NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Bronx Health Access PPS

November 2016

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Prepared by the DSRIP Independent Assessor

Bronx Health Access (Bronx-Lebanon Hospital Center) PPS

Contents

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I. Introduction

Bronx Health Access PPS, led by Bronx-Lebanon Hospital Center, serves Bronx county. The Medicaid population attributed to this PPS for performance totals 142,054. The Medicaid population attributed to this PPS for valuation was 70,861. Bronx Health Access was awarded a total valuation of $153,930,779 in available DSRIP Performance Funds over the 5 year DSRIP project.

Bronx Health Access PPS selected the following 10 projects from the DSRIP Toolkit:

Figure 1: Bronx Health Access DSRIP Project Selection

Project	Project Description
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
2.b.i.	Ambulatory Intensive Care Units (ICUs)
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
3.a.i.	Integration of primary care and behavioral health services
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)
3.d.ii.	Expansion of asthma home-based self-management program
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)
4.a.iii.	Strengthen Mental Health and Substance Abuse Infrastructure across Systems
4.c.ii.	Increase early access to, and retention in, HIV care

II. 360 Survey Results: Partners' Experience with the PPS

Survey Methodology and Overall PPS Average Results

The Independent Assessor (IA) developed a 360 survey to solicit feedback from the partners of each PPS regarding engagement, communication, and effectiveness. The survey consisted of 12 questions across four PPS organizational areas: Governance, Performance Management, Information Systems, and Contracting/Funds Flow. The IA selected a sample of PPS network partners to participate via a sample generator from the PPS Provider Import/Export Tool (PIT)[1] report. A stratified sampling methodology was used to ensure that each category of network partner was included in the surveyed population. This was done to ensure a cross-section of the partner types in the PPS network. The IA used 95% confidence interval and 5% error rate to pull each sample. For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of approximately 21 responses per PPS.

360 Survey by Partner Category for All PPS

An analysis of the average survey scores by partner category for all PPS identifies some key trends. The two most favorable survey results were from Hospitals and Nursing Homes. The least favorable survey results came from the Mental Health, Hospice, and Primary Care Providers. These results reflect (generally) a high approval rating of PPS' engagement, communication, and effectiveness by institutional providers and a low approval rating of PPS' engagement, communication, and effectiveness by non-institutional/community based providers. A more thorough review of the four PPS organizational areas demonstrated that all partners perceived that Contracting/Funds Flow and Information Systems as the least favorable rankings (compared to Governance and Performance Management).

Figure 2: All PPS 360 Survey Results by Partner Type and Organizational Area

Partner Type	*Average Score*		Governance	Performance Management	IT Solutions	Funds Flow
Hospital	*3.32*		3.42	3.39	3.04	3.28
Nursing Home	*3.06*		3.15	2.93	2.93	2.79
Community Based Organization	*3.00*		3.17	3.04	2.73	2.97
Case Management / Health Home	*2.93*		2.98	2.87	2.81	2.75
Practitioner - Non-PCP	*2.93*		3.03	2.80	2.64	2.40
Clinic	*2.92*		2.96	3.03	2.75	2.66
Substance Abuse	*2.91*		3.08	2.96	2.78	2.82
Pharmacy	*2.87*		3.00	2.84	2.31	2.25
All Other	*2.84*		2.92	2.83	2.63	2.69

[1] The Provider Import/Export Tool (PIT) is used to capture the PPS reporting of partner engagement, as well as funds flow for the PPS Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

