disparity-Sensitive Clinical Outcomes. Each project has its own clinical outcomes measures of success. We will select existing measures that qualify as "disparity-sensitive" as defined by the NQF, i.e., "those that serve to detect... differences in quality among populations or social groupings (race/ethnicity, language, etc.)." These measures include care with a high degree of discretion, such as the decision to prescribe medication to control a patient's pain (e.g., Project 3.g.i); communication-sensitive services, such as smoking cessation counseling (e.g., Project 4.b.i); social determinant-dependent, or patient self-management, measures, such as medication adherence to diabetes or CHF management (e.g., Projects 2.b.i, 2.b.iv); and outcome and communication-sensitive process measures, such as the provision of certain vaccines, where some groups may have specific concerns about some interventions or medications over others (e.g., Project 2.b.i).(1)"

"Ambulatory Care Sensitive Conditions. PQIs measure potentially avoidable hospitalizations for ambulatory care sensitive conditions and reflect issues of access to high-quality ambulatory care, which may be the result of disparities in care. Examples are short-term complications from diabetes and uncontrolled diabetes admission rate, both of which will likely be tracked by Project 2.b.i.

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

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

(1) Weissman, Carrillo et al, "Commissioned Paper: Healthcare Disparities Measurement," National Quality Forum, October 4, 2011.

(2) Carrillo et al, "The NYP Regional Health Collaborative," Health Affairs, 33, No. 11 (2014) 1985-1992."

**IPQR Module 4.9 - IA Monitoring**

**Instructions :**



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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
<b>Milestone #1</b> 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.	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
<b>Task</b> Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings. Previous PPS Network Member survey(s) will inform assessment design.	Completed	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts. Tools will include surveys, emails, interviews, self assessments, and meetings. Previous PPS Network Member survey(s) will inform assessment design.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO distributes IT assessment to Network Members for feedback.	Completed	PMO distributes IT assessment to Network Members for feedback.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	On Hold	Director of Interoperability Informatics, in collaboration with PPS IT/Data Governance Committee, may conduct a response validation exercise, which may include interviews, follow-up surveys or other tactics to be determined	10/01/2015	03/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PMO incorporates feedback from Network Members.	Completed	PMO incorporates feedback from Network Members.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Task</b> Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	Completed	Based on assessment response, and also based on roles of PPS Network Members as identified by the Projects, additional assessment may be warranted, which may include: additional self-assessment, site visits, Affinity Group working sessions (which bring together like providers) and other strategies to be determined	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> IT/Data Governance Committee reviews and summarizes network IT capabilities.	On Hold	IT/Data Governance Committee reviews and summarizes network IT capabilities.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> IT/Data Governance Committee presents assessment to Exec Committee for ratification.	On Hold	IT/Data Governance Committee presents assessment to Exec Committee for ratification.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	On Hold	IT/Data Governance Committee recommends process and timeline for ongoing IT assessments as appropriate	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Milestone #2</b> Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include: -- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	In Progress	Director of Interoperability Informatics leads group including project leaders, Network Members, Workforce Sub-committee members and others to develop NYP PPS IT change management strategy in response to assessment and in conjunction with IT/Data Governance Committee.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b>	In Progress	PPS PMO and PPS IT, working with Network Members, align	07/01/2015	03/31/2016	07/01/2015	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
PPS PMO and PPS IT, working with Network Members, align previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.		previously planned project-specific IT plans, capital and operating investments, resource plans (including staffing, training) and strategies which have been developed at the discipline, function, technology and CBO levels, with drafted IT change management plan and adjust both the IT Change Management Strategy and the project-specific plans as necessary.							
<b>Task</b> IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	On Hold	IT/Data Governance Committee recommends timeline for Network Member progress reporting, including expectations for timely investment, testing and training	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> IT/Data Governance Committee presents strategy to PAC.	On Hold	IT/Data Governance Committee presents strategy to PAC.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	On Hold	IT/Data Governance Committee presents final IT Change Management Strategy to Executive Committee; PPS Executive Committee ratifies strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	On Hold	IT/Data Governance Committee works with Workforce Sub-committee to develop communication and training strategy for IT Change Management process.	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b> IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	In Progress	IT/Data Governance Committee either assumes responsibility, or charters Sub-committee to monitor progress and performance, and creates process for monitoring the ongoing progress and performance of the change management strategy, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Workforce Sub-committee as well.	07/01/2015	09/30/2016	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	



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



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
connectivity and data-sharing requirements, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.		Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.							
<b>Milestone #4</b> Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	Completed	IT/Data Governance Committee reviews current RHIO consent process, including pitfalls experienced by clinical and operational staff in the current model.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy principles are incorporated into the new RHIO consent process.	In Progress	Clinical/Operations and IT/Data Governance Committees work with Community Health department to ensure that cultural competency and health literacy principles are incorporated into the new RHIO consent process.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	In Progress	Clinical/Operations and IT/Data Governance Committees develop staged plan for outreach to Network Members to communicate RHIO consent processes, assist with implementation (as needed) and tracking/reporting member engagement.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b>  Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	On Hold	Director of Interoperability Informatics engages Healthix (QE) to work with Network Members to finalize plan, including getting feedback from Network Members on operational feasibility and cultural appropriateness.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	On Hold	Clinical/Operations and IT/Data Governance Committees present joint NYP PPS RHIO plan to Executive Committee for ratification.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Milestone #5</b>	On Hold	Data security and confidentiality plan, signed off by PPS	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	NO



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Develop a data security and confidentiality plan.		Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.							
<b>Task</b> Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	On Hold	Director of Interoperability Informatics and NYP Chief Information Security Officer lead small internal IT group (legal, security/privacy officers) to develop NYP data security and confidentiality plan, including security testing recommendations, analysis and planning for adherence to CFR42/BH, roll out of recommendations to other participants in PPS, and plan for auditing/testing plan reliability.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	On Hold	Corporate Director IT, Director of Interoperability Informatics and Chief Information Security Officer work with IT/Data Governance Committee to finalize PPS Network data security and confidentiality plan.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	On Hold	IT/Data Governance Committee presents Datasharing and Interoperability plan to Executive Committee for ratification.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Perform current state assessment of IT capabilities across network, identifying any	lea9024	Templates	39_MDL0503_1_4_20160421160352_Meeting_Schedule_IT_Data_Governance_Committee.pdf	IT/Data Governance Meeting Schedule	04/21/2016 04:03 PM



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**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	lea9024	Other	39_MDL0503_1_4_20160421160312_NYP_IT_Systems_and_Processes_Milestone_1_Final.pdf	IT current state assessment	04/21/2016 04:03 PM

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
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 & Ongoing	
Milestone #5	Pass & Ongoing	





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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
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**

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

The biggest risk to implementing the IT governance structure and network-wide infrastructure is that funding from the CRFP is not approved. The NYP PPS IT infrastructure is a prerequisite to achieving the goals of DSRIP. If we receive less funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Another risk is the need to develop new inter-institutional workflows. These challenges will be mitigated through leadership commitment from NYP and the Network Members as well as dedicated project management resources.

Third, there is a need to develop robust governance processes. The mitigation approach will be to use the IT/Data Governance Committee to make decisions as needed, with approval from the Executive Committee.

Finally, there is the risk that our assumptions, though conservative, have still underestimated the budget for key parts of the infrastructure. To mitigate this risk, we plan to use operational funds earmarked for projects if needed.

One of the key risks is the capacity of the RHIO to connect new members. Healthix has to support about eight PPSs citywide, and the number of new interfaces they will need to create is estimated at over 1,000. They have given us a tentative timetable that it will take until the end of 2016 to connect all NYP PPS Members. We will mitigate this risk by (i) prioritizing the connections so that the partners that are most important to achieving our goals will be connected first; and (ii) having a multi-layered data exchange strategy that includes—beside the RHIO—key members using Allscripts Care Director, the use of direct messaging and the secure exchange of auxiliary files when necessary.

Another challenge will be consent. Obtaining consent can be operationally difficult to implement, yet RHIO consent is a core measure of success for the PPS. Mitigation approaches include (i) leadership commitment from the partners to participate in HIE-related obligations; (ii) educating partner organizations about the processes necessary to obtain consent; (iii) examining the consent options; and (iv) staffing, in the form of a "CBO integration manager," to help partners organizations work through consent-related challenges.

Third, there is the challenge of interoperability amongst various vendors and with different Network Members. To mitigate this risk, the PPS intends to assure that all relevant PPS partners are connect to Healthix so that the Network Members can access the basic, necessary data to care for patients. NYP currently connects to the State Health Information Network for New York (SHIN-NY) via Healthix. Currently, only a minority of NYP PPS Network Members are Healthix participants.

Another risk mitigation strategy to address interoperability and the ability to share data is the implementation across the PPS of Allscripts Care Director (ACD), a care coordination platform supported by NYP. PPS members will use ACD to document patient assessments and care plans and to see documents entered by others who are caring for the patient. ACD currently is being used by several CBOs as part of NYP's Medicaid Health Home program and will be extended under DSRIP.

The goals of the PPS will be achieved through the implementation of technology-enabled work flows that include increased access to the patient's data by members of the patient's care team. The increased access will be achieved through (i) the use of Allscripts Care Director by Network Members and (ii) the use of Healthix.

To mitigate ACD's risks, ACD's privacy and security framework includes BAAs, which establish privacy obligations under HIPAA; formal processes for creation/termination of accounts; training in privacy and security; and password management. Healthix members sign a Participant Agreement, which obligates them to adhere to Healthix's Privacy and Security Policies.



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**✓ IPQR Module 5.4 - Major Dependencies on Organizational Workstreams**

**Instructions :**

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

The IT Systems and Processes workstream will depend on:

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

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

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

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

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



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**✓ IPQR Module 5.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**✓ IPQR Module 5.6 - Key Stakeholders**

**Instructions :**

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

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



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

## DSRIP Implementation Plan Project

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

#### ✅ IPQR Module 5.7 - Progress Reporting

##### Instructions :

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

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

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

#### IPQR Module 5.8 - IA Monitoring

##### Instructions :



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**Section 06 – Performance Reporting**

**✓ IPQR Module 6.1 - Prescribed Milestones**

**Instructions :**

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> 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	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
<b>Task</b> PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	Completed	PMO and Project Leads to draft performance reporting and communications strategy including confirming that Project Leads will be responsible for clinical and financial outcomes of their projects.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	Completed	Project Leads share performance reporting and communications strategy with key Network Members for input and incorporate feedback	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	Completed	PMO integrates project-level strategies into a unified DSRIP program performance reporting and communications strategy	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	Completed	PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> IT/Data Governance Committee-selected work	On Hold	IT/Data Governance Committee-selected work group maps out approach to creation and use of clinical quality and	07/01/2015	03/31/2016	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
group maps out approach to creation and use of clinical quality and performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.		performance dashboards using Amalga and other analytics software to align with defined performance reporting and communications strategy.							
<b>Task</b> Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	On Hold	Clinical/Operations and IT/Data Governance Committees finalize strategies and present to PPS Executive Committee for ratification. (Includes RCE approach, outlined below.)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Milestone #2</b> Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	On Hold	Finalized performance reporting training program.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	In Progress	Workforce Sub-committee will develop strategy to integrate new reporting processes and clinical metric monitoring workflows into the frontline staff and physician training curriculum. The Workforce Sub-committee will likely consult on feasibility of strategy with IT team.	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	On Hold	Workforce Sub-committee will work with 1199 TEF (lead workforce training vendor) to develop schedule for incorporating this training into overall DSRIP training schedule.	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	On Hold	Workforce Sub-committee will present training strategy to IT/Data Governance and Clinical/Operations Committees for feedback and approval.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	On Hold	Workforce Sub-committee advises PPS Executive Committee of final performance reporting training program.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Workforce Sub-committee with leadership support from PPS Executive Committee and logistical support from PMO initiate performance reporting training program; it is expected training	On Hold	Workforce Sub-committee with leadership support from PPS Executive Committee and logistical support from PMO initiate performance reporting training program; it is expected training	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	





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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish reporting structure for PPS-wide performance reporting and communication.	ink9012	Meeting Materials	39_MDL0603_1_4_20160607051933_NYP_PPS_ExecCommittee_20160321_MINUTES.pdf	March 21st, 2016 PPS Executive Committee meeting minutes, demonstrating the "board approval" of PPS Performance Reporting Milestone #1.	06/07/2016 05:19 AM
	lea9024	Other	39_MDL0603_1_4_20160421161410_NYP_PPS_Performance_Reporting_Milestone_1_final.pdf	Performance Reporting Milestone #1	04/21/2016 04:14 PM

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	In response to IA remediation feedback, "PPS must provide evidence of board approval of the Performance Reporting Structure. This task status is marked "ON HOLD" with a Due date of DY1Q4 in MAPP," the PPS has provided the meeting minutes from the March 21, 2016 PPS Executive Committee meeting where the milestone was approved.
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	



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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #2</b>	Pass & Ongoing	



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**IPQR Module 6.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**

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

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

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

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

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

**✓ IPQR Module 6.4 - Major Dependencies on Organizational Workstreams**

**Instructions :**

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



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

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

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

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



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**✓ IPQR Module 6.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**✓ IPQR Module 6.6 - Key Stakeholders**

**Instructions :**

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

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



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**✅ IPQR Module 6.7 - IT Expectations**

**Instructions :**

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

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

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

**✅ IPQR Module 6.8 - Progress Reporting**

**Instructions :**

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

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

**IPQR Module 6.9 - IA Monitoring**





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**Instructions :**



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**Section 07 – Practitioner Engagement**

**✓ IPQR Module 7.1 - Prescribed Milestones**

**Instructions :**

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> 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
<b>Task</b> PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	On Hold	PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	On Hold	PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	On Hold	Based on survey responses, PPS Clinical Operations Committee to recommend practitioner groups to PPS Executive Committee for approval	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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



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



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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Develop Practitioners communication and engagement plan.	lea9024	Templates	39_MDL0703_1_4_20160425131521_Meeting_Schedule_DY1,_Q4.pdf	Meeting schedule	04/25/2016 01:15 PM
	lea9024	Other	39_MDL0703_1_4_20160421162146_NYP_PPS_PractitionerEngagement_Milestone1_Deliverable_fi	Practitioner Engagement Milestone #1	04/21/2016 04:21 PM



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**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			nal.pdf		

**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 & Ongoing	



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**IPQR Module 7.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**

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

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

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

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

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

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





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**✓ IPQR Module 7.4 - Major Dependencies on Organizational Workstreams**

**Instructions :**

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

Interdependence of the Practitioner Engagement Workstream with other workstreams is high, including:

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

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

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

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



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**✓ IPQR Module 7.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**✓ IPQR Module 7.6 - Key Stakeholders**

**Instructions :**

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

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



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**✓ IPQR Module 7.7 - IT Expectations**

**Instructions :**

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

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

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

**✓ IPQR Module 7.8 - Progress Reporting**

**Instructions :**

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

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

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

**IPQR Module 7.9 - IA Monitoring**

**Instructions :**



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**Section 08 – Population Health Management**

**✓ IPQR Module 8.1 - Prescribed Milestones**

**Instructions :**

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> PPS PMO to establish PMO-PCMH Team	Completed	PPS PMO to establish PMO-PCMH Team	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
<b>Task</b> PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	Completed	PPS PMO to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
<b>Task</b> PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	On Hold	PPS PMO to align available data sets and tools with project-level needs (e.g., registries) and identify gaps	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	Completed	PCMH Team to develop roadmap for bringing relevant practices to Level 3 2014 standards	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	On Hold	PPS PMO, PCMH Team and Workforce Sub-committee to identify workforce development, training and education needs for population health	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
<b>Task</b> Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	On Hold	Drawing on CNA and other analyses, PPS PMO and PPS IT to conduct risk stratification analysis in order to prioritize high risk populations for targeted intervention	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	On Hold	Project Leads to socialize findings with key Network Members (including providers and CBOs) associated with each project in order to validate conclusions and to solicit strategies for engagement.	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	On Hold	PPS PMO to integrate all findings and analyses for presentation to PPS IT/Data Governance and Clinical Operations Committees for feedback and ratification	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	On Hold	PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	On Hold	PPS Clinical Operations Leads to present population health roadmap to PAC to solicit input from non-Network and Network members, alike.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	On Hold	PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	On Hold	Project Leads to review new care models, pathways, measurement and monitoring needs not previously identified in order to monitor progress in managing population health	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> PPS PMO to integrate emerging project-level pop health data needs into roadmap	On Hold	PPS PMO to integrate emerging project-level pop health data needs into roadmap	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b>	On Hold	PPS PMO, PCMH Team and Workforce Sub-committee to roll	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS PMO, PCMH Team and Workforce Sub-committee to roll out training plan consistent with roadmap		out training plan consistent with roadmap							
<b>Task</b> PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	In Progress	PPS PMO in collaboration with PPS IT, to design measurement and monitoring tools and methods, including some which may have not been previously identified, in order to monitor progress in managing population health and to identify emerging health disparities which may require intervention	04/01/2015	09/30/2016	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	
<b>Milestone #2</b> Finalize PPS-wide bed reduction plan.	On Hold	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	01/01/2016	06/30/2017	01/01/2016	06/30/2017	06/30/2017	DY3 Q1	NO
<b>Task</b> PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, and inpatient behavioral, using PMO and DOH reports on reductions in avoidable hospital use when available	On Hold	PPS Lead to engage staff under supervision of PMO to model the impact of all DSRIP projects on inpatient activity; post-acute total capacity and bed complement across SNF, long-term care, and sub-acute rehab; and behavioral and substance abuse capacity across inpatient, residential, partial hospitalization and other settings, using PMO and DOH reports on reductions in avoidable hospital use when available	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
<b>Task</b> "Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	On Hold	"Based on modeling and in consultation with provider network, PPS Lead to establish high-level forecasts of the following which will be updated periodically: a. Reduced avoidable hospital use over time b. Any changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity"	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
<b>Task</b> PPS Lead to develop and ratify inpatient capacity change plan as appropriate	On Hold	PPS Lead to develop and ratify inpatient capacity change plan as appropriate	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
<b>Task</b>	On Hold	PPS community providers impacted by forecasted capacity	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1	



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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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





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**IPQR Module 8.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**

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

Major risks to implementation of the Population Health workstream, and associated mitigation strategies include:

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

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

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

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

**✓ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams**

**Instructions :**

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

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



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

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

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

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



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**✓ IPQR Module 8.5 - Roles and Responsibilities**

**Instructions :**

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

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



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**✓ IPQR Module 8.6 - Key Stakeholders**

**Instructions :**

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

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



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## DSRIP Implementation Plan Project

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#### ✅ IPQR Module 8.7 - IT Expectations

##### Instructions :

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

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

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

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

#### ✅ IPQR Module 8.8 - Progress Reporting

##### Instructions :

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

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

#### IPQR Module 8.9 - IA Monitoring

##### Instructions :



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**Section 09 – Clinical Integration**

**✓ IPQR Module 9.1 - Prescribed Milestones**

**Instructions :**

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

Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
<b>Milestone #1</b> Perform a clinical integration 'needs assessment'.	On Hold	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
<b>Task</b> Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to design a clinical integration needs assessment framework to use for each of the DSRIP projects. This framework will outline the people, process, technology and data components that are relevant for clinical integration as it pertains to each of the DSRIP project target populations (including the technical requirements for data sharing and interoperability)	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
<b>Task</b> Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project, incorporating the community needs assessment and the current partner lists. This provider map will cover the entire	On Hold	Based on experience to date implementing DSRIP Projects, the PMO, in consultation with Project Leads, to create a map of the providers to be involved in each DSRIP project, incorporating the community needs assessment and the current partner lists. This provider map will cover the entire	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	





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



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



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

**IA Instructions / Quarterly Update**

Milestone Name	IA Instructions	Quarterly Update Description
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No Records Found

**Prescribed Milestones Current File Uploads**

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



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**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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



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**IPQR Module 9.2 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

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

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

#### Instructions :

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

Major risks to implementation of the Clinical Integration Workstream, and associated mitigation strategies include:

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

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

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

Strong clinical integration requires strong IT systems and processes locally and at the State/regional level, and is a significant investment for the PPS and for participating Network Members:

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

### ✓ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams



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**Instructions :**

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

Interdependence of the Clinical Integration Workstream with other workstreams is high, including:

**Practitioner Engagement:** The PPS needs a strong and well-executed practitioner engagement strategy. The practitioner engagement training & education described in the Practitioner Engagement section will include education regarding clinical integration so clinicians can develop the skills and capabilities required to deliver integrated care across the continuum and with non-traditional partners in healthcare delivery.

