



**Department
of Health**

DSRIP Independent Assessor Mid-Point Assessment Report

Bronx Partners for Healthy Communities PPS

Appendix 360 Survey

Appendix 360 Survey – Bronx Partners for Healthy Communities PPS

DSRIP 360 Survey

As part of the Mid-Point Assessment, the Independent Assessor (IA) prepared and disseminated a survey to Performing Provider Systems' (PPS') network partners, to assess the experience and involvement of network partners with the PPS lead entity. The name of the survey was the DSRIP 360 Survey. The IA utilized an electronic survey product to submit and collect survey responses. The survey release date was August 15, 2016 and the close date was September 30, 2016. Weekly reminder notices were sent to every recipient that didn't respond to the survey. The survey was sent to a random sample of the PPS' network partners identified as participating with the PPS lead entity.

The survey consisted of twelve multiple choice questions focusing on four primary areas around three themes. The areas of focus were network partners' experience with *i)* governance, *ii)* contracting and funds flow, *iii)* performance management and *iv)* information technology (IT) solutions. The three themes were engagement, communication and effectiveness. See below for the summary results by question for all responders. The survey instructions asked the survey recipient to answer all questions and to provide comments to each question. The survey responders were anonymous to the PPS lead entity.

Survey Results

Bronx Partners for Healthy Communities PPS sample size to be surveyed was calculated to be 24 individual network partner organizations that were identified as participating partners with the PPS lead entity based on the size of their Provider Import/Export Tool (PIT) report. A total of 14 (58%) survey samples were received. Respondents' answers overall were positive with 73% of all respondents' answers were either "Strongly Agree" or "Agree." Below is the breakdown summary of all answers. Not every responder completed every question.

<u>Survey Answers</u>	<u>Total of all Responders' Answers</u>	<u>Percentage</u>
Strongly Agree	49	30.63%
Agree	68	42.50%
Disagree	30	18.75%
Strongly Disagree	6	3.75%
N/A	7	4.38%
	<u>160</u>	<u>100.01%</u>

Survey responders were requested to leave comments after each question, and to also provide additional overall comments regarding any other aspects of the network partners' experience with DSRIP and the PPS lead entity. Details of responders' comments are included in the appendix. Examples of overall comments are below:

- *"Communication and support have been very good."*

- *“One of the biggest hurdles for us as a FQHC is the lack of infrastructure to move the needle to the right on our goals and metrics. The amount of funds did not consider the overall picture.”*
- *“For context: We are partnering with 5 PPSs. We have been engaged with this PPS and had some successes in gaining governance seats, as with all the PPSs with which we have engaged. We urge this PPS to develop stronger systems of internal communication within their own staff.”*
- *“The PPS has been very collaborative and has really taken the time to engage many partners along the way. They are very democratic and inclusive, and I believe they value the network members. However, we would appreciate more opportunities to have BPHC really understand what is needed on the ground as opposed to trying to create solutions without sufficient understanding of how those solutions will be used, by whom and for what.”*

The numbers of survey recipients and responders included the following provider categories as listed in the PPS’ own Provider Import/Export Tool (PIT) report that was delivered with the PPS’ quarterly reports:

	<u>Survey Recipients</u>	<u>Survey Responders</u>
1 Hospital		
2 Nursing Home	1	1
3 Clinic	0	0
4 Hospice	1	1
5 Substance Abuse	1	1
6 Pharmacy	2	0
7 Mental Health Practitioner:	0	0
8 Primary Care Provider (PCP)	1	1
9 Non-Primary Care Provider	7	5
10 Case Manager / Health Home	2	0
11 Community Based Organization	2	0
12 All Other	7	5
	<u>24</u>	<u>14</u>