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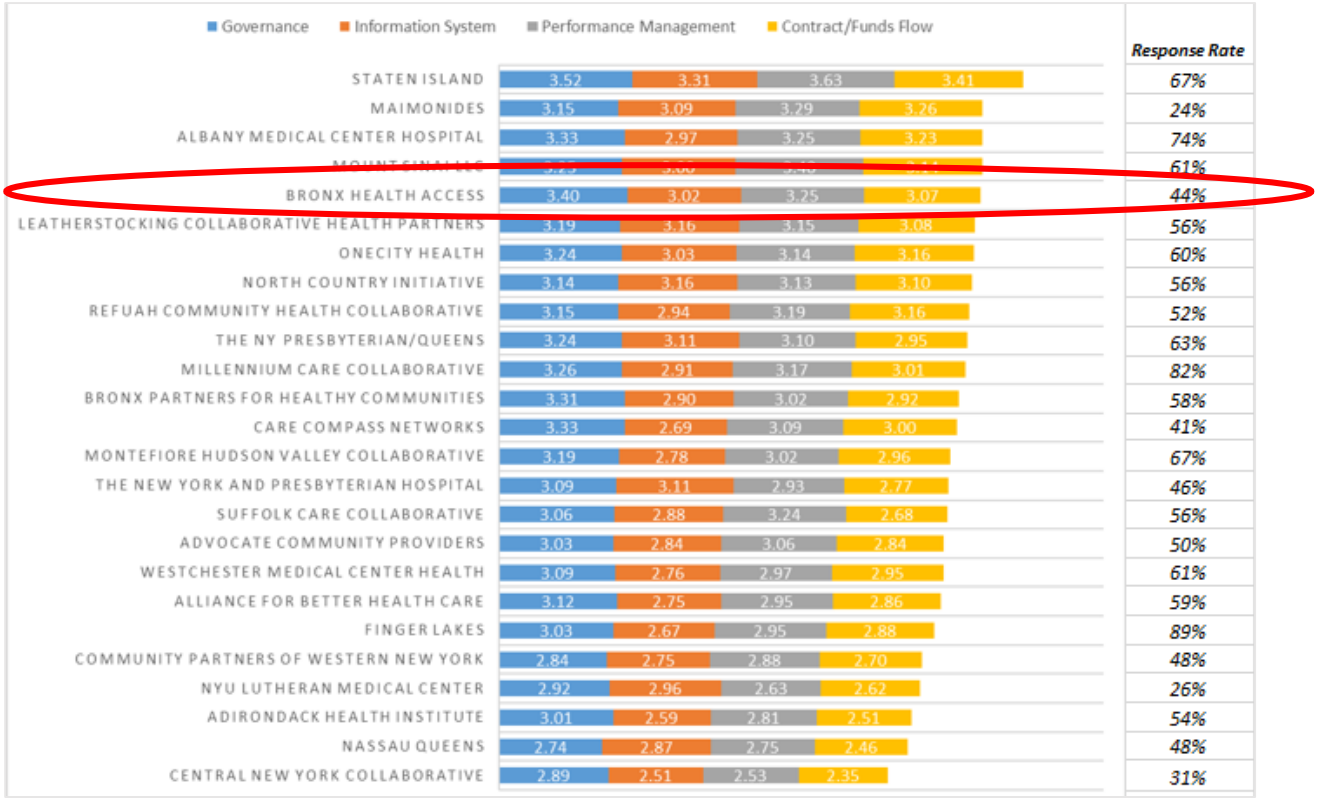
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

Bronx Health Access Hospital Center 360 Survey Results[2]

The Bronx Health Access 360 survey sample included 45 participating network partner organizations identified in the PIT; 20 of those sampled (44%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The Bronx Health Access aggregate 360 survey score ranked 5th out of 25 PPS (Figure 3).

Figure 3: PPS 360 Survey Results by Organizational Area



Data Source: 360 Survey Data for all 25 PPS

Bronx Health Access PPS 360 Survey Results by Partner Type

Then the IA analyzed the survey response by partner category to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Hospice survey result was low (9th out of 12), which was similar to all PPS' (11th out of 12). Mental Health

[2] PPS 360 Survey data and comments can be found in the "Appendix 360 Survey."

responses were high, which was unusual with peer PPS responses that were low for this category. Most negative answers were for the Contracting / Funds Flow and the IT Solutions questions.

Figure 4: Bronx Health Access 360 Survey Results by Partner Type[3]

PPS	Partner Type		Respondents over Total Surveyed
Bronx Health Access	Practitioner - Non-Primary Care Provider (PCP)	3.65	5/10
	Mental Health	3.58	1/2
	All Other	3.35	3/10
	Practitioner - Primary Care Provider (PCP)	3.27	1/4
	Pharmacy	3.00	1/2
	Community Based Organization	2.95	5/5
	Substance Abuse	2.94	2/2
	Case Management / Health Home	2.83	1/2
	Hospice	1.92	1/2
	Clinic	0.00	0/2
	Hospital	0.00	0/2
	Nursing Home	0.00	0/2
Grand Total			20/45

Data Source: Bronx Health Access 360 Survey Results

While the data from the 360 Survey alone does not substantiate any specific recommendations at this time, it serves as an important data element in the overall assessment of the PPS through the first five quarters of the DSRIP program and may guide the PPS in its efforts to engage its partners.