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

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

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



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**✓ IPQR Module 9.5 - Roles and Responsibilities**

**Instructions :**

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

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





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**✓ IPQR Module 9.6 - Key Stakeholders**

**Instructions :**

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

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



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**✓ IPQR Module 9.7 - IT Expectations**

**Instructions :**

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

Effective clinical integration will require relevant information to be readily accessible for all providers across the patient care spectrum. For some providers this will mean becoming PCMHs or enhancing their level of certification, for others it will mean joining the RHIO, for still others it will mean learning and utilizing Allscripts Care Director and tracking and monitoring registries of Medicaid beneficiaries participating in the PPS. The development of the clinical integration strategy and the development of the project plans will help determine which IT infrastructure elements are high priority. Elements will include:

- Architecture
- Data sharing and confidentiality protocols
- Platforms
- Approach to automated and manual processes
- Data reporting and performance monitoring
- Secure messaging and alerts
- Role of portals

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

**✓ IPQR Module 9.8 - Progress Reporting**

**Instructions :**

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

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

**IPQR Module 9.9 - IA Monitoring:**



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**Instructions :**



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

## DSRIP Implementation Plan Project

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

#### Section 10 – General Project Reporting

##### IPQR Module 10.1 - Overall approach to implementation

#### Instructions :

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

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

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

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

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

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



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

**Instructions :**

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

The most significant interdependency among projects has to do with the IT infrastructure necessary to support the development of an integrated delivery system for the NYP PPS's attributed Medicaid population. Ensuring that patients receive optimal care will require providers across the PPS to have the most accurate information about the current state of the patient—including the patient's clinical and utilization data and the names of other providers and CBOs involved in the patient's care—so that the care provider can make appropriate care decisions and use available resources most effectively. The NYP PPS IT/Data Governance Committee will be responsible for overseeing the implementation of the IT Infrastructure and reporting progress regularly to the NYP PPS Executive Committee.

The PPS's Workforce Strategy will provide an opportunity for cross-project collaboration. Two examples are technical training and cross-project hiring. First, most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the RHIO. New and existing workers at all levels will need technical training and engagement support to ensure that impacted staff are ready, willing and able to succeed with the new system. To address this challenge, the NYP PPS will retain the 1199SEIU Training and Employment Funds (TEF) as the lead workforce development provider.

Cultural Competency and Health Literacy training is a key to the success of all projects. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. In addition, NYP and ASCNYC are partnering to develop a Peer Training Institute which will be a PPS center for Community Health Worker, Patient Navigator, Health Educator and Interpreter training serving.

Overlapping goals and requirements of different projects could lead to duplicate efforts without strong, centralized planning and management. For example, managing transitions of care more effectively will be a central part of multiple projects, and without a proactive approach to our Care Transitions Strategy there is a risk that different protocols will be developed at different sites or in different projects. Many projects also share same or similar project requirements (e.g. 30-day Care Transitions and Ambulatory ICU). To address this issue, the Clinical/Operations committee has been charged with defining standards.

In addition, we will map out all of the project requirements affecting our committed providers and develop a "heat map" of the project requirements that show where they cross-cut and which providers will be involved in the most projects. For those project requirements that are most pervasive, we will set up specific teams tasked with driving consistent, coordinated implementation.

There are three primary PPSs that overlap with ours: Mount Sinai, NYC HHC, and Advocate s. During the Design Grant phase we met with both Mount Sinai and HHC about potential project overlap and collaborations. In both instances it was agreed that starting in DY1 we would meet to explore operational and infrastructure opportunities.. In addition, we have met with Advocate Community Partners to understand their PPS and describe our projects/vision for the PPS, particularly with respect to the Lower Manhattan service area. We have also started conversations with the New York Hospital Queens Performing Provider System.



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**✓ IPQR Module 10.3 - Project Roles and Responsibilities**

**Instructions :**

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

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



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

**Instructions :**

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

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



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





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**✓ IPQR Module 10.5 - IT Requirements**

**Instructions :**

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

Over five years, the NYP PPS plans to invest \$13.3 million of its DSRIP funds and \$6.5 million in capital funding through the CRFP Grant and a 100% NYP match (pending approval) to develop connectivity across the PPS. The work has seven main components:

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

**✓ IPQR Module 10.6 - Performance Monitoring**

**Instructions :**



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

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



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**✓ IPQR Module 10.7 - Community Engagement**

**Instructions :**

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

The NYP PPS will drive community involvement in the DSRIP projects through the Provider Advisory Committee, or PAC. The PAC consists of 57 members, 23 from the community (e.g., local government, senior centers and churches), 31 from PPS provider (e.g., primary care, behavioral health and long-term care providers) and three members from two labor unions. The PAC met monthly through the design/planning period; it will continue to meet quarterly through the five DSRIP years.

Medicaid beneficiaries will be able to provide feedback on PPS performance, including the addition/removal of Collaborators through two methods: (1) submitting feedback through a regularly scheduled PAC meeting directly or through a representative; or (2) submitting feedback through the NYP PPS public website. All comments will be reviewed by the PMO and presented to the Executive Committee.

Network members are critical collaborators in the PPS. The PPS is contracting with between three and six CBOs to hire more than 35 Community Health Workers (CHWs), health educators and interpreters. CHWs are trained, local community members who provide diagnosis-specific education in a linguistically and culturally appropriate manner to patients and families. We expect to enter into contracts for CHW and related staff during DY1. Contracted CBOs for CHWs and related staff will be included in project delivery plans from inception.

The PPS may contract with other CBOs for non-CHW and related staff services. Contracted CBOs for non-CHW staff or services will be included in project delivery plans from inception. Involvement will include process flow, IT enablement, reporting needs, educational materials and other beneficiary collateral, compliance and quality expectations. These CBOs will help extend the reach of our PPS network in the communities we serve.

Community engagement will contribute to the success of the projects in two ways:

1. Members of the PAC are often closer to the ground than are the members of the NYP PPS Executive Committee or even the project leaders. This forum will be critical to hearing feedback—positive and negative—about which aspects of our projects are working and which are not.
2. CHWs, contracted directly from CBOs, are a critical element of the NYP PPS DSRIP endeavor. Many of the gaps in access and navigation we identified in our Community Needs Assessment are not structural but the result of healthcare access barriers grounded in cultural and social determinants of health.

There are three primary risks associated with our community strategy:

1. Member Engagement. If the PPS does not communicate its vision effectively with Network Members and the Community, we may lose the interest and dedication of the very individuals and organizations who will ensure the projects are a success. That is why we are committed to providing a regular forum (the PAC) for feedback as well as informal feedback channels through the relationships we have developed in the community.
2. CBO Sustainability. We recognize that some of the CBOs with whom we will contract are financially fragile. The NYP PPS Finance Committee will develop a monitoring process for those providers identified as potentially vulnerable.
3. Competition for Resources. We anticipate high demand for capable Community Health Workers. For CHWs, the PPS will apply a "search-firm-like" approach to source and recruit top talent in collaboration with the host CBOs.
4. New Population. NYP has limited experience with the Asian population that lives in Lower Manhattan, home to its newest hospital, NYP/LM. The service area is 25% Asian. To ensure success with the Asian and Asian-American population in Lower Manhattan, the PPS will work with Charles B. Wang Community Health Center to find and source appropriate CHWs and Patient Navigators (for the EDs).



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**IPQR Module 10.8 - IA Monitoring**

**Instructions :**



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**Section 11 – Workforce**

**☑ IPQR Module 11.1 - Workforce Strategy Spending (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										Total Spending(\$)
	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)(\$)	
Retraining	0.00	121,200.00	60,600.00	60,600.00	40,400.00	40,400.00	20,200.00	20,200.00	20,200.00	20,200.00	404,000.00
Redeployment	0.00	23,400.00	11,700.00	11,700.00	7,800.00	7,800.00	3,900.00	3,900.00	3,900.00	3,900.00	78,000.00
New Hires	0.00	111,000.00	55,500.00	55,500.00	37,000.00	37,000.00	18,500.00	18,500.00	18,500.00	18,500.00	370,000.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Expenditures</b>	<b>0.00</b>	<b>255,600.00</b>	<b>127,800.00</b>	<b>127,800.00</b>	<b>85,200.00</b>	<b>85,200.00</b>	<b>42,600.00</b>	<b>42,600.00</b>	<b>42,600.00</b>	<b>42,600.00</b>	<b>852,000.00</b>

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
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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
<b>Milestone #1</b> Define target workforce state (in line with DSRIP program's goals).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
<b>Task</b> Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities	Completed	Establish Workforce Sub-committee of the Executive Committee (including PPS Lead HR reps, selected PPS HR leaders, project leads, union representation, and other appropriate subject matter experts and key stakeholders) tasked with implementing and executing workforce related activities	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
<b>Task</b> Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS	On Hold	Workforce Sub-committee to review and confirm the previously developed workforce requirements (roles, FTE counts, organizational affiliation, salary and benefit assumptions, etc.) and the new services required for each DSRIP project and consolidated for the PPS	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)	On Hold	Workforce Sub-committee with PMO support to perform a workforce impact assessment to determine the project-by-project impact on the PPS workforce (degree and magnitude of impacts by role/provider organization, key roles and responsibility changes, skills/competency changes, impact to staffing patterns, impact to caseloads, etc.)	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee with PMO support to consolidate the project-by-project analysis in a	On Hold	Workforce Sub-committee with PMO support to consolidate the project-by-project analysis in a comprehensive view of the areas within the PPS that will need more, less, or different	10/01/2015	03/31/2016	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
comprehensive view of the areas within the PPS that will need more, less, or different resources to support the DSRIP projects		resources to support the DSRIP projects							
<b>Task</b> Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography	On Hold	Workforce Sub-committee (in collaboration with other PPSs if possible and possibly with PPS Executive Committee participation) and with 1199TEF support to estimate how NYP PPS workforce requirements may be either enabled or hindered by the workforce requirements of PPS in the same geography	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed	On Hold	Workforce Sub-committee to define the future state workforce that is required for DSRIP projects to succeed	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present future state workforce to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee ratifies future state workforce plan	On Hold	PPS Executive Committee ratifies future state workforce plan	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #2</b> Create a workforce transition roadmap for achieving defined target workforce state.	In Progress	Completed workforce transition roadmap, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee	In Progress	Workforce Sub-committee to develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, training, redeployment and hiring will be made and signed off for review and ratification by PPS Executive Committee	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the workforce; define timeline of when these	In Progress	Workforce Sub-committee to develop consolidated transition roadmap map of all specific workforce changes required to the workforce; define timeline of when these changes will need to take place and what the dependencies are (for all training, redeployment and hiring in line with project timeline	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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changes will need to take place and what the dependencies are (for all training, redeployment and hiring in line with project timeline and needs)		and needs)							
<b>Task</b> Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present the workforce transition roadmap to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee ratifies the workforce transition roadmap	On Hold	PPS Executive Committee ratifies the workforce transition roadmap	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #3</b> Perform detailed gap analysis between current state assessment of workforce and projected future state.	In Progress	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> "Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"	On Hold	"Workforce Sub-committee to perform current state assessment of staff availability and capabilities across the PPS using techniques and processes previously used by NYP to minimize workforce impacts of delivery system change. Output includes identifying: - Current roles who could fill future state roles through up-skilling and training; - Current roles who could potentially be redeployed directly into future state roles"	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs	On Hold	Workforce Sub-committee to map current state analysis against future state workforce to identify new hire needs	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget	On Hold	Workforce Sub-committee to refine budgetary implications of workforce change analysis and identify gaps to current DSRIP operating budget	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to update future state roadmap based on gap analysis (who, how many, when the transition of the workforce from	In Progress	Workforce Sub-committee to update future state roadmap based on gap analysis (who, how many, when the transition of the workforce from the current state to the future state will occur)	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	





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the current state to the future state will occur)									
<b>Task</b> Workforce Sub-committee to finalize gap analysis	On Hold	Workforce Sub-committee to finalize gap analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present gap analysis to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee ratifies gap analysis	On Hold	PPS Executive Committee ratifies gap analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #4</b> Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	In Progress	Compensation and benefit analysis report, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
<b>Task</b> Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members	On Hold	Workforce Sub-committee to identify the classes of staff affected, and the origin and destination of staff that are being redeployed to understand changes to impact jobs and Network Members	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)	On Hold	Workforce Sub-committee to determine whether comp and benefits analysis to be performed in house or outsourced (based on complexity of findings from prior step)	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes	In Progress	Workforce Sub-committee to gather compensation and benefits information for existing roles that will potentially be redeployed and assess changes	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role	In Progress	Workforce Sub-committee to estimate numbers of fully v. partially placed staff by role	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> As appropriate, Workforce Sub-committee to	In Progress	As appropriate, Workforce Sub-committee to develop and incorporate policies for impacted staff who face partial	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	



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develop and incorporate policies for impacted staff who face partial placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice		placement, as well as those staff who refuse retraining or redeployment, working with relevant stakeholders and with 1199TEF to understand statewide leading practice							
<b>Task</b> Workforce Sub-committee to finalize compensation and benefit analysis	On Hold	Workforce Sub-committee to finalize compensation and benefit analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present compensation and benefit analysis to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee ratifies compensation and benefit analysis	On Hold	PPS Executive Committee ratifies compensation and benefit analysis	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Milestone #5</b> Develop training strategy.	In Progress	Finalized training strategy, signed off by PPS workforce governance body.	07/01/2015	06/30/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
<b>Task</b> Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require	In Progress	Workforce Sub-committee, in collaboration with 1199TEF and ASCNYC (likely future provider of "Peer Training Institute" in collaboration with NYP) to assess current state training needs, including the specific skills and certifications that staff will require	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).	In Progress	Workforce Sub-committee to design training strategy, including goals, objectives and guiding principles for the detailed training plan; confirm process and approach to training (e.g. voluntary vs. mandatory etc.).	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
<b>Task</b> Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification	On Hold	Workforce Sub-committee to present training strategy to PPS Executive Committee for discussion and ratification	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> PPS Executive Committee to ratify training	On Hold	PPS Executive Committee to ratify training strategy	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
strategy									
<b>Task</b> Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented	On Hold	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop mechanism to measure training effectiveness in relation to established goals once strategy and plan are implemented	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
<b>Task</b> Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery	On Hold	Workforce Sub-committee, in collaboration with ASCNYC and with input from 1199TEF, to develop detailed training plan (based on training strategy), including, training provider(s), methods, channels and key messages required for training based on project needs. This includes consideration of geography, language, level of education, training tools, and methods of delivery	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
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No Records Found

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Define target workforce state (in line with DSRIP program's goals).	ink9012	Meeting Materials	39_MDL1103_1_4_20160607053333_NYP_PPS_FinanceCommittee_20150810.pdf	August 10, 2015 PPS Finance Committee meeting agenda demonstrating the review of the PPS budget and FTE recruitment plans. PPS Finance Committee includes PPS collaborators.	06/07/2016 05:33 AM
	ink9012	Meeting Materials	39_MDL1103_1_4_20160607053252_NYP_PPS_FinanceCommittee_20150911_Minutes.pdf	September 11, 2015 PPS Finance Committee meeting minutes demonstrating the approval of the PPS budget and FTE recruitment plans. PPS Finance Committee includes PPS collaborators.	06/07/2016 05:32 AM
	ink9012	Meeting Materials	39_MDL1103_1_4_20160607053111_NYP_PPS_ExecCommittee_20150921_MeetingMinutes.pdf	September 21, 2015 PPS Executive Committee meeting minutes demonstrating the review of the PPS budget and FTE recruitment plans. PPS	06/07/2016 05:31 AM



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**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
				Executive Committee includes PPS collaborators.	
	ink9012	Templates	39_MDL1103_1_4_20160425052826_Meeting_Schedule_Template.xlsx	Meeting template to review meetings where workforce target state conversations occurred.	04/25/2016 05:28 AM
	ink9012	Other	39_MDL1103_1_4_20160425052748_NYP_PPS_Workforce_Milestone1_Deliverable.pdf	Workforce target state milestone document	04/25/2016 05:27 AM

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	In response to the IA remediation feedback, "The PPS must provide documentation to demonstrate that the target workforce state was approved by the governing board. The PPS must also provide evidence of network providers' involvement in the development of workforce plan."  The PPS detailed the Target Workforce State through the PPS budgeting approval process. This included collaborators through the Finance Committee review and approval (8/10/15 and 9/11/15) and Executive Committee review and approval (9/21/15). The PPS has provided the meeting minutes and/or agenda for each of these meetings.
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 & Complete	
Milestone #2	Pass & Ongoing	
Milestone #3	Pass & Ongoing	
Milestone #4	Pass & Ongoing	
Milestone #5	Pass & Ongoing	



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**IPQR Module 11.3 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**✓ IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies**

**Instructions :**

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

The NYP PPS has a strong track record of collaborating with key stakeholders in both adapting the workforce to meet emerging care delivery needs and using non-traditional healthcare workers (e.g., CHWs) from the community to improve outcomes, cultural competency and health literacy.