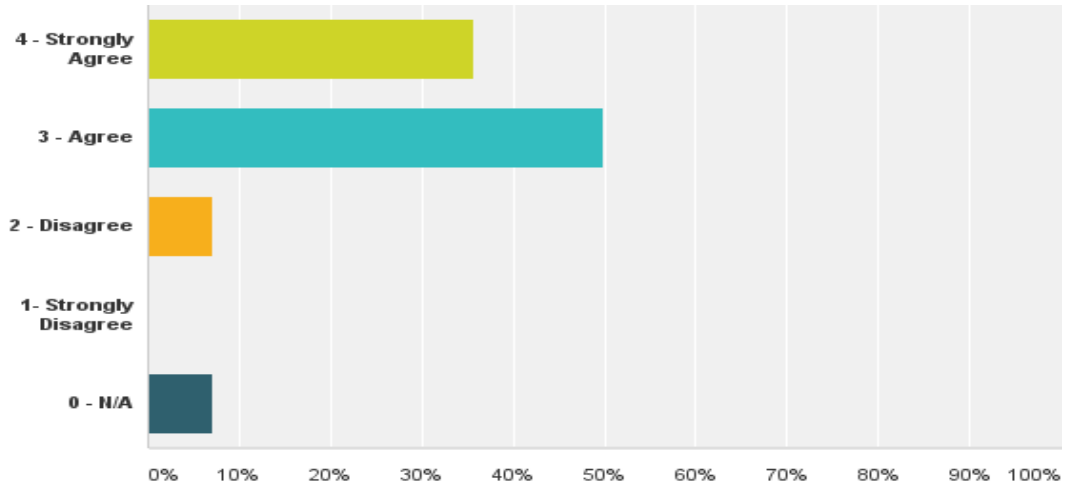
Sampling Methodology

The Independent Assessor (IA) utilized the same sampling plan for selecting network partners for the DSRIP 360 Survey that the IA has used for other sampling processes throughout DSRIP. The universe of network partners to be included in the survey was limited to each individual PPS’ Provider Import / Export Tool (PIT) report, where the PPS marked individual network partners as participating. The sample generated was intended to capture all provider types using a stratified random method. Not every PPS’ sample selected list of network partners included every provider type.

Every PPS delivered to the IA the applicable names and e-mail addresses or mailing addresses for the network partners’ names selected from the random sample generator for each PIT report. In this initial random sample, some PPS’ identified one or more network partners that were not participating with the PPS, or had otherwise left the PPS’ DSRIP project.

Below are each of the 12 questions included in the survey, with corresponding charts showing the variety of responses from partners. Included for each question are comments from partners related to their response to that particular question.

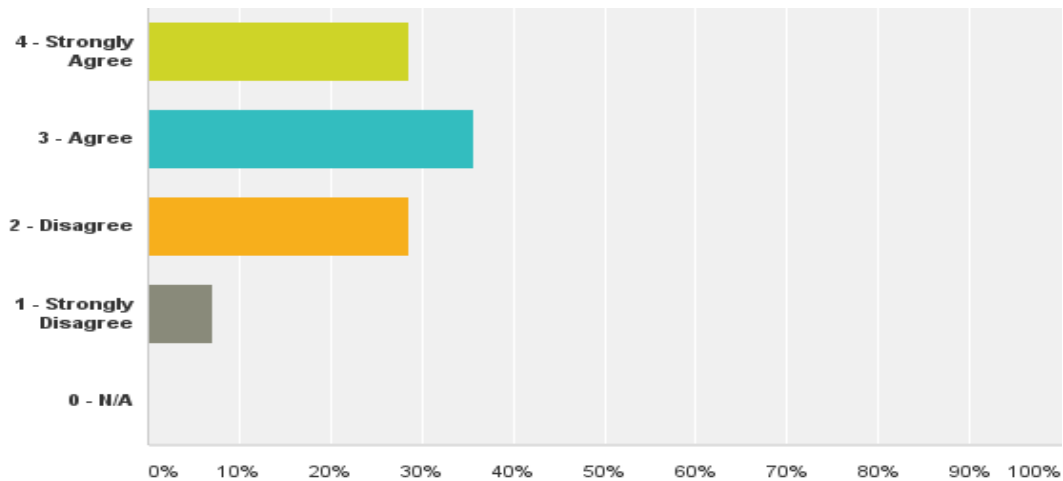
Q1: Governance: The PPS engaged you in its governing board, committees and/or solicited input from you as a network partner.