[3] For the survey results, while the CBO category appears to have returned zero results, the IA found that CBO entities may have also been identified as part of the All Other partner category.

III. Independent Assessor Analysis

The IA has reviewed every Quarterly Report submitted by the PPS covering DY1, Q1 through DY2, Q2[4] and awarded the Achievement Values (AVs) for the successful completion of milestones, as appropriate.

- In DY1, Q2, Bronx Health Access PPS **earned four out of a possible five Organizational AVs and earned seven of a possible seven Patient Engagement Speed AVs.** The PPS failed to earn the Organizational AV for Governance due to a failure to provide to required documentation to the IA to substantiate the completion of Governance Milestone 1. The PPS subsequently appealed the IA's determination, however the original determination was upheld.
- In DY1, Q4, Bronx Health Access PPS **earned all available Organizational AVs and earned seven of a possible seven Patient Engagement Speed AVs.**

In addition to the PPS Quarterly Reports the PPS were required to submit narratives for each of the projects the PPS is implementing and a narrative to highlight the PPS organizational status. These narratives were required specifically to support the Mid-Point Assessment and were intended to provide a more in depth update on the project implementation efforts of the PPS.

Lastly, the IA conducted site visits to each of the 25 PPS during October 2016. The site visits were intended to serve a dual purpose: as an audit of activities completed during DY1, including specific reviews of Funds Flow and Patient Engagement reporting and as an opportunity to obtain additional information to support the IA's efforts related to the Mid-Point Assessment. The IA focused on common topics across all 25 PPS including Governance, Cultural Competency and Health Literacy, Performance Reporting, Financial Sustainability, and Expanding Access to Primary Care.

The IA leveraged the data sources available to them, inclusive of all PPS Quarterly Reports, AV Scorecards, the PPS Narratives, and the On-Site Visits to conduct an in depth assessment of PPS organizational functions, PPS progress towards implementing their DSRIP projects and the likelihood of the PPS meeting the DSRIP goals. The following sections describe the analyses completed by the IA and the observations of the IA on the specific projects that have been identified as having varying levels of risk.

A. Organizational Assessment

The first component of the IA assessment focused on the overall PPS organizational capacity to support the successful implementation of DSRIP and in meeting the DSRIP goals. As part of the quarterly reports, the PPS are required to submit documentation to substantiate the successful completion of milestones across key organizational areas such as Governance, Cultural

[4] At the time of this report, the IA was reviewing the PPS Quarterly Report submissions for DY2, Q2 and had not issued final determinations on PPS progress. However, items not subject to remediation such as engagement numbers and funds flow data were necessary to provide for the most recent and comprehensive IA analysis.

Competency and Health Literacy, Workforce, Financial Sustainability, and Funds Flow to PPS partners. Following the completion of the defined milestones in each of the key organizational areas, the PPS are expected to provide quarterly updates on any changes to the milestones already completed by the PPS. The following sections highlight the IA's assessment on the PPS efforts in establishing the organizational infrastructure to support the successful implementation of the PPS DSRIP plan.

PPS Governance

Originally governed by a Collaborative Contracting Model, Bronx Health Access PPS has pivoted to function under a Delegated Authority Model. In DY1, Q3 the PPS submitted an organizational chart demonstrating the PPS Governance structure. Its Governance structure includes a Steering Committee/Governance Board which reports to the PPS Lead, Bronx Lebanon Hospital Center and is supported by the PPS Project Management Office. Committees include Clinical Quality, Finance, Stakeholder Engagement, IT Infrastructure, Workforce and Compliance.

As Bronx Health Access has evolved from an interim governance structure and collaborative contracting model to a Limited Liability Corporation (LLC) under the Delegated Authority model, the Steering Committee oversees the execution of all PPS operations and PPS-wide strategic decision making. The Steering Committee consists of five voting members from Bronx Health Access and seven voting members from its partners (representing a majority of voting members): Comunilife, Urban Health Plan, VNS of NY, 1199SEIU, Hudson Heights IPA, Mount Sinai Hospital System, and Dominican Sisters Family Health Services.