Major risks to implementation of the Workforce Strategy and associated mitigation strategies include:

**Competition for Human Resources.** The risk of workforce shortages in the healthcare market is real. The national primary care physician shortage is projected to reach 12,500 to 31,100, according to a new study by the Association of American Medical Colleges and IHS. One role in particular that will be in high demand is that of the culturally competent peer providers, i.e., Community Health Workers (CHWs) and Patient Navigators (PNs). To mitigate our risk in this area, the NYP PPS will build on its solid relationships with such CHW organizations as Dominican Women's Development Center and Northern Manhattan Improvement Corporation, with whom we have been contracting for these kinds of positions for many years. We will also expand the number of organizations we source to a total of between three and six CBOs to hire the more than 35 peer providers needed. In addition, NYP and ASCNYC have applied for CRFP funding to develop a new Community Health Worker Training Center in Upper Manhattan.

**Recruiting Specialized Workforce.** Above and beyond general shortages in the healthcare market, a few of the NYP PPS projects require a very specialized workforce, which may be even more difficult to find immediately. For example, we will be looking for pediatric psychiatric NPs (Project 2.b.i) and palliative care specialists (Project 3.g.i). We will mitigate this risk by applying a search-firm approach to source and recruit top talent. This approach entails dedicated staff that will rigorously identify qualified candidates through networking, research and constant pursuit of a pipeline matching the position specifications. One example of NYP's innovative sourcing strategy leverages its electronic candidate relationship management (eCRM) tool in which email messages are sent directly to potential prospects with information on the Hospital, department and open position.

**Technical Training.** Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. To address this challenge, the NYP PPS will collaborate with the 1199SEIU League Training and Employment Funds (TEF) as a lead workforce development provider. Using TEF's expertise in this area, the PPS will provide training to incumbent workers who need additional skills to do existing jobs and develop training for new staff. TEF will screen and contract with the most suitable educational vendors to deliver high-quality training conducted by expert clinical staff, experienced educators in adult learning theory and organizational development experts. Training will also be delivered by external resources from the community or by the NYP internal training department (Talent Development). For some projects, we plan to engage with the NYC Department of Mental Health and Hygiene to assist in technical training (see Project 4.b.i). Software vendors such as Allscripts and Healthix will also conduct their own user training.

**Workforce Buy-In.** Change is difficult. The NYP PPS may have difficulty obtaining buy-in and support from frontline workers and key stakeholders given changes in roles and responsibilities, which in turn could impact DSRIP project success. To mitigate this risk, the PPS will continue to engage both senior and middle management and, where applicable, union representation (SEIU 1199, NYSNA) to gain worker support at all levels.

**✓ IPQR Module 11.5 - Major Dependencies on Organizational Workstreams**



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**Instructions :**

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

Workforce strategy and management touches, and is touched by, all aspects of a delivery system reform program like DSRIP. As such, workforce success will depend on a variety of other DSRIP workstreams, including:

**Governance.** The PPS Committees will likely each have to address workforce impacts and make decisions regarding strategy, financing and priorities. Having effective, trusted, appropriately confidential and "big picture" representation will be central to executing the workforce strategy successfully.

**Financing Training and Development.** Workforce management and (re)training across the PPS will require a material investment. Therefore, the connection between our PPS workforce transformation team and the NYP PPS Finance Committee is crucial. To that end, the Finance Committee will have a member of the Workforce Sub-committee embedded within it.

**Cultural Competency and Health Literacy Training.** Interdependence also exists between workforce training and our cultural competency strategy. The NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. In addition to role-specific training, the NYP PPS will train frontline staff and physicians involved in DSRIP projects to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. The methodology stems from seminal research published by NYP's VP for Community Health, Dr. Emilio Carrillo, in 1999 and is used internationally as the basis for cultural competency training. Finally, providers (including Community Health Workers) and staff in certain projects will receive supplemental training on sensitivities related to specific target populations. For example, those involved in Project 3.g.i (Integration of Palliative Care into PCMHs) will receive training on how to deal sensitively with patients facing advanced illnesses and their families. Those involved in Projects 3.e.i and 4.c.i (HIV/AIDS) will receive training that will include education on HIV as a disease, gender identity, substance abuse issues and disability issues.

**IT Implementation & Technical Training.** Most DSRIP projects depend on the successful implementation of new software systems, including EHRs, the care coordination platform Allscripts Care Director (ACD) and access to the Healthix RHIO. IT is only a tool; without appropriate technical training across the PPS, the tools will be ineffective in moving the DSRIP vision forward. As described above, the PPS has engaged TEF and others to assist with this training.

**Clinical Integration.** Workforce is closely tied to clinical integration, as much of the retraining of the workforce will focus on creating more integrated multi-disciplinary teams that cross organizational boundaries. Redeployment will also be critical in ensuring that the right staff are placed in the right location to support better clinical integration and the success of projects such as 3.a.i and 2.a.i.



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**✓ IPQR Module 11.6 - Roles and Responsibilities**

**Instructions :**

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

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





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**✓ IPQR Module 11.7 - Key Stakeholders**

**Instructions :**

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

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



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**✓ IPQR Module 11.8 - IT Expectations**

**Instructions :**

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

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

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

**✓ IPQR Module 11.9 - Progress Reporting**

**Instructions :**

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

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

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



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**IPQR Module 11.10 - Staff Impact**

**Instructions :**

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

Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
<b>Physicians</b>	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties (Except Psychiatrists)	0	0	0	0	0	0
<b>Physician Assistants</b>	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0
Other Specialties	0	0	0	0	0	0
<b>Nurse Practitioners</b>	2	0	0	0	0	2
Primary Care	1	0	0	0	0	1
Other Specialties (Except Psychiatric NPs)	1	0	0	0	0	1
<b>Midwives</b>	0	0	0	0	0	0
Midwives	0	0	0	0	0	0
<b>Nursing</b>	0	0	0	0	0	0
Nurse Managers/Supervisors	0	0	0	0	0	0
Staff Registered Nurses	0	0	0	0	0	0
Other Registered Nurses (Utilization Review, Staff Development, etc.)	0	0	0	0	0	0
LPNs	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Clinical Support</b>	0	0	0	0	0	0
Medical Assistants	0	0	0	0	0	0
Nurse Aides/Assistants	0	0	0	0	0	0
Patient Care Techs	0	0	0	0	0	0



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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Clinical Laboratory Technologists and Technicians	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Behavioral Health (Except Social Workers providing Case/Care Management, etc.)</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Psychiatrists	0	0	0	0	0	0
Psychologists	0	0	0	0	0	0
Psychiatric Nurse Practitioners	4	0	0	0	0	4
Licensed Clinical Social Workers	0	0	0	0	0	0
Substance Abuse and Behavioral Disorder Counselors	0	0	0	0	0	0
Other Mental Health/Substance Abuse Titles Requiring Certification	0	0	0	0	0	0
Social and Human Service Assistants	0	0	0	0	0	0
Psychiatric Aides/Techs	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Nursing Care Managers/Coordinators/Navigators/Coaches</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>
RN Care Coordinators/Case Managers/Care Transitions	14	0	0	0	0	14
LPN Care Coordinators/Case Managers	0	0	0	0	0	0
<b>Social Worker Case Management/Care Management</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Bachelor's Social Work	0	0	0	0	0	0
Licensed Masters Social Workers	3	0	0	0	0	3
Social Worker Care Coordinators/Case Managers/Care Transition	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Non-licensed Care Coordination/Case Management/Care Management/Patient Navigators/Community Health Workers (Except RNs, LPNs, and Social Workers)</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>
Care Manager/Coordinator (Bachelor's degree required)	2	0	0	0	0	2
Care or Patient Navigator	10	0	0	0	0	10
Community Health Worker (All education levels and training)	0	0	0	0	0	0



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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Peer Support Worker (All education levels)	0	0	0	0	0	0
Other Requiring High School Diplomas	0	0	0	0	0	0
Other Requiring Associates or Certificate	0	0	0	0	0	0
Other Requiring Bachelor's Degree or Above	0	0	0	0	0	0
Other Requiring Master's Degree or Above	0	0	0	0	0	0
<b>Patient Education</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Certified Asthma Educators	0	0	0	0	0	0
Certified Diabetes Educators	0	0	0	0	0	0
Health Coach	0	0	0	0	0	0
Health Educators	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Administrative Staff -- All Titles</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>
Executive Staff	0	0	0	0	0	0
Financial	0	0	0	0	0	0
Human Resources	0	0	0	0	0	0
Other	20	0	0	0	0	20
<b>Administrative Support -- All Titles</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Office Clerks	0	0	0	0	0	0
Secretaries and Administrative Assistants	2	0	0	0	0	2
Coders/Billers	0	0	0	0	0	0
Dietary/Food Service	0	0	0	0	0	0
Financial Service Representatives	0	0	0	0	0	0
Housekeeping	0	0	0	0	0	0
Medical Interpreters	0	0	0	0	0	0
Patient Service Representatives	0	0	0	0	0	0
Transportation	0	0	0	0	0	0



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Staff Type	Workforce Staffing Impact Analysis					
	DY1	DY2	DY3	DY4	DY5	Total Impact
Other	0	0	0	0	0	0
<b>Janitors and cleaners</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Janitors and cleaners	0	0	0	0	0	0
<b>Health Information Technology</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>
Health Information Technology Managers	3	0	0	0	0	3
Hardware Maintenance	0	0	0	0	0	0
Software Programmers	4	0	0	0	0	4
Technical Support	0	0	0	0	0	0
Other	1	0	0	0	0	1
<b>Home Health Care</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Certified Home Health Aides	0	0	0	0	0	0
Personal Care Aides	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>Other Allied Health</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Nutritionists/Dieticians	0	0	0	0	0	0
Occupational Therapists	0	0	0	0	0	0
Occupational Therapy Assistants/Aides	0	0	0	0	0	0
Pharmacists	0	0	0	0	0	0
Pharmacy Technicians	0	0	0	0	0	0
Physical Therapists	0	0	0	0	0	0
Physical Therapy Assistants/Aides	0	0	0	0	0	0
Respiratory Therapists	0	0	0	0	0	0
Speech Language Pathologists	0	0	0	0	0	0
Other	0	0	0	0	0	0



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**Current File Uploads**

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

**Narrative Text :**



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**☑ IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):**

**Instructions :**

Please include workforce spend dollar amounts for DY1. The workforce spend amounts should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. Funds may be shifted from one funding type category to another within the workforce strategy spending table; e.g., from Retraining to New Hires.

Benchmarks	
Year	Amount(\$)
Total DY1 Spending Commitment	255,600.00

Funding Type	Workforce Spending Actuals		Total Spending(\$)	Percent of Commitments Expended
	DY1(Q1/Q2)(\$)	DY1(Q3/Q4)(\$)		
Retraining	0.00	0.00	0.00	0.00%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	137,140.00	137,140.00	123.55%
Other	0.00	71,715.00	71,715.00	0.00%
<b>Total Expenditures</b>	<b>0.00</b>	<b>208,855.00</b>	<b>208,855.00</b>	<b>81.71%</b>

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_MDL1122_1_4_20160427204424_NYP_PPS_Workforce_StrategySpending_Memo_20160427.pdf	Additional detail on DY1 Workforce Strategy Spending.	04/27/2016 08:44 PM

**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 11.12 - IA Monitoring:**

**Instructions :**



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

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

**Instructions :**

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

See workforce, connectivity, PCMH, demand, and diversity risks in other projects' narratives.

Funding: The NYP PPS calculated its budgets based on communications from the State regarding both the PMPM and preliminary attribution. We conducted sensitivity analyses, including the effects of a lower PMPM, lower-than-expected Domain 1 achievement and lower-than-expected Domain 2 and 3 performances. The reduction in funding of 21% due to the change in attribution and, possibly, a change in PMPM has resulted in a contraction of a similar magnitude. There has also been no communication regarding relief from any reporting or performance requirements. Given that the fixed costs have not changed, we remain concerned about the negative impact on our ability to implement the projects, including the impact on collaborators. Mitigation strategies include encouraging the State to address requirements in light of this significant funding decrease and conservative planning and expectation-setting across the PPS.

Integration. The size of the NYP PPS will pose the classic management challenge of integration. In addition, DSRIP will entail several cultural shifts in how providers deliver care, such as a shift from fee-for-service to value-based payments and a shift from unit-based, acute care to collaborating across a continuum of care with a focus on preventive care. To mitigate this risk, the NYP PPS has developed a multi-faceted engagement approach to Network Member, staff and provider integration. Specifically, the PPS will: 1) Establish a Workforce Sub-committee, which will provide overall direction, guidance and decisions related to the workforce transformation agenda. 2) Develop cross-project functional groups, project-specific groups, and stakeholder groups to gain buy-in from the Network. 3) Engage union representation to gain frontline support. Both 1199 SEIU and NYSNA have had seats on the PAC since its inception. We will also contract with 1199 SEIU Training and Employment Funds to assist with change management at the frontline worker level. 4) Collaborate with external resources, such as other PPSs to create common language related to delivery system change strategies and tactics or case studies of successful initiatives.

Technology. Technologies that support workflow, decision-making and record-keeping are frequently different within and across practitioner types. To mitigate this risk, a multi-pronged approach must be taken. One is a concerted effort to raise the level of all PCPs through the common requirements and language of PCMH and Meaningful Use. Another is to emphasize connection to the RHIO so that practitioners have a better connection to the overall care of the patient populations they serve. Finally, deploying a technology like Allscripts Care Director similarly helps build connections.

VBP. Network Members may lack the knowledge and experience of non-fee-for-service models puts at risk even starting the conversation. The preferred mitigation strategy is the State providing broad education for providers, including increasing levels of sophistication (and possibly including some sort of certification to demonstrate proficiency).

Performance Improvement and Practice Change. Practitioners may be resistant to changing practice in response to performance reporting. To mitigate this, the PPS may seek to: 1) collaborate with other PPS to create a common language related to delivery system change strategies and tactics; 2) draw on case studies of applicable initiatives that show success; 3) enlist change management techniques; and 4) develop evidence-based practices and case-studies to support rationale for change.

Competing Demands. To keep CBOs engaged, the PPS will ensure that Committees produce meaningful work and engage community providers and CBOs in substantive decision-making at the Committee level.