Sample of comments for question 1:

- *“We are represented on the governing board and have reps on various project committees.”*
- *“BPHC has consistently engaged us as a network partner including decision making, approval for key issues, feedback. They have modified approaches based on input.”*

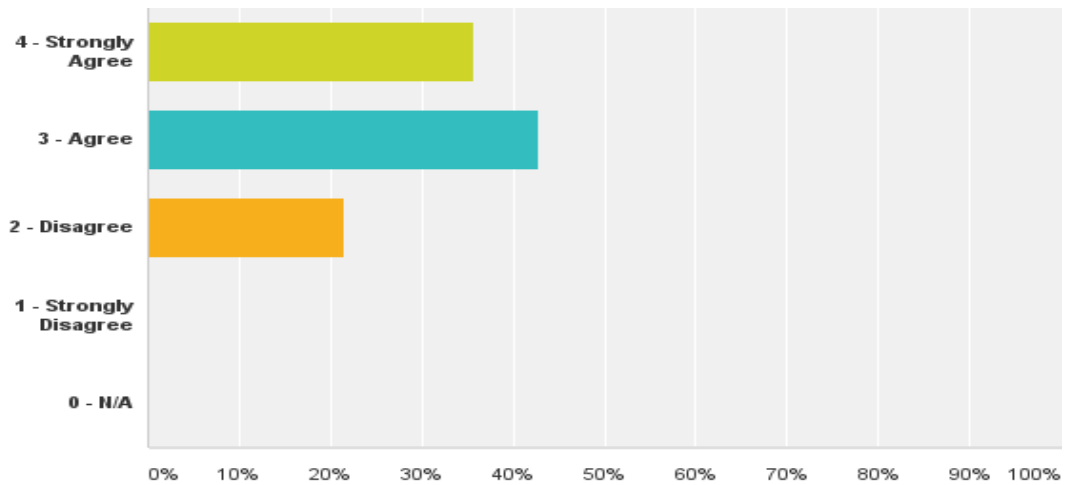
Q2: Contracting and/or Funds Flow: The PPS engaged you in the development of your contract and/or the funds flow/budgeting process.



Sample of comments for question 2:

- *“Every PPS has given the strong impression that the vast majority, if not all of the funds would flow to the lead hospital.”*
- *“The fund flow/budgeting process was slightly disorganized, we did not receive infrastructure funds until several months after it was promised and they wanted result on the metrics before infrastructure was established.”*
- *“We’ve received no payment thus far. Funds flow is not transparent, slow and poorly communicated.”*
- *“The process was well thought out. It included opportunity for course correction as appropriate.”*