PPS Administration and Project Management Office (PMO)

The IA also reviewed the PPS spending through the DY2, Q2 PPS Quarterly Reports related to administrative costs and funds distributed to the PPS PMO. It should be noted that PPS administrative spending will vary due to speed of staffing up the PMO, size of the PMO, the type of centralized services provided and the degree of infrastructure investment such as IT that it may find necessary to support the PPS partners to achieve project goals.

In reviewing the PPS spending on administrative costs, the IA found that Bronx Health Access PPS had reported spending of $5,055,825 on administrative costs compared to an average spend of $3,758,965.56 on administrative costs for all 25 PPS. As each PPS is operating under different budgets due to varying funding resources associated with the DSRIP valuations, the IA also looked at spending on administrative costs per attributed life[5], relying on the PPS Attribution for Performance figures[6]. The IA found that Bronx Health Access PPS spends $35.59 per attributed life on administrative costs compared to a statewide average spend of $24.23 per attributed life on administrative costs.

[5] Attribution for Performance was used as a measure of the relative size of each PPS to normalize the administrative spending across all 25 PPS.

[6] The Attribution for Performance figures were based on the data included on the individual PPS pages on the NY DSRIP website.

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Looking further at the PPS fund distributions to the PPS PMO, Bronx Health Access PPS distributed $1,404,796.00 to the PPS PMO out of a total of $3,666,583.20 in funds distributed across the PPS network, accounting for 38.31% of all funds distributed through DY2, Q2. Comparatively, the statewide average for PPS PMO distributions equaled $5,966,502.64 or 42.85% of all funds distributed.

The data on the administrative costs and PMO funds flow distributions present a point of comparison across PPS, however do not alone provide enough information from which the IA can assess the organizational capacity of the PPS to support the implementation of DSRIP. It is important for the PPS to invest in the establishment and maintenance of an organizational infrastructure to support the PPS through the implementation of the DSRIP projects to ensure the PPS success in meeting its DSRIP goals.

Community Based Organization Contracting

As part of the DY1, Q3 PPS Quarterly Report, Bronx Health Access PPS included a list of all Community Based Organizations (CBOs) in its organization, indicating contracting status and plans for fund distributions for each. The CBO template identified 66 unique organizations that the PPS has contracted with who will receive compensation for their services of which the IA conducted an audit of a sample of the CBOs listed.

In further assessing the engagement of CBOs by Bronx Health Access, the IA found that the PPS had not distributed funds to CBOs through DY2, Q2. The lack of CBO funds flow supports the IA's finding that CBO engagement by Bronx Health Access been limited.

Cultural Competency and Health Literacy

Bronx Health Access PPS submitted its Cultural Competency and Health Literacy (CCHL) Strategy with its DY1, Q3 Quarterly Report and the PPS speaks to the current status of the strategy in its Mid-Point Assessment Organizational Narrative. Currently the CCHL Workgroup is comprised of members from 10 organizations, including hospitals, pharmacies, behavioral health organizations, and other community based organizations. The PPS surveyed partners to identify challenges pertaining to language barriers, community needs, and other relevant conditions. The PPS aims to develop a PPS-wide Health Literacy and Cultural Competency standard that will govern the interaction and care of patients from different race/ethnicity, language, age, disability, immigration, and sexual orientation groups.

The PPS submitted its CCHL Training Strategy with its DY2, Q1 Quarterly Report. The training strategy was targeted to address the needs identified in the CNA and the workforce survey of key targeted groups. Bronx Health Access has a three-pronged strategy:

1. Provide resources for improving organizational practices in CCHL Provide tools, training, and assistance for partners;
2. Provide CCHL Training available to relevant staff and projects;
3. Make CCHL training materials available for partners on HWapps.

While on-site, the PPS demonstrated its targeted focus on CCHL. Representatives from 1199 TAF, a provider and a patient demonstrated the successes of its cultural competency training strategy. Specifically, the PPS offers a Language of Care training class in conjunction with 1199 TAF. The class offers language proficiency training to health care professionals in the network. Tailored to the specific role of various health care professionals the Language of Care training is a 10-week course to develop communication in Spanish and French. The training teaches healthcare terms, phrases and information in both languages. A provider who went through the program was present and spoke about the benefits to both the provider and her patient, who was also present and spoke about how his experience with his provider has evolved since she matriculated through the program. It is apparent that in a community as diverse as the Bronx, the Language of Care training will be highly effective in contributing to culturally competent care.