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

**Instructions :**

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

Project Requirements (Milestone/Task Name)	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
<b>Milestone #1</b> All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2016	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> PMO recommends an inventory of relationships that require contracts (e.g., service contracts, quality agreements, IT relationships, network participation minimum requirements, etc.) and categorizes Network members by contract type ("Agreement". Beyond medical and social service providers, the NYP PPS will include a wide variety of behavioral health providers, including community-based Article 31 and 32 providers, community-based organizations that provide transitional housing and counseling, HCBS, Medicaid MCOs, and all related downstream health home providers. Strong connections will be made with these organizations to ensure that the needs of the seriously mentally ill and substance using beneficiaries are addressed.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> PPS Finance Committee reviews Agreement inventory and categorization and provides feedback		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> PMO with assistance of PPS Lead resources (legal, Quality, Finance) drafts Agreement templates		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> PPS Finance Committee reviews Agreement templates and		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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



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Health Home Work Group, ACHHWG)										
<b>Task</b> ACHHWG drafts inventory of and recommendations for existing care protocols, population health management systems, and MCO relationship mechanisms		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> ACHHWG presents recommendations to Clinical Operations Committee, IT/Data Governance Committee and Finance Committee for comment and ratification		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> ACHHWG presents revised recommendations to PPS Network through Project Advisory Committee for review and feedback.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> PPS Clinical Operations, IT/Data Governance and Finance Committee provides recommendations for ACO/HH alignment to Executive Committee		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Accountable Care and Health Home alignment recommendations implemented as internal pilot in NYP Medicare Shared Savings Program ACO and NYP Health Home		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Accountable Care and Health Home alignment recommendations implemented across neighboring Manhattan Health Homes and ACOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #3</b> Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Clinically Interoperable System is in place for all participating providers.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b>		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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PPS trains staff on IDS protocols and processes.										
<b>Task</b> PPS PMO to review CNA's inventory of current community, medical, and public health resources		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> PPS PMO to align inventory with project and patient-level need, breaking needs down by low, medium, and high-service users.		Project		On Hold	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations Committee presents continuum of care recommendations to Executive Committee		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Executive Committee to ratify continuum of care recommendations		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> PPS PMO to schedule meetings with key PPS network collaborators to review continuum of care recommendations		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS PMO to engage additional providers identified in PPS continuum of care roadmap into PPS Network		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Clinical Operations Committee to recommend measures to monitor identified services are being provided to patients and to ensure required CNA refreshes identify new service gaps		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS PMO to integrate measurement recommendations with existing measures, and operationalize measures to monitor service provision		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS PMO to integrate measurement recommendations with existing measures, and operationalize measures to monitor service provision		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #4</b> Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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look up, by the end of Demonstration Year (DY) 3.										
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Nursing Home	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PMO distributes IT assessment to Network Members.		Project		Completed	09/01/2015	12/31/2015	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> IT/Data Governance Committee presents assessment to Exec Committee.		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> IT/Data Governance Committee presents plan to PPS Executive		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3





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Committee for ratification										
<b>Task</b> PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #5</b> 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
<b>Task</b> 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
<b>Task</b> 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
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> See Project Requirement 7 for continuation of substeps		Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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<b>Milestone #6</b> 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	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS PMO - IT to conduct inventory of current PPS population health data sets and tools and map to other available data sets including the MAPP tool		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - IT to align available data sets and tools with project-level needs (e.g., registries) and identify gaps		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - IT to identify workforce development, training and education needs for population health		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS PMO - IT to integrate PCMH Team roadmap, workforce needs and IT population health roadmap for presentation to PPS IT/Data Governance Committee for feedback		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS IT/Data Governance Committee to approve population health roadmap		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Project Leads to review new care models and pathways for population health data, measurement and monitoring needs not previously identified in order to monitor progress in managing population health		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO - IT to integrate emerging project-level pop health data needs into roadmap		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> PPS PMO - IT to perform implement population health management activities, including EHRs and other care management platforms and registries across PPS Network		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b>		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	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
PPS PMO to begin reviewing clinical and utilization dashboards to identify high-utilizing, potential high-utilizers, and clinically at-risk patient populations for targeted interventions										
<b>Task</b> PPS PMO to assign identified at-risk populations to PPS projects and/or ad-hoc outreach efforts		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #7</b> Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> 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
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b>		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 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 PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)										
<b>Task</b> PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #8</b> Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	DY3 Q4	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop managed care payment models aligned with VBP Plan		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Pilot model(s) within a selected group of MMCOs		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Provide tools and techniques for Network Members to develop their own entity-specific MMCO contract models aligned with VBP		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Expand pilot to all MMCOs in alignment with VBP Plan		Project		In Progress	10/01/2017	09/30/2018	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
<b>Milestone #9</b> Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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payment reforms are instituted.										
<b>Task</b> PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #10</b> Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	DY3 Q4	Project	N/A	In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> Complete VBP portions of Financial Sustainability Plan (see Financial Sustainability workplan)		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop provider compensation models aligned with VBP Plan		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Pilot model(s) within a selected group of PPS providers		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Provide tools and techniques for Network Members to develop		Project		In Progress	10/01/2017	03/31/2018	10/01/2017	03/31/2018	03/31/2018	DY3 Q4



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their own entity-specific provider compensation models aligned with VBP										
<b>Task</b> Expand pilot to full PPS membership in alignment with VBP Plan		Project		In Progress	04/01/2018	09/30/2018	04/01/2018	09/30/2018	09/30/2018	DY4 Q2
<b>Task</b> Review quality metric outcomes with DOH, OMH, OASAS, and Medicaid MCOs to establish relevant clinical quality metrics, including behavioral health		Project		In Progress	01/01/2017	09/30/2017	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #11</b> Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to provide culturally and linguistically appropriate services to attributed Medicaid patients		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Project Leads and PMO jointly draft project-specific Agreement schedules for Network Members consistent with PPS role		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Project Leads and PMO facilitate Agreement discussion w/Network Members		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Partnership agreements executed with Network Members, including CBOs		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Contracted CBOs send CHWs and other staff to standardized trainings through NYP PPS Collaborator-supported CHW Training Institute. Trainings to include cultural competency, outreach 101, home assessment, etc. Trainings will be informed through collaboration with Community Health Worker Network of NYC.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Contracted CBOs' CHWs and other provide outreach and navigation activities		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



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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
<b>Task</b> CHW program management model implemented, including regular CHW programmatic and clinical supervision.		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	This was adjusted back to the maximum date (DY3Q4) to allow the PPS to continue to develop and refine its optimal membership. The NYP PPS anticipates adding additional members during the next "open enrollment" as well as relieving members who have (1) asked to be released or (2) not signed the PPS Participation Agreement.
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	



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**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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





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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**



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

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

**Instructions :**

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

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout DSRIP, and the lack of understanding of the relationship between provider engagement and achievement values.

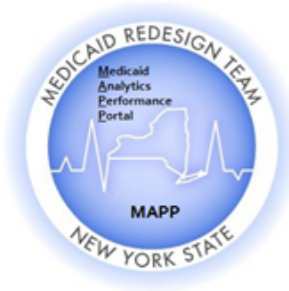
Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 2.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians.

IT Investment. A major risk to this project is the current inability to connect and communicate with the patients' care team across the continuum. To mitigate this risk, as part of its five-year IT investment, NYP plans to invest in data interfaces that will allow these EHRs to "speak" to one another. Second, NYP will extend its care coordination application, Allscripts Care Director (ACD), to multiple Network Members and connect nearly 70 Network Members to the local RHIO and SHIN-NY for tracking patients city-wide. NYP will invest early in developing data interfaces between Amalga and the platforms used by Network Members. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Increased Demand. A major risk to this project lies in the fact that primary care capacity is constrained, both in terms of provider availability and space. Not only will it be difficult to accommodate increased demand at the Ambulatory ICUs, referrals to other providers in the PPS will also be thwarted. First, the nine Ambulatory ICUs will hire more practitioners, extend weekday hours and add weekend hours. Second, several Network Members have applied for funding from the CRFP to expand physical primary care capacity. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale. This will slow down the development of capacity and may also negatively impact project outcomes.

Workforce. There is a risk in relying on hiring pediatric psychiatric NPs in the Ambulatory ICU, due to the relative scarcity of such professionals (and psychiatric professionals treating children and adolescents in general). To mitigate this risk, we will begin recruiting for this position early in DY1 but understand that a delay in hiring will delay the pediatric project's overall implementation. One example of NYP's innovative strategy leverages its candidate relationship management (eCRM) tool in which messages are sent directly to prospects with information on the Hospital, department and open position. NYP will also host career events dedicated to the type of human capital needed.

Patient Technology Adoption. A risk to the success of the project lies with the Ambulatory ICU target population, who might have difficulty accessing new tools made available via the internet, smartphones and tablets. To mitigate this risk, the Community Health Workers will be trained to provide basic "technical support" to patients.



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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	21,170

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
<b>PPS Reported</b>	Baseline Commitment	0	4,234	5,928	8,468
	Quarterly Update	0	3,388	4,742	7,064
	Percent(%) of Commitment		80.02%	79.99%	83.42%
<b>IA Approved</b>	Quarterly Update	0	3,385	4,707	7,060
	Percent(%) of Commitment		79.95%	79.40%	83.37%

**Warning: PPS Reported - Please note that your patients engaged to date (7,064) does not meet your committed amount (8,468) for 'DY1,Q4'**

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_PMDL2515_1_4_20160427232746_NYP_PPS_2bi_PatientEngagement_DY1Q4.xlsx	2.b.i patient engagement roster for DY1Q4	04/27/2016 11:28 PM

**Narrative Text :**

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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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

**Instructions :**

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

Project Requirements (Milestone/Task Name)	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
<b>Milestone #1</b> Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS has recruited adequate specialty resources within the community including medical, behavioral, nutritional, rehabilitation, and other necessary providers to meet the population needs.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS has established a standard clinical protocol for Ambulatory ICU services.		Project		In Progress	04/01/2015	03/31/2018	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Review ACN and PPS to understand clinical needs of population.		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Identify high-priority clinical services to be available to target population.		Project		In Progress	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Identify PPS-internal providers to meet patient needs.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop business plans to expand provider access, if appropriate.		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Implement business plans to expand provider access		Project		In Progress	10/01/2016	03/31/2018	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #2</b> Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	DY3 Q4	Project	N/A	In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Each identified Ambulatory ICU has established partnerships with the local Health Home based on the Nuka Model.		Project		In Progress	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Inventory local health home resources		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
<b>Task</b> Convene meeting with local health home providers to discuss workflow		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Finalize health home referral workflow for Ambulatory ICU sites		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications to embed health home referral mechanism in Ambulatory ICU work flow		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop technical specifications to embed health home referral mechanism in Ambulatory ICU work flow		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Implement health home referral mechanism across Ambulatory ICU sites		Project		In Progress	07/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #3</b> Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop workflows for Ambulatory ICU staff to track patient activity		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Develop criteria to identify Ambulatory ICU eligible patients.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Inventory Ambulatory ICU encounter codes to specific programmatic activity		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications to track Ambulatory ICU engaged patients		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to track Ambulatory ICU engaged patients		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Implement technical solution to track patient activity		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop training for Ambulatory ICU staff to track patient activity		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Implement new workflows		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #4</b>	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4



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



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concert with Healthix (RHIO) and Network Member IT counterparts.										
<b>Task</b> PMO distributes IT assessment to Network Members.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> IT/Data Governance Committee presents assessment to Exec Committee.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> IT/Data Governance Committee presents plan to PPS Executive Committee for ratification		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #6</b> Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	DY3 Q4	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> 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
<b>Task</b> 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
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b>		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



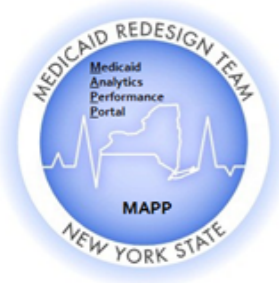


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<b>Project Requirements (Milestone/Task Name)</b>	<b>Prescribed Due Date</b>	<b>Reporting Level</b>	<b>Provider Type</b>	<b>Status</b>	<b>Original Start Date</b>	<b>Original End Date</b>	<b>Start Date</b>	<b>End Date</b>	<b>Quarter End Date</b>	<b>DSRIP Reporting Year and Quarter</b>
PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards										
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #7</b> Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Secure patient portal supporting patient communication and engagement.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Review/assess available tools in ACN (assessment tools, plan of care, med recon sheet) to identify content and functionality gap		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Create plan to improve/enhance chronic care self-management tools and communication functionality on portal		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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<b>Task</b> Release improved/enhanced chronic care self-management tools and portal business specifications		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Collaborate with NYP ACN Nursing and community-based resources to identify self-management education programs that meet needs of ACCN population		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Finalize materials to be posted to Ambulatory ICU patient portal		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
<b>Task</b> Finalize business specifications for portal-based communication		Project		In Progress	01/01/2017	06/30/2017	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
<b>Task</b> Develop Technical Specifications for Portal upgrades		Project		In Progress	07/01/2017	12/31/2017	07/01/2017	12/31/2017	12/31/2017	DY3 Q3
<b>Task</b> Post materials to patient portal.		Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Implement necessary changes to patient portal		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Train Ambulatory ICU staff on accessing materials on patient portal.		Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #8</b> Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures are in place for team based care planning.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop work flows/algorithm based on risk strata, using existing care models and evidence-based, including Care Managers/Health Homes, nurses, provider/patient care team		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Augment work flows/algorithm to include CHW role		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Augment work flows/algorithm to include behavioral health resources		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Sign off on work flow / algorithms		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Finalize staff hires and roles based on algorithm/work flows		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Redefine site-level roles of present staff to align with Ambulatory		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	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
ICU care model, specifically Health Priority Specialist, Medical Assistants										
<b>Task</b> Identify key providers within each CBO-type and identify expectations / workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Schedule meetings with key collaborators to agree on expectations / workflows		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop quality agreements with collaborators		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Execute quality agreements with collaborators		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Refine workflows with collaborators		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #9</b> Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	DY3 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> EHR System with Real Time Notification System is in use.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop inventory of providers to be notified of important developments in patient care and utilization		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop workflows for notification at Ambulatory ICU		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Refine workflows with Ambulatory ICU collaborators		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Identify appropriate IT solutions to support notification system		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Review IT solutions with collaborators and providers		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Draft scope of work for use of IT solutions		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review scope of work with collaborators		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Execute scope of work with collaborators		Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Implement IT solutions to support real time notification		Project		In Progress	04/01/2017	03/31/2018	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #10</b> Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	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
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> New NYP EHR documentation templates drafted for co-located primary care and specialty services, care managers, and on-site health home providers.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> New PPS collaborator documentation templates drafted for health home providers, community-based mental health supports, housing providers, and other social services.		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Rapid cycle evaluation process developed by Ambulatory ICU project leads and collaborators		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> NYP and collaborator documentation templates aligned with rapid cycle evaluation and NYS reporting needs		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Templates reviewed with IS team		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Technical specifications drafted		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical specifications finalized		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Tracking platform, and relevant templates, implemented.		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

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



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**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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



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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #9</b>	Pass & Ongoing	
<b>Milestone #10</b>	Pass & Ongoing	



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**DSRIP Implementation Plan Project**

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

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

**Instructions :**





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

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

**Project 2.b.iii – ED care triage for at-risk populations**

**✓ IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies**

**Instructions :**

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

Provider Commitment Risks. We are awaiting clarification from the IA regarding the provider requirements by provider-type given the inconsistency in provider typing, the fact that the roster will fluctuate throughout the DSRIP period, and the lack of understanding of the relationship between provider engagement and achievement values. We have made certain reasonable assumptions regarding the applicability of the requirements and have reflected those in our implementation planning.

Increased Demand. One of the Navigators' primary roles will be to connect non-emergent patients presenting to the EDs with PCPs if they don't have one and with timely follow-up appointments. We anticipate the risk of an increase in demand for these stressed services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Diversity. A risk to the success of the ED program, which is being implemented in five EDs across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The ED Care Triage project will hire culturally competent PNs whose cultural and linguistic backgrounds are tailored to the patients they will be serving. Ultimately, we intend to integrate PNs in the PCMH, including participation in interdisciplinary rounds. Finally, we intend to co-invest with the State through the CRFP and with ASCNYC as the lead in a Peer Training Institute which will be a PPS center for CHW, Patient Navigator, Health Educator and Interpreter training serving all NYP PPS projects and Network Members.

Meeting PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our speed of implementation forecasts. This team will be led by NYP's VP for Community Health, Dr. Emilio Carillo, who has significant experience transforming the 13 NYP Ambulatory Care Network practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted. While we are hopeful that the State will fast-track these applications, we are counting the date of submission of the certification to NCQA as our commitment date, rather than the receipt of the certification.

Open Access Scheduling. The project will face the risk of ensuring open access scheduling across PPS clinics so that Patient Navigators can seamlessly provide appointments for patients. To mitigate this risk, the PPS has a plan in place with NYP's IT department, as part of its operational and capital plan, to implement infrastructure to ensure open access scheduling capability by the end of DY3. This plan will primarily entail working with Network Members to ensure they have the proper interfaces in place to receive external appointments. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.



**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
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**IPQR Module 2.b.iii.2 - Patient Engagement Speed**

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	15,048

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
<b>PPS Reported</b>	Baseline Commitment	0	3,763	4,515	7,525
	Quarterly Update	0	4,300	5,160	6,164
	Percent(%) of Commitment		114.27%	114.29%	81.91%
<b>IA Approved</b>	Quarterly Update	0	4,248	5,110	6,140
	Percent(%) of Commitment		112.89%	113.18%	81.59%

**Warning: PPS Reported - Please note that your patients engaged to date (6,164) does not meet your committed amount (7,525) for 'DY1,Q4'**

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Rosters	39_PMDL2715_1_4_20160606092000_NYP_DY1Q4_Actively_Engaged_Duplicates_Submission_20160606.xlsx	Response to IA remediation feedback for project 2biii. Each beneficiary has received service at an emergency department that is unique to the NYP PPS.	06/06/2016 09:21 AM
ink9012	Other	39_PMDL2715_1_4_20160427235144_NYP_PPS_2biii_PatientEngagement_DY1Q4.xlsx	2.b.iii patient engagement roster for DY1Q4	04/27/2016 11:52 PM

**Narrative Text :**

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



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

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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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

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

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

**Instructions :**

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

Project Requirements (Milestone/Task Name)	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
<b>Milestone #1</b> Establish ED care triage program for at-risk populations	DY2 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Stand up program based on project requirements		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Receive signoff on workflow from ED leadership, Navigator Leadership, Nursing and Care Management Departments		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Train residents, faculty, ED nursing, and care management staff on workflow		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Finalize patient navigation eligibility criteria		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> develop business specifications for eligibility criteria and navigator documentation		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Recruit Patient Navigators and Management Staff		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Train Patient Navigators		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Implement IS solutions to support navigator program		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #2</b> Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	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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Delivery System Reform Incentive Payment Project  
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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
<b>Task</b> All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> 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
<b>Task</b> Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Workflows to be support Patient Navigators to connect with community-based providers		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Inventory of community providers provided to Patient Navigators		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b>		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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



**New York State Department Of Health  
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DSRIP Implementation Plan Project**

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



**New York State Department Of Health  
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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
<b>Task</b> ED Care Triage Patient Navigator and Mid-Level clinician templates reviewed with IS team		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Technical specifications to implement updated patient navigator and mid-level referrals, documentation, and post-discharge notes drafted in concert with NYP PPS IS team		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> NYP IS finalizes technical specifications for patient navigator and mid-level referrals, documentation, and post-discharge patient materials		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical platforms implemented to track all patients receiving ED Care Triage intervention		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

**Prescribed Milestones Current File Uploads**

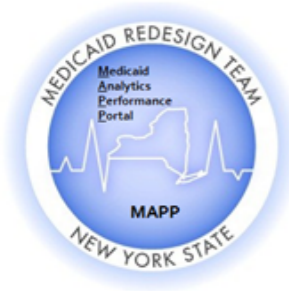
Milestone Name	User ID	File Type	File Name	Description	Upload Date
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No Records Found

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	
For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.	