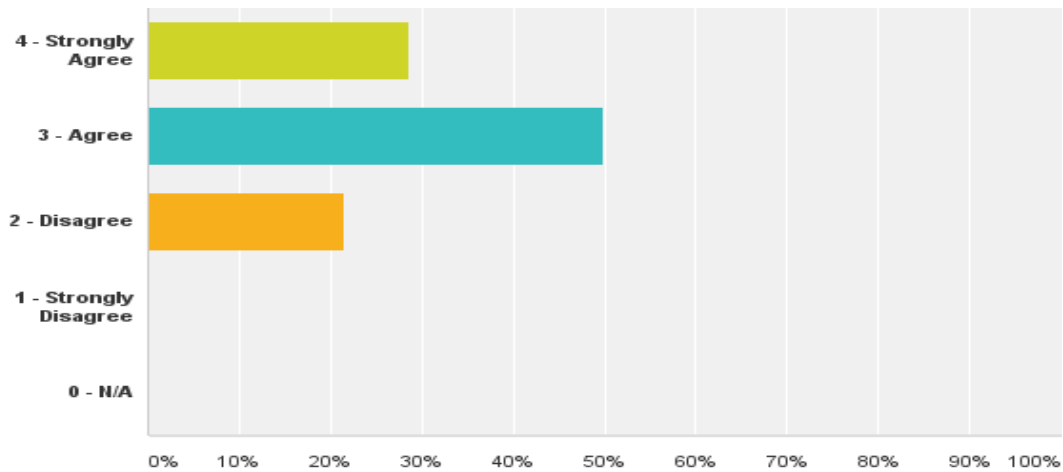
Q3: Performance Management: The PPS engaged you in project implementation efforts (planning and execution) for the projects in which you participate as a network partner.



Sample of comments for question 3:

- *“Basically it was more, ‘this is what you need to do.’”*
- *“They do more than other PPSs (many meetings) and surveys regarding projects, but yet have passed no payment downstream.”*
- *“Several staff actively participate on committees. Their feedback was integrated.”*

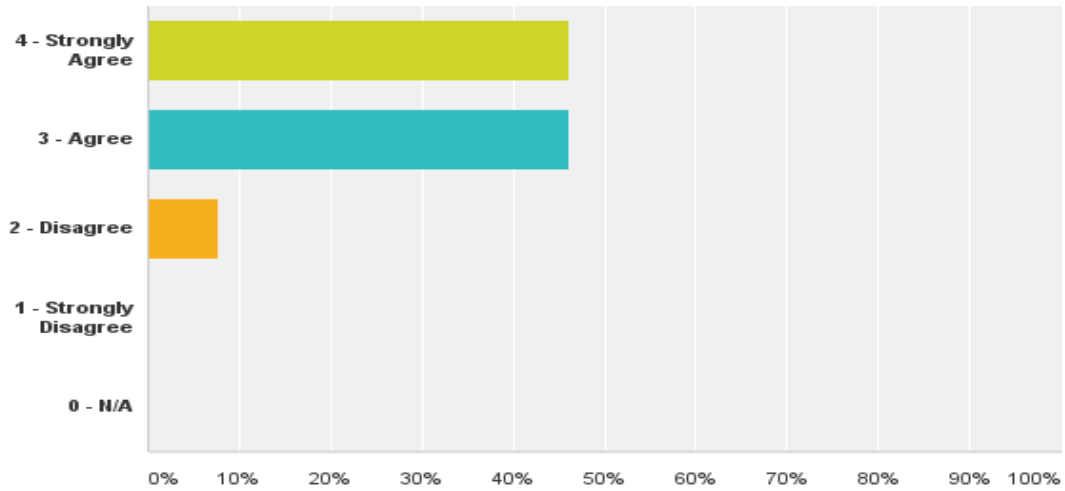
Q4: IT Solutions: The PPS has sought to understand your organization’s IT capabilities and your IT needs to support the DSRIP effort.



Sample of comments for question 4:

- *“While every PPS has solicited extensive, time consuming surveys regarding IT infrastructure, no assistance in interconnectivity has been forthcoming.”*
- *“Although they understood, they were pushing IT models as we were heading in a different direction. One model does not fit all.”*
- *“This is a complex area. There is common understanding and funds to leverage improvements.”*