In order to measure effectiveness of its CCHL strategy, the PPS aims to utilize pre- tests and post-tests, performance evaluations, spot checks, and HCHAPS surveys to garner direct patient feedback.

Financial Sustainability and Value Based Purchasing (VBP)

Bronx Health Access PPS created a Finance, Payment Reform, and Sustainability Committee that is tasked with assisting the Steering Committee in the oversight of areas related to finance. One of the efforts undertaken by the PPS is the creation of the Financial Sustainability Strategy which was submitted to the IA with its DY1, Q4 PPS Quarterly Report. The PPS will survey partnering organizations on a rolling basis consistent with the organization's fiscal year to identify PPS members who may be financial frail. Organizations are analyzed based on provider type and metric responses based on each provider type. If, after analysis, an organization is found to be weak and the PPS resurveys and finds them weak 3 or more times, the organization will be deemed frail and escalated from the PMO to the Finance and Steering Committees for review and approval. If an organization is identified as financially frail, the organization will be advised to create a corrective action plan. The PPS has created a Financial Sustainability Fund to ensure the financial suitability of the PPS as a whole and to offset revenue loss for organizations vital to the success of DSRIP. Once a corrective action plan is developed, the PPS may assist with temporary sustainability funding or other opportunities. Should an organization participate in multiple PPS, the PPS will collaborate with other PPS to determine next steps.

It will be important for Bronx Health Access to continue assessing the financial health of its network partners throughout the life of DSRIP. This will be of particular importance as DSRIP funding shifts from pay for reporting (P4R) to pay for performance (P4P) and as partner reimbursement shifts towards VBP.

One of the three main objectives of Bronx Health Access Organizational Application was to develop an integrated value-based contracts and payment strategy that brings all providers closer to the premium dollar. The PPS submitted an update to meeting that objecting in its Mid-Point Assessment Narrative submission. The PPS stated that they are:

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> "Developing the financing systems to implement sustainable value-based payment reforms that incentivize providers to improve patient outcomes. The PPS is leveraging its strong health plan experience and increased "star" rating with Healthfirst—a large Medicaid managed care plan where Bronx-Lebanon (DSRIP lead entity) is part owner, managing 100,000 capitated lives—as well as, its two Health Homes—collectively managing the health of nearly 95,000 beneficiaries—to implement new value-based payment initiatives."

Funds Flow

Through DY2, Q2 PPS Quarterly Report, Bronx Health Access PPS funds flow reporting indicates they have distributed 32.42% ($3,666,583) of the DSRIP funding it has earned ($11,308,211) to date. In comparison to other PPS, the distribution of 32.42% of the funds earned ranks 23rd and places Bronx Health Access well below the statewide average of 56.20%.

Figure 5 below indicates the distribution of funds by Bronx Health Access across the various Partner Categories in the Bronx Health Access network.

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Figure 5: PPS Funds Flow (through DY2, Q2)

Total Funds Available (DY1)	**$11,511,128.21**		
Total Funds Earned (through DY1)	**$11,308,211.16 (98.24% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$3,666,583.20 (32.42% of Earned Funds)**		
Partner Type	**Funds Distributed**	**Bronx Health Access (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$14,028.10	0.38%	3.9%
Practitioner - Non-Primary Care Physician (PCP)	$11,973.78	0.33%	0.7%
Hospital	$0.00	0.00%	30.4%
Clinic	$1,962,008.37	53.51%	7.5%
Case Management/Health Home	$138,644.03	3.78%	1.3%
Mental Health	$0.00	0.00%	2.4%
Substance Abuse	$45,157.55	1.23%	1.0%
Nursing Home	$0.00	0.00%	1.2%
Pharmacy	$0.00	0.00%	0.0%
Hospice	$0.00	0.00%	0.2%
Community Based Organizations[7]	$0.00	0.00%	2.3%
All Other	$89,975.37	0.00%	5.8%
Uncategorized	$0.00	0.00%	0.5%
Non-PIT Partners	$0.00	0.00%	0.6%
PMO	$1,404,796.00	38.31%	42.0%

Data Source: PPS Quarterly Reports DY1, Q2 – DY2, Q2

In further reviewing the Bronx Health Access funds flow distributions, it is notable that the distributions are heavily directed towards Clinics and the PPS PMO, with 91.82% of the funds being directed to those two categories. The IA further notes the limited funds distributions across partner types such as PCPs, CBOs, and Behavioral Health (Mental Health and Substance Abuse) partners. It will be important for the PPS to enhance the funding distributions across all partner types to ensure the continued engagement of all partners in the successful implementation of the DSRIP projects.