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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	
Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	
Use EHRs and other technical platforms to track all patients engaged in the project.	

**Milestone Review Status**

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



**New York State Department Of Health  
 Delivery System Reform Incentive Payment Project  
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**IPQR Module 2.b.iii.4 - PPS Defined Milestones**

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

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

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

**Instructions :**



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

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

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

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

**Instructions :**

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

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

Increased Demand. As a result of our transitions of care protocol, we anticipate the risk of an increase in demand for stressed outpatient services. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The capacity expansion is dependent on funding applied for under the CRFP. If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Second, we will build IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP and will enable NYP as PPS lead to deliver necessary infrastructure and support Network Members.

Connectivity. There are a number of overlapping, nearby PPSs working on Project 2.b.iv. A risk to implementation includes coordinating and sharing patient visit information in a timely way across this large network. To mitigate this risk, the NYP PPS plans to invest \$13.3 million of its DSRIP funds and \$6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Diversity. A risk to the success of the Care Transitions program, which is being implemented in five hospitals across Manhattan, lies with the cultural diversity of the PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. The gaps in access and navigation identified by the NYP PPS Community Needs Assessment are often the result of healthcare access barriers grounded in cultural and social determinants of health. These barriers affect patients' use of the system and ultimately their health outcomes. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework. The PPS will train the new RN Care Transition Managers as well as existing staff and physicians involved in this project to provide care that respects patients' "Culture of One." This approach treats patients as individuals whose culture is unique and a result of multiple social, cultural and environmental factors and avoids racial or ethnic stereotyping. Finally, culturally competent Community Health Workers (CHWs) will serve as an important link between the hospital and outpatient care in the critical "transition phase." Through the CRFP, we intend to co-invest with with ASCNYC as the lead in a Peer Training Institute which will be a center for CHW, Navigator, Health Educator training.

MCO Discussions. We have professional and collegial relationships with our MMCOs and will be meeting with them to discuss coverage for services proposed by other projects. During those meetings, we will also work with MMCOs to modify transitions of care protocols to meet our new standards.



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

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

**IPQR Module 2.b.iv.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 DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	1,777

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	18	35	105
	Quarterly Update	0	25	40	105
	Percent(%) of Commitment		138.89%	114.29%	100.00%
IA Approved	Quarterly Update	0	25	40	105
	Percent(%) of Commitment		138.89%	114.29%	100.00%

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_PMDL2815_1_4_20160427215734_NYP_PPS_2biv_PatientEngagement_DY1Q4.xlsx	DY1Q4 Patient Engagement roster for 2.b.iv	04/27/2016 09:58 PM

**Narrative Text :**

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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



**New York State Department Of Health  
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DSRIP Implementation Plan Project**

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

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

**Instructions :**

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

<b>Project Requirements (Milestone/Task Name)</b>	<b>Prescribed Due Date</b>	<b>Reporting Level</b>	<b>Provider Type</b>	<b>Status</b>	<b>Original Start Date</b>	<b>Original End Date</b>	<b>Start Date</b>	<b>End Date</b>	<b>Quarter End Date</b>	<b>DSRIP Reporting Year and Quarter</b>
<b>Milestone #1</b> Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Complete inventory of workflows for development, including identification of high-risk Medicaid admissions, deliberate referrals from inpatient clinicians, referrals to post-discharge HCBS, health homes, and post-acute providers, transmission of discharge summary, behavioral health resources, and coordination with MMCOs		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Draft inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking other programs (e.g., ACO and health homes) into consideration, in collaboration with IS. Protocols will also include outpatient care managers visiting patients while admitted.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Harmonize workflows across DSRIP projects, MCOs, and other initiatives (ACOs, Health Home, etc.) to support sustainability and scalability		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Finalize inpatient (including assignment of patients to care managers and care transitions record), NYP Ambulatory Care Network, and Weill Cornell and Columbia University Faculty Practice Organization and collaborator (post-acute, behavioral health, HCBS, and primary and specialty care) workflows taking		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
other programs (e.g., ACO and health homes) into consideration, in collaboration with IS										
<b>Milestone #2</b> Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #3</b> Ensure required social services participate in the project.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b>		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Project Requirements (Milestone/Task Name)	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
Required network social services, including medically tailored home food services, are provided in care transitions.										
<b>Task</b> Review and revise workflows in collaboration with community physicians/PCMH as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Review and revise workflows in collaboration with CBOs as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Identify and prioritize all partners (CBO, community docs, post-acute, etc.)		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Prioritize IT/connectivity requirements for PPS providers/CBOs		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop service agreements in collaboration with PPS providers/CBOs		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Finalize/execute service agreements with PPS providers/CBOs		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #4</b> Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures are in place for early notification of planned discharges.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures are in place for early notification of planned discharges.		Provider	Hospital	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4





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Project Requirements (Milestone/Task Name)	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 advisement.										
<b>Task</b> Review and revise workflows in collaboration with post-acute PPS providers as appropriate in collaboration with IS		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop training curriculum for care coordination		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Investigate vendor options for training		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft communication and training curriculum for TOC (and DSRIP in general) for NYP to include care managers, physicians, nursing, pharmacy, other as appropriate		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft training curriculum for TOC for CHWs		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft training curriculum for TOC for post-acute providers		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Conduct training for care coordination and TOC		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Review and revise care coordination competencies		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Milestone #5</b> Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Collaborate with post-discharge providers, including primary and specialty care, behavioral health providers, HCBS, post-acute providers, to design care transitions record, including business and technical IS specifications		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Review care transitions record with selected providers, including post-discharge providers, primary and specialty care, behavioral health providers, HCBS, health homes, post-acute providers, who will be in receipt of post-discharge care transitions record and get feedback		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b>		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Project Requirements (Milestone/Task Name)	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
Revise care transitions record to reflect provider input as appropriate. Align with national best practices (e.g. CMMI, AHRQ, etc.)										
<b>Task</b> Finalize care transitions record to be created by care managers, including business and technical IS specifications		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop process and tools to identify next provider of care AND ongoing provider of care, including business and technical IS specifications		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Operationalize process and tools to identify next provider of care AND ongoing provider of care		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Initiate staff training on process and tools to identify next provider of care AND ongoing provider of care		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #6</b> Ensure that a 30-day transition of care period is established.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Finalize inpatient (including assignment of patients to CMs and care transitions record), ACN, FPO and collaborator workflows taking other programs (e.g., ACO) into consideration in collaboration with IS		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft policies and procedures related to 30-day transitions period		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review policies and procedures with key network collaborators		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Finalize policies and procedures		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Milestone #7</b> Use EHRs and other technical platforms to track all patients engaged in the project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> New NYP EHR and care management documentation templates drafted for inpatient Transitions of Care care managers and their		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
collaborating social workers and care coordinators. These templates will include information to be included in the transitions of care summary document.										
<b>Task</b> Review NYP EHR and care management documentation and transitions of care record with key collaborators (post-acute, primary and specialty care, HCBS, behavioral health, health homes, and MCOs).		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Transitions of Care project team reviews new inpatient and transitions of care record specifications with NYP PPS IS team		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical specifications finalized		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical platforms implemented to track all patients receiving transitions of care intervention		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	
Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	
Ensure required social services participate in the project.	
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	



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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	
Ensure that a 30-day transition of care period is established.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

**Milestone Review Status**

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



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**



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

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

**Instructions :**

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

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

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.i, this waiver will support, for example, the provision of primary care services by PPS Article 28 and 31 providers at New York State Psychiatric Institute behavioral site of service, a member of our PPS.

Connectivity. Similar to other projects, there is a risk that we won't be able to appropriately communicate across the care continuum to provide care to these fragile patients. Specific challenges include: 1) enabling meaningful use/review of inter-specialty notes, 2) developing registries across Collaborators, and 3) developing protocols for new disciplines. To mitigate this risk, the PPS will work with the existing behavioral health team and newly hired/trained primary care staff to design and develop EHR workflows; develop a common care plan within EHRs and across ACD; leverage the RHIO and SHIN-NY to develop registries that can pool patients from the integrated sites; and build upon existing primary care flowsheets for the clinics. Over five years, the NYP PPS plans to invest in developing connectivity across the PPS. The PPS will provide additional technical assistance through its staff and vendors to organizations that need more assistance with technology implementation. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Definition of Co-location. On March 10, 2015, the DST provided the following guidance on the definition of co-location: "The DOH has explicitly not set a distance requirement to determine which facilities are collocated and which are not. The driver behind this project is the notion of warm handoffs and the ability to transfer patients seamlessly and offer integrated and shared care plans between behavioral health and primary care providers. There may be various models to achieve this, but the closer the physical proximity (and the closest possible is within the same department/physical space) the higher the opportunities for sharing information adequately, quickly and efficiently." As such, we believe that the PCP and Non-PCPs that practice on our NYP/CU, New York State Psychiatric Institute (NYSPI) and Columbia Doctors facilities—all sharing one campus and a connected EHR system, with easy transitions between providers of all types—will satisfy the co-location requirement. If the IA determines that co-location means something more significant, we will seek DOH's guidance as to how to adjust our network's composition.



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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	1,581

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	79
	Quarterly Update	0	0	0	79
	Percent(%) of Commitment				100.00%
IA Approved	Quarterly Update	0	0	0	79
	Percent(%) of Commitment				100.00%

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_PMDL3715_1_4_20160427221031_NYP_PPS_3ai_PatientEngagement_DY1Q4.xlsx	3.a.i patient engagement roster for DY1Q4 quarterly report.	04/27/2016 10:10 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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**IPQR Module 3.a.i.3 - Prescribed Milestones**

**Instructions :**

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

Project Requirements (Milestone/Task Name)	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
<b>Milestone #1</b> Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	DY3 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Behavioral health services are co-located within PCMH/APC practices and are available.			Provider	Mental Health	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #2</b> Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #3</b> 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.	DY3 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Policies and procedures are in place to facilitate and document completion of screenings.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Screenings are documented in Electronic Health			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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Record.											
<b>Task</b> 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
<b>Task</b> Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #4</b> Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> 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
<b>Task</b> 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
<b>Milestone #5</b> Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Primary care services are co-located within behavioral Health practices and are available.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Primary care services are co-located within behavioral Health practices and are available.			Provider	Mental Health	In Progress	07/01/2015	03/31/2018	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - PCMH Team to develop roadmap,			Project		On Hold	07/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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including budget and staffing needs, for bringing relevant practices to Level 3 PCMH and MU 2014 standards											
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs			Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
<b>Task</b> Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards			Project		In Progress	07/01/2017	03/31/2018	07/01/2017	03/31/2018	03/31/2018	DY3 Q4
<b>Milestone #6</b> Develop collaborative evidence-based standards of care including medication management and care engagement process.	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Regularly scheduled formal meetings are held to develop collaborative care practices.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Coordinated evidence-based care protocols are in place, including a medication management and care			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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engagement process.											
<b>Task</b> Identify key participants for BH Integration project oversight			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Schedule on-going meetings for BH integration project committee			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Develop BH integration workflows, including protocols for integrated primary care practice related to core physical health comorbidities like diabetes, hypertension, heart disease, COPD and other smoking related diseases.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review workflows with relevant BH practices, primary care stakeholders			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review workflows with key network collaborators. Confirm that workflows include protocols to respond to positive preventive care screenings (referrals or embedded primary care treatment)			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop training around workflows			Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications for IS to support workflows			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to support workflows			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement workflows and IS solutions			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #7</b> 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.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b>			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Screenings are documented in Electronic Health Record.											
<b>Task</b> 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	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop BH integration workflows, including preventive care screenings			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review workflows and preventive care screenings with relevant BH practices, primary care stakeholders			Project		Completed	10/01/2015	02/29/2016	10/01/2015	02/29/2016	03/31/2016	DY1 Q4
<b>Task</b> Review workflows with key network collaborators			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop training around workflows			Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications for IS to support workflows			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to support workflows			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement workflows and IS solutions			Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #8</b> Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b>			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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New NYP EHR and care coordination documentation templates drafted for participating behavioral health sites. Templates to support collaboratively-developed medication management, care engagement, and other evidence-based protocols.											
<b>Task</b> New PPS collaborator documentation templates drafted for community-based collaborators (substance use, housing, HCBS, etc.). Templates will support warn handoff tracking to/from behavioral health integration sites.			Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Project Leads and key collaborators review documentation proposal - align with PPS quality review process, including BH and other medical quality metrics.			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Project Leads draft EHR and care management template technical specifications with NYP PPS IS team			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> NYP PPS IS team finalizes documentation templates, including plan for integration of medical and behavioral health information.			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> NYP PPS IS team implements templates to ensure coordination of care planning and tracking of patients in intervention.			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #9</b> Implement IMPACT Model at Primary Care Sites.	DY3 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
<b>Task</b> PPS has implemented IMPACT Model at Primary Care Sites.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #10</b> 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
<b>Task</b> Coordinated evidence-based care protocols are in			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.											
<b>Task</b> 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
<b>Milestone #11</b> 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
<b>Task</b> 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
<b>Task</b> 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
<b>Milestone #12</b> 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
<b>Task</b> 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
<b>Milestone #13</b> Measure outcomes as required in the IMPACT Model.	DY3 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
<b>Task</b> 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
<b>Milestone #14</b> Provide "stepped care" as required by the IMPACT Model.	DY3 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
<b>Task</b> In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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<b>Milestone #15</b> 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
<b>Task</b> 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
<b>Task</b> 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
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No Records Found

**Prescribed Milestones Narrative Text**

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





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**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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



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**Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
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
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**



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**Project 3.a.ii – Behavioral health community crisis stabilization services**

**✓ IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies**

**Instructions :**

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

Provider Commitment Risks. See comments in other project sections.

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.a.ii, this waiver will support, for example, the provision of crisis stabilization services by Article 28, Article 31 and 32 PPS providers to street homeless. We are in dialogue with DOH and DOHMH the necessity of a waiver to provide Critical Time Intervention (CTI) services. The discussion includes licensure requirements, the interface with Mobile Crisis, the use of CBO-based staff, and the value of a pilot in consultation with DOH.

Connectivity. There is a risk that we won't be able to communicate across care continuum to provide care to these patients. To mitigate this risk, the PPS will establish alerts to notify providers when a patient is determined eligible. Once patients consent, the PPS will use Healthix technology to facilitate real-time notification of patient utilization. The NYP PPS plans to invest \$13.3 million of its DSRIP funds and \$6.5 million in capital funding through the CRFP Grant plus a 100% NYP match (pending approval) to develop that connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

Capacity. We expect the triage aspect of this project to generate increased demand for primary and behavioral health services. This is a risk because these services are already stressed. First, we intend to expand primary, behavioral care and selected specialty care capacity through increased staffing levels, expanded practice hours and/or physical capacity expansion at four major PPS centers for outpatient care. The PPS is developing a brand new psych triage unit, and Network Member ACMH has applied for funding to develop an 8-bed crisis respite unit. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Second, we will build additional IT capacity and capability in our Network Members, allowing them to manage their volume more effectively, reduce duplication in services and care for patients in the non-acute setting. The hard asset investments are dependent on funding applied for under the CRFP.

Diversity. A risk to successful implementation lies with the socio-economic and ethnic make-up of Upper Manhattan residents, where this project is focused..

To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in this project to provide care that respects patients' "Culture of One."

MCO Agreements. Currently, many Medicaid MCO contracts do not allow us to provide coverage for the services proposed by this project, including billing for off-site, home visits. NYP is in active negotiations with Medicaid MCOs to modify contracts (pending waivers as appropriate) so that we will be able to provide coverage.