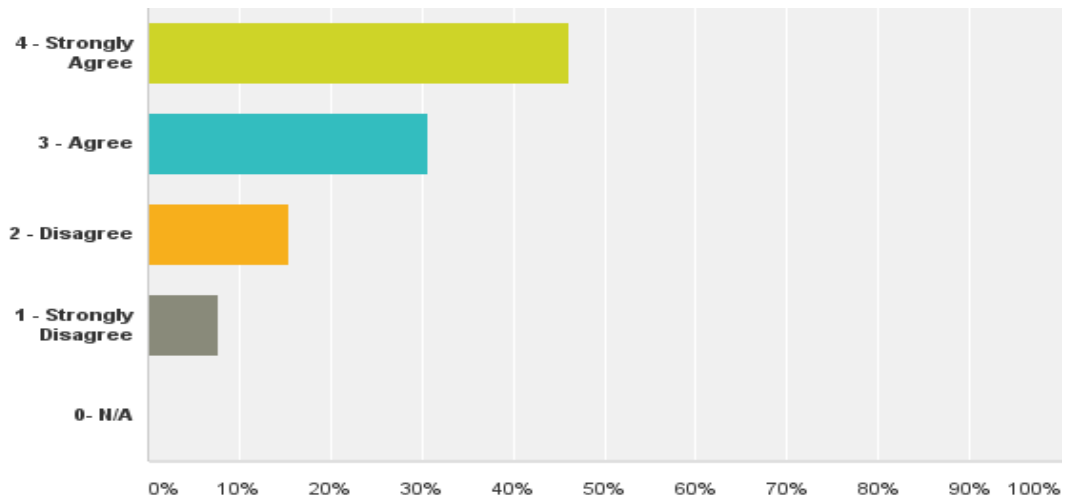
Q5: Governance: The PPS communicated its governance activities and/or changes to the governance plan to you as a network partner.



Sample of comments for question 5:

- *“They do have regular town hall meetings at which these items are communicated.”*
- *“Provided during meetings and online document access.”*

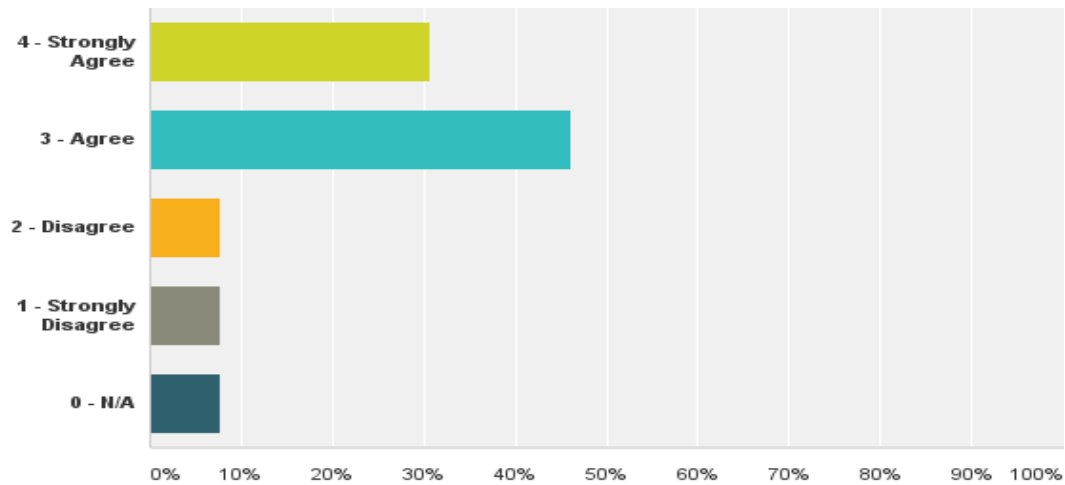
Q6: Contracting and/or Funds Flow: The PPS communicated its funds flow distribution plan and described how this plan pertains to network partners and their involvement in projects.