[7] Within the Partner Categorizations of the PPS Networks, Community Based Organizations are defined as those entities without a Medicaid billing ID. As such, there are a mix of health care and social determinant of health partners included in this category.

B. Project Assessment

In addition to the assessment of the overall organizational capacity of the PPS, the IA assessed the PPS progress towards implementing the DSRIP projects the PPS selected through the DSRIP Project Plan Application process. In assessing the PPS progress towards project implementation, the IA relied upon common data elements across various projects, including PPS progress towards completing the project milestones associated with each project as reported in the PPS Quarterly Reports, PPS efforts in meeting patient engagement targets, and PPS efforts in engaging network partners in the completion of project milestones. Based on these elements, the IA identified potential risks in the successful implementation of DSRIP projects. For each project identified as being at risk by the IA, this section will indicate the various data elements that support the determination of the IA and that will ultimately result in the development of the recommendations of the IA for each project.

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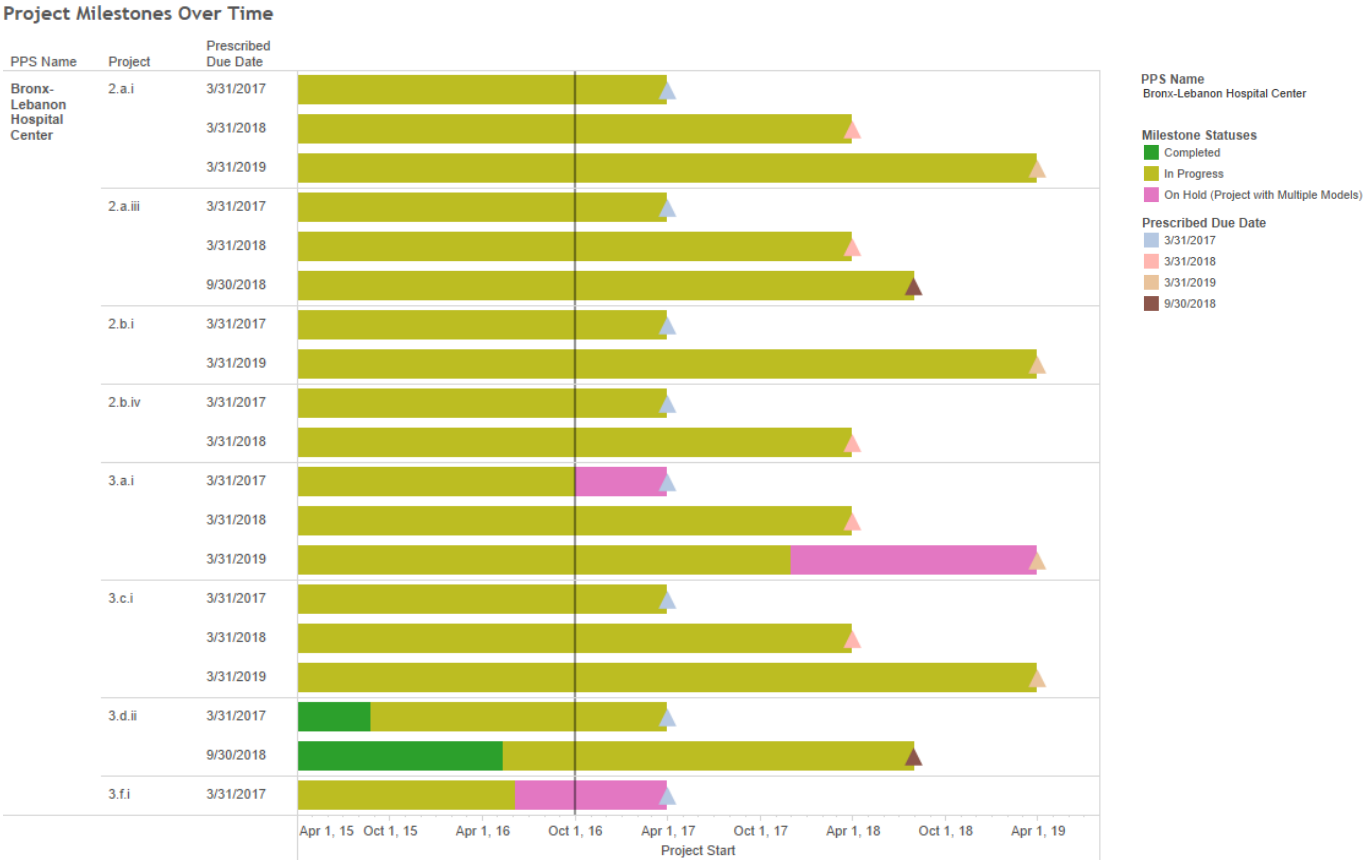
PPS Project Milestone Status