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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	1,300

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
<b>PPS Reported</b>	Baseline Commitment	0	12	30	100
	Quarterly Update	0	12	12	80
	Percent(%) of Commitment		100.00%	40.00%	80.00%
<b>IA Approved</b>	Quarterly Update	0	12	12	80
	Percent(%) of Commitment		100.00%	40.00%	80.00%

**Warning: PPS Reported - Please note that your patients engaged to date (80) does not meet your committed amount (100) for 'DY1,Q4'**

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_PMDL3815_1_4_20160427230641_NYP_PPS_3aii_PatientEngagement_DY1Q4.xlsx	3.a.ii patient engagement roster for DY1Q4	04/27/2016 11:07 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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**IPQR Module 3.a.ii.3 - Prescribed Milestones**

**Instructions :**

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

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



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Project Requirements (Milestone/Task Name)	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
patients from emergency room and inpatient services.										
<b>Task</b> PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review diversion workflows with key network collaborators, including CPEP rapid triage, coordination with ED patient navigation staff, collaboration with off-site respite beds, and other HCBS (e.g. housing providers). These workflows will also include notification of Health Home providers.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop training around diversion workflows		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications for IS to support diversion workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to support diversion workflows		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement diversion workflows and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #3</b> Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in attributed population		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2





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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
<b>Task</b> Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Executive Committee drafts presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #4</b> Develop written treatment protocols with consensus from participating providers and facilities.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Coordinated treatment care protocols are in place.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Identify key participants for BH Crisis project oversight		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Schedule on-going meetings for BH crisis project committee		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Develop BH crisis protocols, including central triage, communication with community-based CHWs and ED-based Patient Navigators , referral to community-based mental health and substance use providers, referral to respite services, referral to Critical Time Intervention-like ('CTI-Like') team.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review protocols with relevant mobile crisis teams, respite providers, etc.		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review protocols with key network collaborators		Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop training around protocols		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications for IS to support protocols		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to support protocols		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement protocols and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #5</b> Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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<b>Task</b> PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review collaborator list to identify psychiatric service providers		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Identify collaborators which provide specialty psychiatric and crisis-oriented services		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Assess current access challenges to specialty and crisis-oriented services		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Review challenges with key collaborators		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop plan to expand access to specialty and crisis-oriented services		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #6</b> Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.		Provider	Safety Net Clinic	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS evaluates access to observation unit or off campus crisis		Provider	Safety Net Mental Health	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
<b>Task</b> Review collaborator list to identify psychiatric service providers		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Identify collaborators which provide observation unit or crisis residence services		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Assess current access challenges to observation unit and/or crisis residence services		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Review challenges with key collaborators		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop access improvement plan to expand access to observation unit and/or crisis residence services		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Schedule on-going meetings to review access challenges and successes		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #7</b> Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review BH crisis workflows with Mobile Crisis team(s)		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Augment BH crisis workflows to include Mobile Crisis		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Finalize BH crisis workflows with Mobile Crisis team		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Update protocols and policies to include decision tree for when to initiate Mobile Crisis vs. BH Crisis interventions		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop business specifications for IS solutions		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop technical specifications for IS solutions		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3



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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
<b>Task</b> Implement IS solutions		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #8</b> Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY3 Q4	Project	N/A	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.		Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> PMO distributes IT assessment to Network Members.		Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> IT/Data Governance Committee reviews and summarizes network IT capabilities.		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> IT/Data Governance Committee presents assessment to Exec Committee.		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Clinical Operations Committee to identify priority PPS		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



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



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

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
<b>Task</b> Develop business specifications for IS to support central triage protocols		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop technical specifications to support protocols		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement protocols and IS solutions		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #10</b> Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	DY2 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Service and quality outcome measures are reported to all stakeholders including PPS quality committee.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Identify key participants for BH Crisis quality committee		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Schedule on-going meetings for BH crisis project committee		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop template for quality improvement plans; self audits		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b>		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Develop template for implementation reports										
<b>Task</b> Develop template for performance measurement updates		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Begin reviewin quality reports on on-going basis		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #11</b> Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> New NYP documentation templates drafted		Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> New PPS collaborator templates drafted		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Templates reviewed with IS team		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Technical specifications drafted		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical specifications finalized		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Documentation implemented		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array	



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**Prescribed Milestones Narrative Text**

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

**Milestone Review Status**

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





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**Milestone Review Status**

<b>Milestone #</b>	<b>Review Status</b>	<b>IA Formal Comments</b>
<b>Milestone #9</b>	Pass & Ongoing	
<b>Milestone #10</b>	Pass & Ongoing	
<b>Milestone #11</b>	Pass & Ongoing	



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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No Records Found

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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No Records Found



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

**Instructions :**



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

**✓ IPQR Module 3.e.i.1 - Major Risks to Implementation and Mitigation Strategies**

**Instructions :**

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

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

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 3.e.i, this waiver will support, for example, the provision of chemical dependency services to PLWHA by a PPS Article 32 provider in a different PPS Article 28 clinic setting.

State-wide Program Funding Shift. The NYP PPS was the only PPS state-wide to select Project 3.e.i. We view this as reflective of the change in HIV/AIDS programs across the State, including the focus on the End of the Epidemic campaign. The risk of such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for PLWH who were once cared for by other programs. As a result, PLWH may fall out of care at a higher rate than before. To mitigate this risk, the three clinics participating in this project are increasing staff, expanding hours to accommodate walk-in patients and modifying hospital protocols to make it easier to transfer PLWH from the EDs to the outpatient setting without admitting them ("Rapid HIV Consult Service"). In addition, the NYP PPS is establishing a city-wide HIV Project Advisory Committee to increase engagement/retention for PLWH. The Project will re-engage patients who have been lost to follow-up, test individuals who do not know their serostatus and provide prevention services for uninfected, high-risk populations. PLWH—whether or not they are in care or know their serostatus—access services such as needle exchanges, food pantries and substance abuse treatment centers. Through the Advisory Committee, leaders from such organizations will convene physically and electronically (via Allscripts Care Director and the RHIO) to track patients and alert one another of patients' whereabouts, with the goal of engaging or re-engaging them in care. However, a major risk mitigation strategy is outside of the PPS control and will be for new sources of funds to be made available to providers to offset the losses in some other programs and to support the goals of both DSRIP and the End of the Epidemic campaign.

Connectivity. A major implementation risk will be IT connectivity across the PPS Network Members involved in the care of PLWH. Many Network Members have different software platforms or limited IT capabilities. To mitigate this risk, the NYP PPS plans to invest heavily to develop connectivity across the PPS. \Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.



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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	5,040

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
<b>PPS Reported</b>	Baseline Commitment	0	1,723	2,336	3,445
	Quarterly Update	0	1,379	1,869	2,403
	Percent(%) of Commitment		80.03%	80.01%	69.75%
<b>IA Approved</b>	Quarterly Update	0	1,379	1,869	2,402
	Percent(%) of Commitment		80.03%	80.01%	69.72%

**Warning: PPS Reported - Please note that your patients engaged to date (2,403) does not meet your committed amount (3,445) for 'DY1,Q4'**

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_PMDL4915_1_4_20160428010236_NYP_PPS_3ei_PatientEngagement_DY1Q4.xlsx	3.e.i patient engagement roster for DY1Q4	04/28/2016 01:02 AM

**Narrative Text :**

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

Due to the lack of ADAP inclusion (explained in DY1Q3), which was included in the PPS's original estimates for patient engagement commitments in the application phase, the PPS was not able to meet its commitment this quarter.



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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 DY1 Q4.



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

**Instructions :**

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

Project Requirements (Milestone/Task Name)	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
<b>Milestone #1</b> Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	DY3 Q2	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has conducted CNA and identified community resource gaps and target patient population.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS demonstrates that it is providing a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS demonstrates that it is making available medical and behavioral health consultation expertise.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #2</b> Identify primary care providers who have significant case loads of patients infected with HIV.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has identified primary care providers with significant case loads of patients infected with HIV using EHR/medical records.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #3</b> Implement training for primary care providers which will include consultation resources from the center of excellence.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has implemented training aimed at increasing disease-specific expertise, with consultation from			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
COE. PPS shows evidence that it considered adopting the Project Echo methodology.											
<b>Milestone #4</b> Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	DY3 Q2	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> All practices in PPS have a Clinical Interoperability System in place for all participating providers.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> All practices in PPS have a Clinical Interoperability System in place for all participating providers.			Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.			Provider	Practitioner - Primary Care Provider (PCP)	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has care coordinators located or linked to each PCP site. The PPS utilized the CNA to determine the patient: care coordinator ratio. Care coordinators associated with Health homes have been engaged.			Provider	Clinic	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #5</b> Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has developed a system that ensures that patients are reminded for care follow-up, that monitors and promotes adherence to medication management, and offers other components of evidence-based practice for management of this infection.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #6</b> Institute a system to monitor quality of care with educational services where gaps are identified.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS has created a quality committee that is representative of PPS staff involved in quality			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

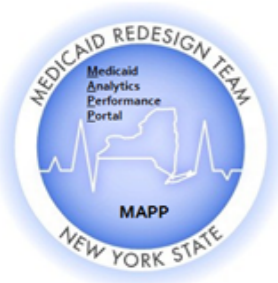




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Project Requirements (Milestone/Task Name)	Prescribed Due Date	Project Model Name	Reporting Level	Provider Type	Status	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
improvement processes and other stakeholders.											
<b>Task</b> Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 HIV/AIDS.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Service and quality outcome measures are reported to all stakeholders.			Project		On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Milestone #7</b> Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 1	Project	N/A	On Hold	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> 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
<b>Milestone #8</b> Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has conducted a CNA to assist in identifying community resource gaps, a targeted patient population, along with a site location for a Center of Excellence Management for HIV/AIDS (including HCV).			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review final CNA to understand community needs related to HIV/AIDS and HCV			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Identify site location(s) for Center of Excellence			Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Convene PPS HIV/AIDS project steering committee to review site proposals			Project		Completed	07/01/2015	12/30/2015	07/01/2015	12/30/2015	12/31/2015	DY1 Q3
<b>Task</b> Finalize site location selection for Center of Excellence			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Milestone #9</b>	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 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
Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.											
<b>Task</b> Within the Center of Excellence Management for HIV/AIDs (including HCV), the PPS has developed plans to co-locate services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment. This site also offers prevention services such as PrEP (Pre-Exposure Prophylaxis) for high risk, uninfected persons.			Project		In Progress	07/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Inventory existing resources a Center of Excellence location(s)			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Identify gaps in services between existing resources and project requirements			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop plan to augment services to meet project requirements			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop business needs for rosters to include HIV/AIDS and HIV treatment and PrEP activities			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop technical specifications for rosters with IS			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review specifications with HIV project steering committee			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Implement roster solution			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #10</b> Co-locate care management services including Health Home care managers for those eligible for Health Homes.	DY3 Q2	Model 2	Project	N/A	In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> The PPS has developed plans to co-locate care			Project		In Progress	10/01/2015	09/30/2017	10/01/2015	09/30/2017	09/30/2017	DY3 Q2



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management services including Health Home care managers for those eligible for Health Homes at this site.											
<b>Task</b> Develop staffing plan for care managers, including on-site and downstream-provider employed			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Develop job descriptions for on-site care managers			Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Post job descriptions and recruit for on-site care managers			Project		Completed	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop workflows for CoE referral to health home care managers			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Review workflow with downstream health home providers			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Revise health home referral work flow			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop agreements with downstream health home providers			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Execute agreements with downstream health home providers			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Schedule on-site interdisciplinary care rounds that include both on-site and health home care managers			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #11</b> Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	DY2 Q4	Model 2	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> A referral process and connectivity for referrals has been developed for those persons who qualify for but are not yet in a Health Home.			Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for CoE referral to health			Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4



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home care managers. The different workflows allow HIV CoE and community-based resources to reach patients where they usually seek care (CBOs, needle exchange, primary care, emergency department, etc.). These will include referral downstream and upstream referrals to Health Homes.											
<b>Task</b> Review workflow with downstream health home providers			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Revise health home referral work flow			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop agreements with downstream health home providers			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Execute agreements with downstream health home providers			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #12</b> Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	DY2 Q4	Model 2	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> For all COE staff, PPS has developed training on evidence-based guidelines derived from NYS AIDS Institute, NIH/HRSA/CDC materials.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Inventory existing HIV CoE training materials			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Inventory existing NYS AIDS Institute, NIH, HRSA, and CDC trainings			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Align training materials; identify any remaining gaps			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop training for identified gaps			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Review existing staff's training experience			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Schedule training for new staff and/or existing staff that need refresher			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #13</b>	DY3 Q2	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2



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



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<b>Task</b> Based on drafted workflows and standards of care, identify needed service agreements and PPS providers/CBOs			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop service agreements in collaboration with PPS providers/CBOs			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Finalize/execute service agreements with PPS providers/CBOs			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Implement interoperability solutions (Healthix, Allscripts Care Director, etc.) with key collaborators			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #14</b> Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.	DY3 Q4	Model 2	Project	N/A	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> EHR or other IT platforms meet connectivity to RHIO's HIE and SHIN-NY requirements.			Provider	Safety Net Mental Health	In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> PPS uses alerts and secure messaging functionality.			Project		In Progress	04/01/2015	09/30/2017	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Director of Interoperability Informatics develops IT assessment in concert with Healthix (RHIO) and Network Member IT counterparts.			Project		Completed	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> PMO distributes IT assessment to Network Members.			Project		Completed	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> IT/Data Governance Committee reviews and summarizes network IT capabilities.			Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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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
<b>Task</b> IT/Data Governance Committee presents assessment to Exec Committee.			Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> IT/Data Governance Committee develops plan to exchange information across RHIOs, direct exchange, standard care management platforms, and other methodologies TBD for priority network members			Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> IT/Data Governance Committee presents plan to PPS Executive Committee for ratification			Project		In Progress	04/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS IT staff coordinate with previously-identified priority PPS network members to implement relevant health information exchange methodologies, including direct exchange, alerts, and patient record look up			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #15</b> Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	DY3 Q4	Model 2	Project	N/A	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> EHR or other IT platforms, meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).			Project		In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	07/01/2015	09/30/2017	07/01/2015	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> PPS PMO - PCMH Team to complete assessment of relevant safety net practices current PCMH and MU certification			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> PPS PMO - PCMH Team to develop roadmap, including budget and staffing needs, for bringing			Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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relevant practices to Level 3 PCMH and MU 2014 standards											
<b>Task</b> PPS PMO, PCMH Team and Workforce Group to identify workforce development, training and education needs			Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS Clinical Operations and IT/Data Governance Committees to approve population health roadmap			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to staff and launch implementation team (a similar team has been active at the PPS Lead for several years)			Project		On Hold	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS PMO - IT, PCMH Team and Workforce Group assist identified safety net providers to submit PCMH and MU Level 3 recognition materials			Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Identified relevant safety net providers submit for Meaningful Use and PCMH Level 3 standards			Project		In Progress	07/01/2017	09/30/2017	07/01/2017	09/30/2017	09/30/2017	DY3 Q2
<b>Milestone #16</b> Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> New NYP EHR and care management documentation template developed to support shared documentation across co-located primary, specialty, social services,			Project		In Progress	07/01/2015	03/31/2016	07/01/2015	06/30/2016	06/30/2016	DY2 Q1





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and on-site health home providers.											
<b>Task</b> New PPS collaborator documentation templates drafted for collaborating social services, substance use and mental health providers, off-site health home providers, and other services used by the targeted population.			Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS Project Leads and key collaborators ('Quality Committee') review templates and care coordination protocols to ensure templates adhere to evidence-based protocols for HIV and HCV. Templates review			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical specifications finalized			Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Technical platforms, and relevant templates, implemented to track all patients participating in HIV CoE.			Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #17</b> Seek designation as center of excellence from New York State Department of Health.	DY3 Q2	Model 2	Project	N/A	In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> PPS has sought COE designation either by achieving certification (such as Joint Commission Disease-Specific Care Certification) or self-designating based on rigorous standards.			Project		In Progress	10/01/2016	09/30/2017	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
<b>Task</b> Review NYS, Joint Commission, and other certification standards			Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Identify appropriate standards relevant to HIV CoEs			Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Submit application for designation as CoE			Project		In Progress	04/01/2017	09/30/2017	04/01/2017	09/30/2017	09/30/2017	DY3 Q2



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**Prescribed Milestones Current File Uploads**

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

**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	
Identify primary care providers who have significant case loads of patients infected with HIV.	
Implement training for primary care providers which will include consultation resources from the center of excellence.	
Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	
Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	
Institute a system to monitor quality of care with educational services where gaps are identified.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	
Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	
Co-locate care management services including Health Home care managers for those eligible for Health Homes.	
Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	
Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	
Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	
Ensure that all PPS safety net providers are actively sharing EHR	



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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.	
Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other IT platforms to track all patients engaged in this project.	
Seek designation as center of excellence from New York State Department of Health.	

**Milestone Review Status**

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



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Delivery System Reform Incentive Payment Project  
DSRIP Implementation Plan Project**

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

**Milestone Review Status**

Milestone #	Review Status	IA Formal Comments
Milestone #17	Pass & Ongoing	



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

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

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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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**PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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**New York State Department Of Health  
Delivery System Reform Incentive Payment Project  
DSRIP Implementation Plan Project**

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

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

**Instructions :**



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

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

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

**✓ IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies**

**Instructions :**

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

Provider Commitment Risks. See comments in other sections.

Connectivity. There is a risk that we won't be able to appropriately communicate across the continuum to provide care to these patients. Specific challenges include: 1) creating registries to identify potentially eligible patients; 2) creating an effective referral mechanism for physicians to refer to the; and 3) exchanging clinical information with community-based partners. To mitigate this risk, the NYP PPS plans to invest in developing connectivity across the PPS. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds on a reduced scale.

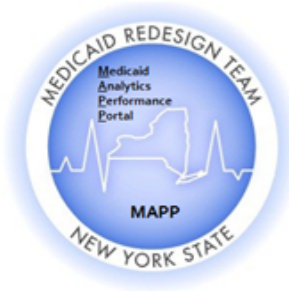
Capacity. Space is an issue at NYP's PCMHs, and there is a risk that the newly integrated palliative care team will not have adequate space to provide care. To mitigate this risk, NYP has applied for CRFP funding to redesign the PCMHs, where we will create rooms to accommodate additional volume. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale.

Workforce. There is a risk inherent in hiring palliative care specialists due to the limited pool of qualified candidates and increasing demand for such. We have designed to program to be flexible, occupying swing space in several PCMHs across the ACN. Sharing resources will maximize providers' time. Second, we will begin recruiting for this position early but understand that a delay in hiring will delay implementation. NYP will also host career events, such as professional conferences and interview days, dedicated to the type of human capital needed.

Diversity. A risk to the success of the DSRIP program lies with the cultural diversity inherent in our PPS population. Much the NYP PPS service area is comprised of linguistically isolated ethnic and racial minorities. For example, minority patients often have poor access to adequate pain care in the U.S., and poorly aligned culture, religion and ethnicity may prevent physicians from offering palliative care to patients who need it. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the NQF's framework, which we will expand to our Network. The NYP PPS will train frontline staff and physicians involved in this projects to provide care that respects patients' "Culture of One." In recruiting staff , we are putting a significant emphasis on clinicians' expertise/experience with a culturally diverse population.

PCMH Standards. This is a labor-intensive process. We will set up a dedicated PCMH Certification Team that will be responsible for all relevant providers meeting this project requirement according to the timetable set out in our project speed of implementation forecasts. This team will be led by NYP's VP for Community Health who has significant experience transforming the 13 NYP ACN practices to NCQA PCMH designation as well as supporting numerous community providers in their PCMH journey. The NYP Community Health department will work with providers closely to develop an aggressive timeline and roll-out schedule to ensure that they are on target to meet or exceed the DY 3 requirement. One risk that is out of our hands is the amount of time the application will take to turn around once it is submitted.

MCO Agreements. Currently, many MCO contracts do not allow us to provide coverage for the services proposed, including home-based palliative care services (usually separate from hospice services) and reimbursement for intensive post-discharge follow-up care, which can prevent future utilization if patients' goals and values can be clarified. NYP is in active negotiations with Medicaid MCOs to modify contracts so that we will be able to provide coverage for these services.