Sample of comments for question 6:

- *“Most information was directed through our DSRIP program director.”*
- *“The funds flow system for this PPS is convoluted and, from what we have seen, difficult to understand.”*
- *“All member webinars, meetings and online documents.”*

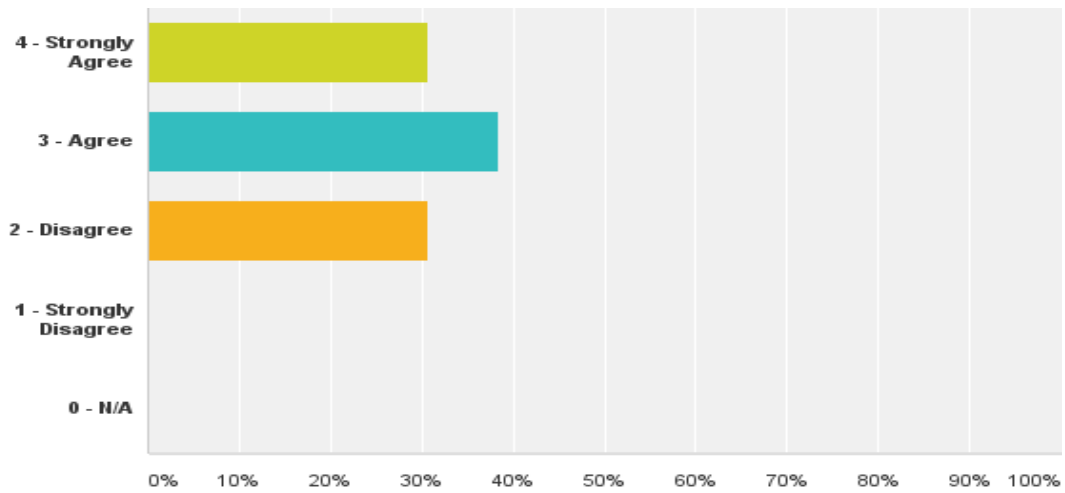
Q7: Performance Management: The PPS communicated it's plans to share performance data with you as its network partner.



Sample of comments for question 7:

- *“Received very little information to date.”*
- *“How can the PPS share performance data when they are not provided with the data from the State for their attributed lives.”*
- *“That informed was given to us but the end result never happened. The RHIO was supposed to be the ‘be all’ and has not come to fruition. We continue to supply data to the RHIO and they never supple data to us for population health.”*
- *“We have engaged this PPS on understanding this further. Their recent town hall meeting touched upon this area, somewhat.”*
- *“Comprehensively reviewed in committees and governance meetings. Facilitated dialogue to ensure consensus.”*

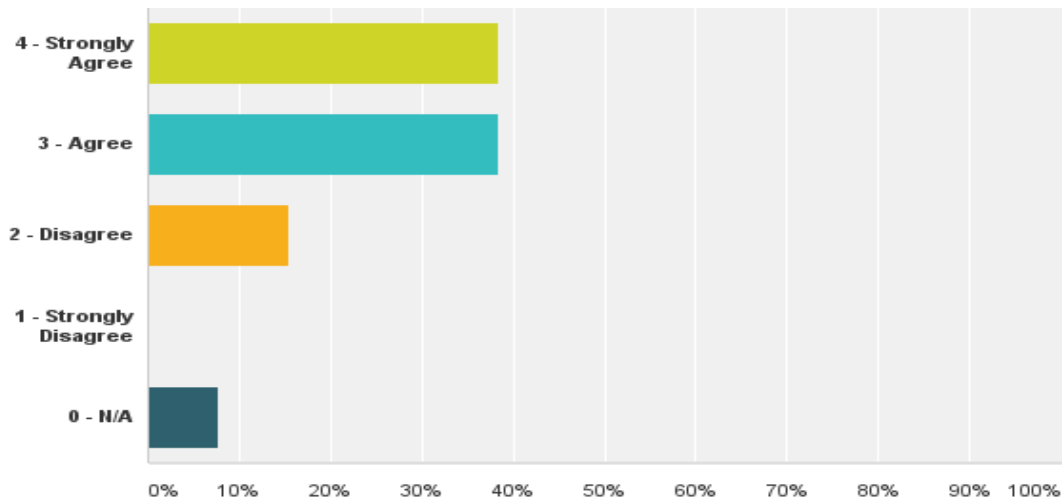
Q8: IT Solutions: The PPS communicated the availability of resources or support for IT solutions to address network partner needs.