The first element that the IA evaluated was the current status of the PPS project implementation efforts as indicated through the DY2, Q2 PPS Quarterly Reports. For each of the prescribed milestones associated with each Domain 2 and Domain 3 project, the PPS must indicate a status of its efforts in completing the milestone. The status indicators range from 'Completed' to 'In Progress' to 'On Hold'. Figure 6 below illustrates Bronx Health Access's current status in completing the project milestones within each project. Figure 6 also indicates where the required completion dates are for the milestones.

Figure 6: Bronx Health Access Project Milestone Status (through DY2, Q2)[8]



Data Source: Bronx Health Access DY2, Q2 PPS Quarterly Report

The data in Figure 6 above identifies two projects as potentially being at risk due to the current status of project implementation efforts: Projects 3.a.i and 3.f.i. Project 3.a.i has milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such are at risk of losing a portion of the Project Implementation Speed AV for each project.

[8] Note that this graphic does not include Domain 4 projects as these projects do not have prescribed milestones and the PPS did not make Speed & Scale commitments related to the completion of these projects.

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Further assessment of the PPS project implementation status for project 3.a.i indicates that many of the project milestones with a status of 'On Hold' are related to the PPS not pursuing Model 2 for this project. Therefore, for the models the PPS is pursuing, there is no risk of project implementation meeting the required completion dates at this time.

Similarly, for project 3.f.i, the PPS is not pursuing Model 2 and the current status of 'On Hold' is associated with that model. As such, the IA has not identified any risks of project implementation meeting the required completion dates at this time.

Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed Bronx Health Access PPS' performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified one project where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figure 7 below highlight those projects where Bronx Health Access has missed the Patient Engagement target for at least one quarter.

Figure 7: 2.a.iii (Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	350	1,075	307.14%
DY1, Q4	700	2,067	295.29%
DY2, Q2[9]	1,400	1,050	75.00%

Data Source: Bronx Health Access PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

The PPS has previously met its reporting obligations for project 2.a.iii, but in the DY2, Q2 PPS Quarterly Report Bronx Health Access reported and engagement figure that would fail to meet at least 80% of its commitment as required to earn the AV. Though the failure to meet this Patient Engagement target presents a concern, this data point alone does not indicate significant risks to the successful implementation of the projects as the PPS has previously exceeded it committed amount.

Partner Engagement

The widespread engagement of network partners throughout the PPS service area is important to the overall success of DSRIP across New York State. Engagement of partners in isolated portions of the PPS service area will not support the statewide system transformation, improvement in the quality of care, and reduction in costs that are expected as a result of this effort. It is therefore important to the success of the PPS and to the overall DSRIP program that the PPS engage network partners throughout their identified service area.

[9] The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.

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In continuing to further assess the project implementation efforts of the PPS and to identify the potential risks associated with project implementation the IA also assessed the efforts of the PPS in engaging their network partners for project implementation relative to the Speed & Scale commitments made for partner engagement as part of the DSRIP Project Plan Application.

The IA paid particular attention to the PPS engagement of Practitioner – Primary Care Provider (PCP) and of behavioral health (Mental Health and Substance Abuse) partners given the important role these partners will play in helping the PPS to meet the quality improvement goals tied to the Pay for Performance (P4P) funding. The engagement of PCPs and behavioral health partners is especially important across Domain 3a projects where six out of ten High Performance Funding eligible measures fall.