**New York State Department Of Health  
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 DSRIP Implementation Plan Project**

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

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

**Instructions :**

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for DY1 Q4 should include patients previously reported in DY1 Q3 plus new patients engaged in DY1 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	1,726

	Year,Quarter	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4
PPS Reported	Baseline Commitment	0	0	0	280
	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				0.00%
IA Approved	Quarterly Update	0	0	0	0
	Percent(%) of Commitment				0.00%

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
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**Narrative Text :**

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

The PPS 3.g.i project is unable to report on its patient engagement activities this quarter. The appropriate data systems are not in-place.

**Module Review Status**

Review Status	IA Formal Comments
Fail	The PPS failed to meet at least 80% of its actively engaged commitments for DY1 Q4.





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

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

**IPQR Module 3.g.i.3 - Prescribed Milestones**

**Instructions :**

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

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



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Project Requirements (Milestone/Task Name)	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
materials										
<b>Milestone #2</b> Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	DY2 Q4	Project	N/A	In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.		Project		In Progress	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Based on drafted clinical guidelines, identify needed service agreements and PPS providers/CBOs		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop service agreements in collaboration with PPS providers/CBOs		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Finalize/execute service agreements with PPS providers/CBOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #3</b> Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Draft workflows for PCPs, Palliative Care team, Care Coordination, Hospice Providers to identify patients who might have unmet palliative care needs, including a case-finding approach and deliberate referrals from PCMH- and non-PCMH-based primary care providers. Workflows will include referrals to hospice, home-based hospice, and other supportive services.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Develop clinical guidelines and supporting processes for patients to be screened for palliative care needs/those to be referred for palliative care consults. Clinical guidelines will ensure that end of life planning needs are identified, documented, and addressed prior to seeking aggressive care or hospice.		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b>		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Delivery System Reform Incentive Payment Project  
DSRIP Implementation Plan Project**

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

Project Requirements (Milestone/Task Name)	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
Finalize workflows in conjunction with finalizing clinical guidelines										
<b>Task</b> Review and revise workflows in collaboration with CHW CBOs as appropriate		Project		On Hold	10/01/2015	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> Review and revise workflows in collaboration with Care Management		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Finalize clinical guidelines and workflows		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Milestone #4</b> Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Staff has received appropriate palliative care skills training, including training on PPS care protocols.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Develop palliative education/training plan outline to include audiences, topics, learning strategy, follow-up		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft palliative education/training materials for use in NYP PCMH, including KNPs as appropriate		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Apply training best practices to draft education/training materials		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Finalize palliative education/training materials for use in NYP PCMH, including KNPs as appropriate		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop training/participant schedule and confirm logistics		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop on-going educational venues to disseminate palliative care competencies		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Execute training		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #5</b> Engage with Medicaid Managed Care to address coverage of services.	DY2 Q4	Project	N/A	In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS has established agreements with MCOs that address the coverage of palliative care supports and services.		Project		In Progress	10/01/2015	03/31/2017	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS Clinical Operations and Finance Committees to identify Medicaid MCOs with which there is significant overlap in		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



**New York State Department Of Health  
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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
attributed population										
<b>Task</b> PPS Clinical Operations and Finance Committees to draft recommendations on Medicaid MCO coordination plans		Project		In Progress	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Clinical Operations and Finance Committees to present recommendations and MCO list to Executive Committee for approval		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> PPS Executive Committee (or its designee) to contact Medicaid MCOs to schedule monthly meetings		Project		In Progress	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Monthly meetings with Medicaid MCOs to discuss performance issues, utilization trends, and payment reform commence		Project		In Progress	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> PPS Executive Committee presents recommendations to improve warm handoffs between service providers and Medicaid MCOs		Project		In Progress	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone #6</b> Use EHRs or other IT platforms to track all patients engaged in this project.	DY2 Q4	Project	N/A	In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2015	03/31/2017	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> New NYP EHR and care management documentation templates drafted to support case finding, referrals from PCMH- and non-PCMH-based providers, and referrals to community-based services.		Project		Completed	07/01/2015	12/31/2015	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> New PPS collaborator referral templates drafted to ensure warm handoffs to HCBS and palliative care services		Project		In Progress	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS drafts technical specifications document, in collaboration with Project Leads and key collaborators		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS Project Leads reviews documentation and referral templates with NYP PPS IS team		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> NYP PPS IS team finalized documentation and referral technical specifications		Project		In Progress	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b>		Project		In Progress	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4



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 DSRIP Implementation Plan Project**

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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
Technical platforms implemented to track all patients participating in integrated Palliative Care intervention										

**Prescribed Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**Prescribed Milestones Narrative Text**

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	

**Milestone Review Status**

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



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

**Instructions :**

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

Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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**PPS Defined Milestones Current File Uploads**

Milestone Name	User ID	File Type	File Name	Description	Upload Date
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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
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Delivery System Reform Incentive Payment Project  
DSRIP Implementation Plan Project**

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

**Instructions :**



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

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

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

**Instructions :**

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

Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations. We request the waiver for providers licensed under Article 28, 31 and 32 as well as practitioners affiliated with the Article 28 institutions which will enable the PPS to provide necessary services to persons with medical and behavioral health needs with an integrated team approach. For 4.b.i, this waiver will support, for example, in-home patient medication education and reconciliation services by PPS Article 28 primary care nurse practitioners and physicians. Failure to receive a waiver would restrict our ability to place tobacco cessation services in the communities served by the NYPH PPS. Without a waiver it would be necessary to establish referral mechanisms to the NYPH tobacco cessation clinic and to services provided within NYPH ambulatory care network facilities.

IT Investment. A major risk to this project is the current inability to connect and communicate with the patients' care team across the continuum. To mitigate this risk, as part of its five-year IT investment, NYP plans to invest in data interfaces that will allow these EHRs to "speak" to one another. Second, NYP will extend its care coordination application, Allscripts Care Director (ACD), to multiple Network Members and connect nearly 70 Network Members to the local RHIO and SHIN-NY for tracking patients city-wide. NYP will invest early in developing data interfaces between Amalga and the platforms used by Network Members. The tobacco cessation DSRIP project includes the development of a tobacco cessation clinic at the Washington Heights NYPH location. The tobacco cessation clinic will be a resource for community practices. Without robust IT support community providers will have limited communication with the NYPH tobacco cessation providers. Without this support communication would be handled via paper documentation which will not allow for robust interaction between providers.

Capacity. Space is an issue at NYP's PCMHs, and there is a risk that the newly tobacco cessation team will not have adequate space to provide care. To mitigate this risk, NYP has applied for CRFP funding to redesign the PCMHs, where we will create rooms to accommodate additional volume. Note: If we receive less funding than expected from the CRFP, we will likely fund development out of DSRIP operational proceeds and organizations' capital budgets on a reduced scale. To mitigate this risk we are creating a roving tobacco cessation clinic that will be able to maximize the limited space available.

Diversity. A risk to successful implementation lies within the socio-economic and ethnic make-up of Upper and lower Manhattan residents, where this project is focused. To mitigate this risk, the NYP PPS has adopted a patient-centered approach to cultural competency, aligned with the National Quality Forum's (NQF) framework, which we will expand to our Network Members. The NYP PPS will train frontline staff and physicians involved in this project to provide care that respects patients' "Culture of One." While we have tobacco resources for Spanish speaking patients, little exists for the Chinese patient population. WE are partnering with organizations with strong footholds in these communities to leverage their resources. The tobacco cessation team will need to include members who can communicate effectively with this population.





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

**Instructions :**

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

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



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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
approaches to substance abuse counseling and resources in order to set up cessation clinics								
<b>Milestone</b> Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	In Progress	Educate users on appropriate referral processes; appropriate medication approaches (including billing); selection of billing diagnoses; data that need to be collected to support process and outcome measurement	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	Completed	Meet with Behavioral Health and Psych Institute to review best practices and create recommendations for how to move forward with referral process and education program	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop education program	In Progress	Develop education program	03/31/2016	06/30/2016	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	In Progress	Assemble Medication Support Team and Health Education Team to decide how this educational program will work, and how medication support will be integrated into the EHR	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Identify and engage ACN billing experts and key stakeholders to foster buy-in	In Progress	Identify and engage ACN billing experts and key stakeholders to foster buy-in	06/30/2016	09/30/2016	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Implement Educational Program	In Progress	Implement Educational Program	09/30/2016	12/31/2016	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Milestone</b> Instruct and support CBOs on Tobacco Cessation	In Progress	Instruct and support CBOs on Tobacco Cessation	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Create educational scope document, laying out what will and will not be included in education materials.	In Progress	Create educational scope document, laying out what will and will not be included in education materials.	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Assess and assemble existing materials and tools, will document gaps and needs	In Progress	Assess and assemble existing materials and tools, will document gaps and needs	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Create new materials and tools based on needs and gap assessments	In Progress	Create new materials and tools based on needs and gap assessments	12/31/2015	03/31/2016	12/31/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement CBO Education Program	In Progress	Implement CBO Education Program	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Milestone</b>	In Progress	Develop patient education content for distribution in an array of channels to	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop patient education content for distribution in an array of channels to support tobacco cessation.		support tobacco cessation.						
<b>Task</b> Determine existing patient materials in tobacco cessation	In Progress	Determine existing patient materials in tobacco cessation	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	In Progress	Based on discovery, determine whether to use existing resources or to develop new materials, or both, and determine media (e.g. internet, hardcopy, etc.)	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Create materials for website (NYP Smoking Cessation Site)	In Progress	Create materials for website (NYP Smoking Cessation Site)	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Implement new materials	In Progress	Implement new materials	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Milestone</b> Design and launch Tobacco Cessation Clinic(s)	In Progress	Design and launch Tobacco Cessation Clinic(s)	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Determine scope of clinic services	In Progress	Determine scope of clinic services	10/01/2015	03/31/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Determine location(s)	In Progress	Determine location(s)	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Determine staff and onboarding plan	In Progress	Determine staff and onboarding plan	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Complete onboarding process and train all staff as certified tobacco treatment specialists	In Progress	Complete onboarding process and train all staff as certified tobacco treatment specialists	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Launch Tobacco Cessation Clinic	In Progress	Launch Tobacco Cessation Clinic	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Milestone</b> Develop documentation for 5As assessment	In Progress	Develop documentation for 5As assessment	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	Completed	Review current EHR support for 5 A's (ask, assess, advice, assist, and arrange) with PCMH practice leaders	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
<b>Task</b> Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	In Progress	Review current Meaningful Use - Stage II progress towards embedding tobacco cessation into EHR and physician practice	01/01/2016	03/31/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b>	On Hold	Collaborative identify best approach to prompt clinicians to complete 5 A's,	01/01/2016	03/31/2016	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
Collaborative identify best approach to prompt clinicians to complete 5 A's, ensuring that approach that meets Meaningful Use requirements.		ensuring that approach that meets Meaningful Use requirements.						
<b>Task</b> NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	On Hold	NYP PPS Project Leads develop best practices for embedding 5 A's into EHRs and practice workflow	01/01/2016	03/31/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
<b>Task</b> NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	In Progress	NYP PPS Project Leads develop business specifications for 5 A's integration in NYP EHRs	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	In Progress	NYP PPS IT develops technical specifications for integration of 5 A's and clinician-prompting into EHR	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> 5 As implemented into EHR and provider workflow	In Progress	5 As implemented into EHR and provider workflow	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

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



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**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Design and launch Tobacco Cessation Clinic(s)	
Develop documentation for 5As assessment	

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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

**Instructions :**



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**Project 4.c.i – Decrease HIV morbidity**

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

**Instructions :**

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

Regulatory Waivers. We request a waiver of 10 NYCRR 401.2(b) which restricts an entity to provide services only at the sites designated in the operating certificate. In order to provide optimal access for patients whom DSRIP is designed to help the most, providers need to meet the patients where they are most likely to be found. Therefore, we request a waiver of this rule to allow providers to provide services, and to be reimbursed for those services, at off-site locations to support the following use cases: (1) As part of the NYS DSRIP project 3.e.i, the NYP PPS plans to embed Article 31 and Article 32 providers (e.g. Argus Community-employed CASAC) within an NYP Article 28 clinic setting to better engage/link people living with HIV and AIDS with comprehensive harm reduction programs (e.g. OASAS). (2) As part of the NYS DSRIP project 4.c.i, the project also plans to embed physicians, nurse practitioners, and physicians assistants (currently operating under NYP's Article 28 license) to provide PrEP, STI, HCV and HIV treatment in addition to medical care for substance use (e.g. buprenorphine) in community-based organizations to people living with, or at risk for, HIV who are currently receiving community-based services (Article 31, 32 or non-licensed community facilities). We understand that issues of reimbursement are being explored as part of the waiver process and that the Department is supporting a State Plan Amendment with the State Medicaid Plan as well as amendments to the associated regulations.

Meeting DSRIP Requirements and Sustainability. The combined efforts of the NYS Health Home Program, DSRIP and End of the Epidemic (EtE) initiatives are all aimed at increasing linkage and engagement into primary care. The risk such a shift creates is the burden on existing providers, including those in the NYP PPS, to care for people at risk for, or living with, HIV or HCV who were previously undiagnosed and/or not engaged in routine care. As part of Project 4.c.i. Reducing HIV Morbidity, the NYP PPS is establishing an HIV Project Steering Committee with associated sub-contracts with a number of key community based organizations to support a team of peers and community health workers to increase engagement/retention for people at risk for, or living with, HIV or HCV. If successful, this will substantially increase demand for clinical services through the Center of Excellence (CoE). To improve access, DSRIP has funded a modest increase in staff (1 FTE NP, 1 FTE Psychiatric NP, 1.2 FTE Physician, 1 FTE Practice Care Facilitator, 1 FTE Care Manger and 0.5 FTE Analyst). However, with a projected scale and speed, this increase in CoE staff, even with improved efficiencies, is far from adequate to accommodate the projected increased demand if NYS Health Home, DSRIP and EtE initiatives are successful. Potential major risk mitigation strategies, outside of the PPS control, will be to 1) enhance existing NYS Health Home programs and revenue and 2) secure additional programmatic support through proposed Value Based Purchasing (VBP) initiatives.

IT Connectivity. A major implementation risk will be IT connectivity across the PPS. Many Network Members have different platforms or limited IT capabilities. To mitigate this risk, the PPS plans to invest heavily to develop connectivity across the PPS. Plans include: a) extending NYP's care coordination application, Allscripts Care Director (ACD), to multiple Members; b) connecting nearly 70 Members to the local RHIO for tracking patients; and c) creating additional data interfaces between organizations that will increase data availability for members of the care team. If we receive less CRFP funding than expected, we will likely fund development out of DSRIP operational proceeds on a reduced scale. This will slow down the IT roll-out and may also negatively impact project outcomes.



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

**Instructions :**

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

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





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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
<b>Milestone</b> Increase peer-led interventions around HIV care navigation, testing, and other services	In Progress	Increase peer-led interventions around HIV care navigation, testing, and other services	04/01/2015	03/31/2017	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Convene HIV/AIDS Projects Steering Committee	Completed	Convene HIV/AIDS Projects Steering Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	Completed	Identify peer-led strategies to support navigation, testing, and other HIV/AIDS services	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	Completed	Develop workflows, including patients lost to follow-up, patients with known diagnoses but non in-care, and those with a new diagnosis, for peer-led services. Workflows include CHW and peer-driven home visits, accompaniment to medical and social service visits, community-based point-of-care testing, and education on self-management and treatment adherence.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
<b>Task</b> Develop staffing plan for peer-led services	Completed	Develop staffing plan for peer-led services	04/01/2015	03/31/2016	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Draft scopes of work for CBOs to recruit peers	Completed	Draft scopes of work for CBOs to recruit peers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Execute agreements with CBOs to recruit peers	Completed	Execute agreements with CBOs to recruit peers	07/01/2015	03/31/2016	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Develop training for peers	Completed	Develop training for peers	10/01/2015	03/31/2016	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
<b>Task</b> Schedule training for peers	In Progress	Schedule training for peers	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop business and technical specifications for IS to support workflows	In Progress	Develop business and technical specifications for IS to support workflows	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Implement new workflows and IS solutions	In Progress	Implement new workflows and IS solutions	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone</b> Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	In Progress	Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Convene HIV/AIDS Projects Steering Committee	In Progress	Convene HIV/AIDS Projects Steering Committee	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b>	In Progress	Review community needs assessment and other HIV/AIDS data sources to	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Milestone/Task Name	Status	Description	Original Start Date	Original End Date	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Review community needs assessment and other HIV/AIDS data sources to identify areas of need		identify areas of need						
<b>Task</b> Identify co-factors to address in peer-led and care management interventions	In Progress	Identify co-factors to address in peer-led and care management interventions	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Modify workflows and training for Peer staff to address identified co-factors	In Progress	Modify workflows and training for Peer staff to address identified co-factors	07/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Schedule training for peers on identified co-factors	In Progress	Schedule training for peers on identified co-factors	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone</b> Assure cultural competency training for providers	In Progress	Assure cultural competency training for providers	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Review NYP PPS Cultural Competency and Health Literacy Strategy	In Progress	Review NYP PPS Cultural Competency and Health Literacy Strategy	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	In Progress	Convene HIV/AIDS Projects Steering Committee to adapt PPS strategy for HIV/AIDS project	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Develop and schedule training for peers and participating HIV/AIDS providers	In Progress	Develop and schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone</b> Empower PLWHA to help themselves and others around issues related to prevention and care	In Progress	Empower PLWHA to help themselves and others around issues related to prevention and care	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	In Progress	Identify/develop motivational interviewing and other empowering technique training for peers and participating providers	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	In Progress	Convene HIV/AIDS Projects Steering Committee review motivational interviewing / other training	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Schedule training for peers and participating HIV/AIDS providers	In Progress	Schedule training for peers and participating HIV/AIDS providers	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone</b> Educate patients to know their right to be offered HIV testing in hospital and primary care settings	In Progress	Educate patients to know their right to be offered HIV testing in hospital and primary care settings	07/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Inventory existing HIV testing practices at participating hospitals and primary care practices	In Progress	Inventory existing HIV testing practices at participating hospitals and primary care practices	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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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
<b>Task</b> Identify gaps in current practices	In Progress	Identify gaps in current practices	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Identify/develop best practices for informing patients of their right to be offered HIV testing	In Progress	Identify/develop best practices for informing patients of their right to be offered HIV testing	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Develop workflows for HIV testing in hospital and primary care practices	In Progress	Develop workflows for HIV testing in hospital and primary care practices	10/01/2016	12/31/2016	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
<b>Task</b> Implement workflows in PPS hospitals and NYP primary care practices	In Progress	Implement workflows in PPS hospitals and NYP primary care practices	01/01/2017	03/31/2017	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
<b>Milestone</b> Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	In Progress	Promote delivery of HIV/STD Partner Services to at risk individuals and their partners	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
<b>Task</b> Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	In Progress	Convene HIV/AIDS Projects Steering Committee to discuss partner services availability	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Identify gaps in existing access to partner services	In Progress	Identify gaps in existing access to partner services	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
<b>Task</b> Develop strategies to address access to partner services	In Progress	Develop strategies to address access to partner services	07/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
<b>Task</b> Confirm strategies with HIV/AIDS Projects Steering Committee	In Progress	Confirm strategies with HIV/AIDS Projects Steering Committee	10/01/2016	03/31/2017	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