Sample of comments for question 8:

- *“Received very little information to date.”*
- *“While they have not yet communicated resources, they have agreed to receive the information on AE patients in the way that works best for the provider. As a note, the current method of data collection/ repository is inefficient.”*
- *“RFP was issued to support decision making.”*

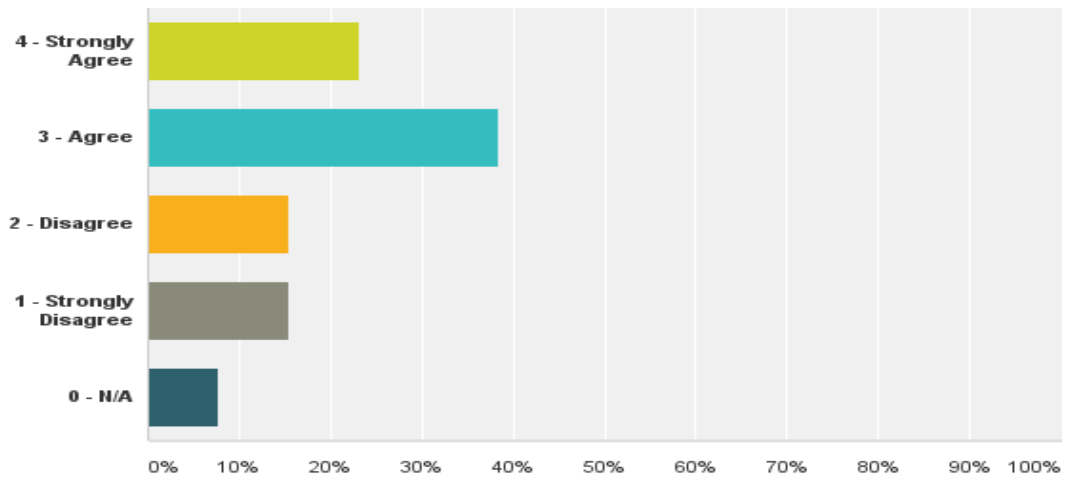
Q9: Governance: The PPS governance structure is effective in facilitating your progress towards meeting the DSRIP goals.



Sample of comments for question 9:

- *“Once again, we were told our goals and it was up to us to meet those goals.”*
- *“This PPS leadership structure as well as project leads are reachable, but unfortunately we don't always receive the same message. The complexity of the PPS seems difficult for both leadership and PM staff to navigate. We ultimately experience progress, but at a cost of time and resources.”*
- *“The group is diverse, meets regularly and engages in very productive discussions. There is a spirit of collaboration and learning together.”*

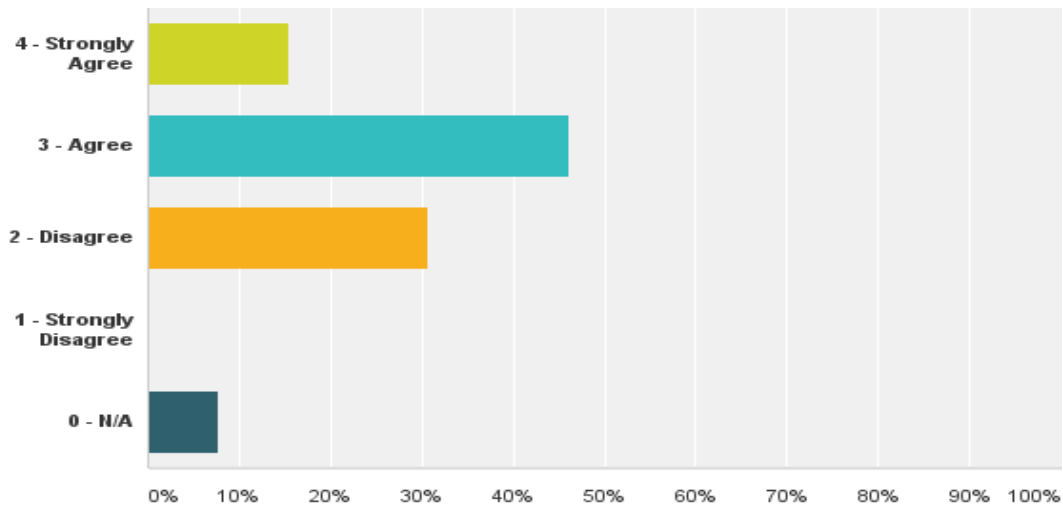
Q10: Contracting and/or Funds Flow: The PPS has been effective in establishing contracts and/or flowing funds to you as a network partner.