As part of this effort, the IA reviewed all projects with a specific focus on those projects that were identified as potential risks due to Project Milestone Status and/or Patient Engagement performance. The PPS reporting of partner engagement, as well as funds flow, is done through the Provider Import Tool (PIT) of the PPS Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

Through this review, the IA did not identify any limited partner engagement efforts relative to the commitments made by the PPS during the DSRIP Project Plan Application. The IA will continue to monitor the engagement of network partners as the PPS completes its project implementation efforts. Further, while the IA did not identify any partner engagement issues through this analysis, the limited fund distributions across partner types previously discussed raises a concern about the level of engagement across the PPS network.

PPS Narratives for Projects at Risk

For those projects that have been identified through the analysis of Project Milestone Status, Patient Engagement AVs and Partner Engagement, the IA also reviewed the PPS narratives to determine if the PPS provided any additional details provided by the PPS that would indicate efforts by the PPS to address challenges related to project implementation efforts. The narrative below only includes a project with two or more risk areas as discussed above.

2.a.iii. (Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services):): The PPS indicated there has been challenges engaging partners in this project. The PPS articulates in the Project Narrative that PPS partners have been reticent to hire community health workers (CHW) because they do not know if they will have a sufficient panel size to support a full-time staff person. As community health workers are vital in the PPS implementation of this project, this poses a challenge. The PPS is attempting to mitigate this challenge by advocating to have CHW services reimbursed by New York State Medicaid. In the interim, the PPS is working on developing bonus funds for CHWs who meet quality measures.

IV. Overall Project Assessment

Figure 8 below summarizes the IA's overall assessment of the project implementation efforts of Bronx Health Access based on the analyses described in the previous sections. The 'X' in a column indicates an area where the IA identified a potential risk to the PPS' successful implementation of a project.

Figure 8: Overall Project Assessment

Project	Project Description	Patient Engagement	Project Milestone Status	Partner Engagement
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management			
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes	X		X
2.b.i.	Ambulatory Intensive Care Units (ICUs)			
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			X
3.a.i.	Integration of primary care and behavioral health services			X
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)			X
3.d.ii.	Expansion of asthma home-based self-management program			
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies)			

V. Project Risk Scores

Based on the analyses presented in the previous pages, the IA has assigned risk scores to each of the projects chosen for implementation by the PPS. The risk scores range from a score of 1, indicating the Project is on Track to a score of 5, indicating the Project is Off Track.

Figure 9: Project Risk Scores

Project	Project Description	Risk Score	Reasoning
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes	2	The PPS has had patient engagement challenges.
2.b.i.	Ambulatory Intensive Care Units (ICUs)	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.a.i.	Integration of primary care and behavioral health services	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.d.iii.	Expansion of asthma home-based self-management program	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies)	1	This the lowest risk score indicating the project is more than likely to meet intended goals.

Projects with a risk score of 3 or above will receive a recommendation.

VI. IA Recommendations

The IA's review of the Bronx Health Access PPS covered the PPS organizational capacity to support the successful implementation of DSRIP and the ability of the PPS to successfully implement the projects the PPS selected through the DSRIP Project Plan Application process. This review did not uncover any significant concerns related to the organizational capacity of the PPS to support the successful implementation of DSRIP.

While the IA's analysis did not identify any concerns related to the implementation of the DSRIP projects, specifically related to partner engagement, the IA notes that the PPS funds flow distributions have been limited for partners outside of the PPS PMO and Clinic partners. The limited funds flow distributions across partner types raises a concern about the level of partner engagement by the PPS. The PPS must take steps going forward to ensure all partners are engaged to ensure it will be successful in reaching project milestones, performance metrics, and earning Achievement Values.

The following recommendations have been developed based on the IA's assessment of the PPS progress and performance towards meeting the DSRIP goals. For each recommendation, it is expected that the PPS will develop a Mid-Point Assessment Action Plan (Action Plan) by no later than March 2, 2017. The Action Plan will be subject to IA review and approval and will be part of the ongoing PPS Quarterly Reports until the Action Plan has been successfully completed.

A. Organizational Recommendations

Partner Engagement

Recommendation 1: The IA recommends that the PPS develop and implement a strategy for distributing funds to all partners to ensure continued engagement of those partners in supporting the PPS to be successful in reaching project milestones, performance metrics, and earning Achievement Values.

B. Project Recommendations

Project 2.a.iii: Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support service

Recommendation 1: As the PPS identified Partner Engagement challenges in its narrative the IA recommends the PPS create a plan to develop incentives to providers in order to engage them in this project and encourage them to hire CHWs. The Action Plan should outline specific steps to engage key PCP and Mental Health partners.