**PPS Defined Milestones Current File Uploads**

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

**PPS Defined Milestones Narrative Text**

Milestone Name	Narrative Text
Decrease HIV and STD morbidity and disparities; increase early access to and retention in HIV care	
Increase peer-led interventions around HIV care navigation, testing, and other services	



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**PPS Defined Milestones Narrative Text**

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

**Module Review Status**

Review Status	IA Formal Comments
Pass & Ongoing	



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

**Instructions :**



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**Attestation**

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

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

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

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

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

<b>Primary Lead PPS Provider:</b>	NEW YORK PRESBYTERIAN HOSPITAL INC
<b>Secondary Lead PPS Provider:</b>	
<b>Lead Representative:</b>	Phyllis Lantos
<b>Submission Date:</b>	06/09/2016 08:09 AM

**Comments:**



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<b>Status Log</b>				
<b>Quarterly Report (DY,Q)</b>	<b>Status</b>	<b>Lead Representative Name</b>	<b>User ID</b>	<b>Date Timestamp</b>
DY1, Q4	Adjudicated	Phyllis Lantos	mrurak	06/30/2016 05:15 PM



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<b>Comments Log</b>			
<b>Status</b>	<b>Comments</b>	<b>User ID</b>	<b>Date Timestamp</b>
Adjudicated	The IA has adjudicated the DY1, Q4 Quarterly Report.	mrurak	06/30/2016 05:15 PM
Returned	The IA is returning the DY1, Q4 Quarterly Report for Remediation.	emcgill	05/31/2016 05:32 PM





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



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Section	Module Name	Status
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 4.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 4.6 - Key Stakeholders	✔ Completed
	IPQR Module 4.7 - IT Expectations	✔ Completed
	IPQR Module 4.8 - Progress Reporting	✔ Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	✔ Completed
	IPQR Module 5.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 5.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 5.6 - Key Stakeholders	✔ Completed
	IPQR Module 5.7 - Progress Reporting	✔ Completed
IPQR Module 5.8 - IA Monitoring		
Section 06	IPQR Module 6.1 - Prescribed Milestones	✔ Completed
	IPQR Module 6.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 6.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 6.6 - Key Stakeholders	✔ Completed
	IPQR Module 6.7 - IT Expectations	✔ Completed
	IPQR Module 6.8 - Progress Reporting	✔ Completed
IPQR Module 6.9 - IA Monitoring		
Section 07	IPQR Module 7.1 - Prescribed Milestones	✔ Completed
	IPQR Module 7.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 7.5 - Roles and Responsibilities	✔ Completed



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Section	Module Name	Status
	IPQR Module 7.6 - Key Stakeholders	✔ Completed
	IPQR Module 7.7 - IT Expectations	✔ Completed
	IPQR Module 7.8 - Progress Reporting	✔ Completed
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	✔ Completed
	IPQR Module 8.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 8.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 8.6 - Key Stakeholders	✔ Completed
	IPQR Module 8.7 - IT Expectations	✔ Completed
	IPQR Module 8.8 - Progress Reporting	✔ Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	✔ Completed
	IPQR Module 9.2 - PPS Defined Milestones	✔ Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	✔ Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	✔ Completed
	IPQR Module 9.5 - Roles and Responsibilities	✔ Completed
	IPQR Module 9.6 - Key Stakeholders	✔ Completed
	IPQR Module 9.7 - IT Expectations	✔ Completed
	IPQR Module 9.8 - Progress Reporting	✔ Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	✔ Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	✔ Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	✔ Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	✔ Completed
	IPQR Module 10.5 - IT Requirements	✔ Completed
	IPQR Module 10.6 - Performance Monitoring	✔ Completed
	IPQR Module 10.7 - Community Engagement	✔ Completed



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



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



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Section	Module Name / Milestone #	Review Status	
Section 01	Module 1.1 - PPS Budget Report (Baseline) - READ ONLY	Pass & Complete	
	Module 1.2 - PPS Budget Report (Quarterly)	Pass & Ongoing	
	Module 1.3 - PPS Flow of Funds (Baseline) - READ ONLY	Pass & Complete	
	Module 1.4 - PPS Flow of Funds (Ongoing) - DEFUNCT MODULE - READ ONLY	Pass & Ongoing	
	Module 1.5 - Prescribed Milestones		
	Milestone #1 Complete funds flow budget and distribution plan and communicate with network	Pass & Complete	
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 & Complete	
	Milestone #9 Inclusion of CBOs in PPS Implementation.	Pass & Ongoing	
Section 03	Module 3.1 - Prescribed Milestones		
	Milestone #1 Finalize PPS finance structure, including reporting structure	Pass & Complete	
	Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Pass & Complete	
	Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Pass & Complete	
	Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Pass & Ongoing	



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Section	Module Name / Milestone #	Review Status	
	Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Pass & Ongoing	
	Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Pass & Ongoing	
	Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Pass & Ongoing	
	Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	Pass & Ongoing	
Section 04	Module 4.1 - Prescribed Milestones		
	Milestone #1 Finalize cultural competency / health literacy strategy.	Pass & Complete	
	Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Pass & Ongoing	
Section 05	Module 5.1 - Prescribed Milestones		
	Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	Pass & 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 & Ongoing	
	Milestone #5 Develop a data security and confidentiality plan.	Pass & Ongoing	
Section 06	Module 6.1 - Prescribed Milestones		
	Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	Pass & Complete	
	Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Pass & Ongoing	
Section 07	Module 7.1 - Prescribed Milestones		
	Milestone #1 Develop Practitioners communication and engagement plan.	Pass & Complete	
	Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	Pass & Ongoing	
Section 08	Module 8.1 - Prescribed Milestones		
	Milestone #1 Develop population health management roadmap.	Pass & Ongoing	
	Milestone #2 Finalize PPS-wide bed reduction plan.	Pass & Ongoing	
Section 09	Module 9.1 - Prescribed Milestones		
	Milestone #1 Perform a clinical integration 'needs assessment'.	Pass & Ongoing	





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Section	Module Name / Milestone #	Review Status	
	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 & Complete	 
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Ongoing	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Ongoing	
	Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements.	Pass & Ongoing	
	Milestone #5 Develop training strategy.	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
2.a.i	Module 2.a.i.2 - Prescribed Milestones		
	Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Pass & Ongoing	
	Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Pass & Ongoing	
	Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Pass & Ongoing	
	Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing	
	Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Pass & Ongoing	
	Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Pass & Ongoing	
	Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Pass & Ongoing	
	Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Pass & Ongoing	
	Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Pass & Ongoing	
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Pass & Ongoing		
2.b.i	Module 2.b.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.i.3 - Prescribed Milestones		
	Milestone #1 Ensure Ambulatory ICU is staffed by or has access to a network of providers including medical, behavioral health, nutritional, rehabilitation and other necessary provider specialties that is sufficient to meet the needs of the target population.	Pass & Ongoing	
	Milestone #2 Ensure Ambulatory ICU is integrated with all relevant Health Homes in the community.	Pass & Ongoing	
	Milestone #3 Use EHRs and other technical platforms to track all patients engaged in the project, including collecting community data and Health Home referrals.	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Milestone #4 Establish care managers co-located at each Ambulatory ICU site.	Pass & Ongoing	
	Milestone #5 Ensure that all safety net project participants are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including Direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used by participating providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	Pass & Ongoing	
	Milestone #7 Implementation of a secure patient portal that supports patient communication and engagement as well as provides assistance for self-management.	Pass & Ongoing	
	Milestone #8 Establish a multi-disciplinary, team-based care review and planning process to ensure that all Ambulatory ICU patients benefit from the input of multiple providers.	Pass & Ongoing	
	Milestone #9 Deploy a provider notification/secure messaging system to alert care managers and Health Homes of important developments in patient care and utilization.	Pass & Ongoing	
	Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.iii	Module 2.b.iii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 2.b.iii.3 - Prescribed Milestones		
	Milestone #1 Establish ED care triage program for at-risk populations	Pass & Ongoing	
	Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable	Pass & Ongoing	
	Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).	Pass & Ongoing	
	Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
2.b.iv	Module 2.b.iv.2 - Patient Engagement Speed	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status	
	Module 2.b.iv.3 - Prescribed Milestones		
	Milestone #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Pass & Ongoing	
	Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Pass & Ongoing	
	Milestone #3 Ensure required social services participate in the project.	Pass & Ongoing	
	Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Pass & Ongoing	
	Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Pass & Ongoing	
	Milestone #6 Ensure that a 30-day transition of care period is established.	Pass & Ongoing	
	Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Pass & Ongoing	
	Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #5 Co-locate primary care services at behavioral health sites.	Pass & Ongoing	
	Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Pass & Ongoing	
	Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Pass & Ongoing	
	Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
	Milestone #9 Implement IMPACT Model at Primary Care Sites.	Pass & Ongoing	
	Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Pass & Ongoing	
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Pass & Ongoing		
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Pass & Ongoing		



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Project ID	Module Name / Milestone #	Review Status	
	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.a.ii	Module 3.a.ii.2 - Patient Engagement Speed	Pass & Ongoing	
	Module 3.a.ii.3 - Prescribed Milestones		
	Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Pass & Ongoing	
	Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Pass & Ongoing	
	Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Pass & Ongoing	
	Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Pass & Ongoing	
	Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Pass & Ongoing	
	Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Pass & Ongoing	
	Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Pass & Ongoing	
	Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Pass & Ongoing	
	Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Pass & Ongoing	
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Pass & Ongoing		
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing		
3.e.i	Module 3.e.i.2 - Patient Engagement Speed	Fail	
	Module 3.e.i.3 - Prescribed Milestones		
	Milestone #1 Develop a consulting/referral/educational relation with a center of excellence for management of HIV/AIDS that ensures early access to and retention in HIV and HCV Care - Scatter Model; ensure medical and behavioral health consultation expertise are available.	Pass & Ongoing	
	Milestone #2 Identify primary care providers who have significant case loads of patients infected with HIV.	Pass & Ongoing	
	Milestone #3 Implement training for primary care providers which will include consultation resources from the center of	Pass & Ongoing	



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Project ID	Module Name / Milestone #	Review Status		
	excellence.			
	Milestone #4 Develop coordination of care services with behavioral health and social services within or linking with the primary care providers' offices.	Pass & Ongoing		
	Milestone #5 Ensure systems are in place that address patient partnerships to care, ensure follow-up and retention in care, and promote adherence to medication management, monitoring and other requirements of evidence-based practice for management of HIV/AIDS.	Pass & Ongoing		
	Milestone #6 Institute a system to monitor quality of care with educational services where gaps are identified.	Pass & Ongoing		
	Milestone #7 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing		
	Milestone #8 Identify site location for a Center of Excellence (COE) which would provide access to the population infected with HIV (and/or HCV).	Pass & Ongoing		
	Milestone #9 Co-locate at this site services generally needed for this population including primary care, specialty care, dental care, behavioral health services, dietary services, high risk prenatal care and buprenorphine maintenance treatment.	Pass & Ongoing		
	Milestone #10 Co-locate care management services including Health Home care managers for those eligible for Health Homes.	Pass & Ongoing		
	Milestone #11 Develop a referral process and connectivity for referrals of people who qualify for but are not yet in a Health Home.	Pass & Ongoing		
	Milestone #12 Ensure understanding and compliance with evidence-based guidelines for management of HIV/AIDS (and HCV)	Pass & Ongoing		
	Milestone #13 Ensure coordination of care between all available services preferably through a single electronic health/medical/care management record.	Pass & Ongoing		
	Milestone #14 Ensure that all PPS safety net providers are actively sharing EHR systems or other IT platforms with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look ups, by the end of DY 3.	Pass & Ongoing		
	Milestone #15 Ensure that EHR systems or other IT platforms, used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Pass & Ongoing		
	Milestone #16 Use EHRs or other IT platforms to track all patients engaged in this project.	Pass & Ongoing		
	Milestone #17 Seek designation as center of excellence from New York State Department of Health.	Pass & Ongoing		
	3.g.i	Module 3.g.i.2 - Patient Engagement Speed	Fail	 
		Module 3.g.i.3 - Prescribed Milestones		
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.		Pass & Ongoing		
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.		Pass & Ongoing		
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.		Pass & Ongoing		
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed		Pass & Ongoing		



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Project ID	Module Name / Milestone #	Review Status	
	by the PPS.		
	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 & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.c.i	Module 4.c.i.2 - PPS Defined Milestones	Pass & Ongoing	



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**Providers Participating in Projects**

	Selected Projects										
	Project 2.a.i	Project 2.b.i	Project 2.b.iii	Project 2.b.iv	Project 3.a.i	Project 3.a.ii	Project 3.e.i	Project 3.g.i	Project 4.b.i	Project 4.c.i	Project
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY2 Q4	DY2 Q4	DY3 Q4	DY2 Q4	DY3 Q2	DY2 Q4			

Provider Category		Project 2.a.i		Project 2.b.i		Project 2.b.iii		Project 2.b.iv		Project 3.a.i		Project 3.a.ii		Project 3.e.i		Project 3.g.i		Project 4.b.i		Project 4.c.i		Project	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	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	116	329	114	0	114	0	114	329	114	164	114	0	5	21	115	329	0	0	0	0	0	0
	Safety Net	114	114	114	114	114	114	114	114	114	57	114	57	4	14	114	114	0	0	0	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	1,417	0	0	0	0	0	1,417	0	354	0	0	2	1,417	2	125	0	0	0	0	0	0
	Safety Net	0	130	0	130	0	0	0	130	0	33	0	33	0	130	0	130	0	0	0	0	0	0
Hospital	Total	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinic	Total	11	11	2	0	11	0	0	0	1	1	11	0	0	1	2	2	0	0	0	0	0	0
	Safety Net	8	11	2	2	8	11	0	0	1	1	8	11	0	1	2	2	0	0	0	0	0	0
Case Management / Health Home	Total	7	7	3	0	3	0	7	7	0	0	3	0	7	7	0	0	0	0	0	0	0	0
	Safety Net	3	3	3	3	3	3	3	3	0	0	3	3	3	3	0	0	0	0	0	0	0	0
Mental Health	Total	37	55	19	0	0	0	0	0	0	3	19	0	37	55	0	0	0	0	0	0	0	0
	Safety Net	19	25	19	25	0	0	0	0	0	0	19	25	19	25	0	0	0	0	0	0	0	0
Substance Abuse	Total	10	10	10	0	0	0	0	0	10	10	10	0	10	10	0	0	0	0	0	0	0	0
	Safety Net	9	9	9	9	0	0	0	0	9	9	9	9	9	9	0	0	0	0	0	0	0	0
Nursing Home	Total	11	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	11	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pharmacy	Total	10	11	0	0	0	0	0	0	0	0	0	0	10	11	0	0	0	0	0	0	0	0
	Safety Net	7	8	0	8	0	0	0	0	0	0	0	0	7	8	0	0	0	0	0	0	0	0
Hospice	Total	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	0	0	0	0





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Provider Category		Project 2.a.i		Project 2.b.i		Project 2.b.iii		Project 2.b.iv		Project 3.a.i		Project 3.a.ii		Project 3.e.i		Project 3.g.i		Project 4.b.i		Project 4.c.i		Project	
		Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed	Selected / Committed
	Safety Net	2	1	0	0	0	0	0	0	0	0	0	0	0	0	2	1	0	0	0	0	0	0
Community Based Organizations	Total	18	18	0	0	0	0	18	18	9	9	0	0	18	18	18	18	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All Other	Total	0	768	0	0	0	0	0	768	0	384	0	0	1	768	0	768	0	0	0	0	0	0
	Safety Net	0	174	0	174	0	0	0	174	0	87	0	87	0	174	0	174	0	0	0	0	0	0
Uncategorized	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Safety Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Current File Uploads**

User ID	File Type	File Name	File Description	Upload Date
ink9012	Other	39_1_4_20160609080257_Financial_Sustainability_Milestone_FINAL_clean_copy.pdf	Updated Financial Health Assessment strategy document, in response to IA Remediation. Was not able to upload under the Section 3, Module 1 for Milestone #2.	06/09/2016 08:03 AM
ink9012	Other	39_1_4_20160609054701_NYP_PPS_Attestation_to_Funds_reported_in_Ongoing_Funds_Flow_PIT_Report_20160607.pdf	Attestation of Funds Reported in Ongoing Funds Flow PIT Report	06/09/2016 05:47 AM
ink9012	Other	39_1_4_20160503082822_IPP_Module_1.8_Ongoing_Funds_Flow_PIT_Report_PMOExpense_20160503.xlsx	This file includes the separation of the NYP PPS PMO costs. These costs have historically been bundled into the NYP PPS IDS project.	05/03/2016 08:29 AM

**Narrative Text :**

The PPS PMO, as submitted above, includes only non-project-specific, non-IT positions. Project Managers for specific DSRIP projects are considered part of the project's individual operating costs.