Sample of comments for question 10:

- *“The PPS started with PCMH first which makes sense; they are starting to transition to CBO and post-acute care which we await.”*
- *“We have received no payment, nor an understanding of what future payments would look like. This puts the provider network in a game of guesswork as to allocating current and future staff for reporting and project-related activities.”*
- *“The process has been transparent and fair.”*

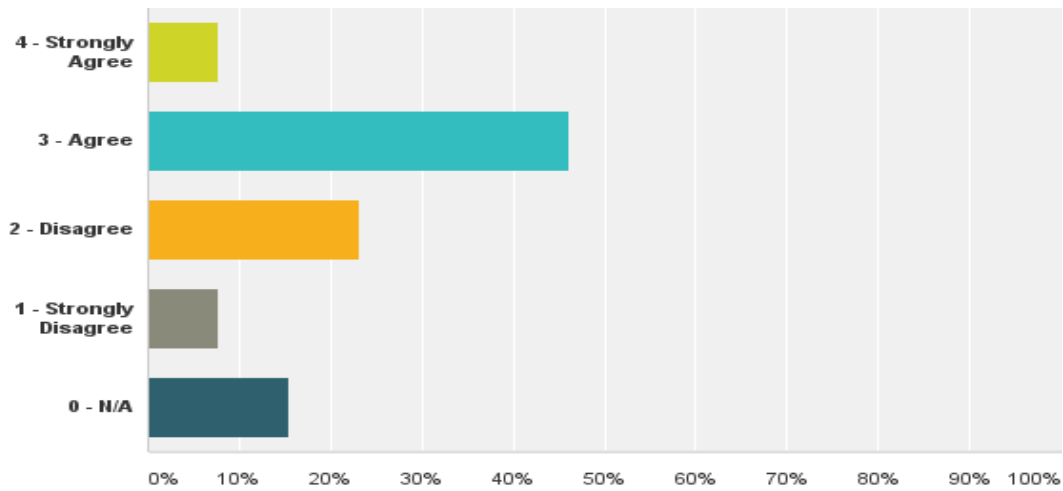
Q11: Performance Management: The PPS has been effective in detailing how it will monitor the performance of its network partners against metrics and facilitating quality improvement efforts.



Sample of comments for question 11:

- *“Perhaps for PCMH/PCP. We look forward to learning as the PPS moves into post-acute care and CBO.”*
- *“This PPS has developed metrics that are difficult to understand. The logic behind them seems difficult to follow, leaving our providers unsure of the value or ROI in participation.”*
- *“Process and outcomes are regularly communicated.”*

Q12: IT Solutions: The PPS has been effective in providing solutions or support to ensure DSRIP goals are met.



Sample of comments for question 12:

- *“This question is difficult to answer for this PPS. We are unclear about the goals and how/what to track to achieve success, so it is difficult to say if the IT solutions meet that need.”*
- *“This complex area remains a challenge. Coordinating with the health home partner has added additional decision making for care coordination solution.”*