NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Finger Lakes PPS

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Prepared by the DSRIP Independent Assessor

Contents

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I. Introduction

Finger Lakes PPS (FLPPS) serves thirteen counties in the Finger Lakes Region: Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, and Yates. The Medicaid population attributed to this PPS for performance totals 296,058. The Medicaid population attributed to this PPS for valuation was 413,289. FLPPS was awarded a total valuation of $565,448,177 in available DSRIP Performance Funds over the five year DSRIP project.

FLPPS selected the following 11 projects from the DSRIP Toolkit:

Figure 1: FLPPS DSRIP Project Selection

Project	Project Description
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
2.b.iii.	ED care triage for at-risk populations
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
2.b.vi.	Transitional supportive housing services
2.d.i.	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
3.a.i.	Integration of primary care and behavioral health services
3.a.ii.	Behavioral health community crisis stabilization services
3.a.v.	Behavioral Interventions Paradigm (BIP) in Nursing Homes
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.b.ii.	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

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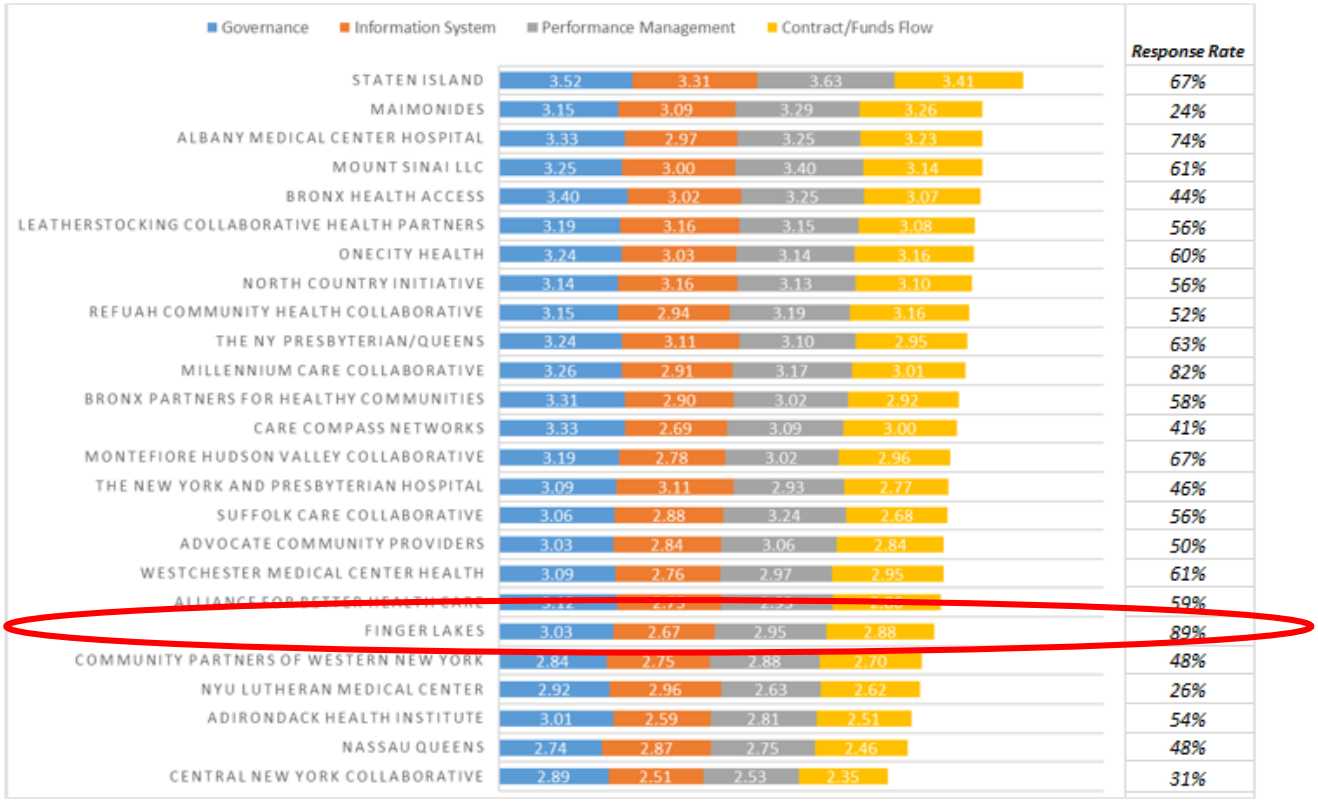
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

Finger Lakes 360 Survey Results[2]

The Finger Lakes PPS 360 survey sample included 46 participating network partner organizations identified in the PIT; 41 of those sampled (89%) returned a completed survey. This response rate is nearly twice the average of all PPS (52% completed). The FLPPS aggregate 360 survey score ranked 20th out of 25 PPS (Figure 3).

Figure 3: PPS 360 Survey Results by Organizational Area



Data Source: 360 Survey Data for all 25 PPS

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

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Finger Lakes 360 Survey Results by Partner Type

The IA then 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 Clinic survey result was low (10th out of 12), which was unusual compared to all PPS' (6th out 12). Mental Health and Case Management / Health Home were also low, which was fairly consistent with peer PPS responses. Most negative answers were for Practitioner – Non-Primary Care Provider and Hospice questions.

Figure 4: FLPPS 360 Survey Results by Partner Type[3]

PPS	Partner Type		Respondents over Total Surveyed
Finger Lakes	Pharmacy	3.67	1/1
	All Other	3.31	3/5
	Hospital	3.13	5/5
	Practitioner - Primary Care Provider (PCP)	3.08	3/3
	Substance Abuse	2.97	7/9
	Community Based Organization	2.85	4/4
	Nursing Home	2.85	4/4
	Case Management / Health Home	2.68	5/5
	Mental Health	2.68	4/4
	Clinic	2.35	5/5
	Hospice	0.00	0/1
	Practitioner - Non-Primary Care Provider (PCP)	0.00	0/0
Grand Total			41/46

Data Source: FLPPS 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 Independent Assessor (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, Finger Lakes PPS **earned all available Organizational AVs and earned eight of a possible eight Patient Engagement Speed AVs.**
- In DY1, Q4, FLPPS **earned all available Organizational AVs and earned eight of a possible eight 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 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'

[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.

efforts in establishing the organizational infrastructure to support the successful implementation of the PPS DSRIP plan.

PPS Governance

The PPS Governance structure includes a Board of Directors that reports to the Rochester General Hospital and the University of Rochester Medical Center. Due to its large geographic area, Finger Lakes PPS (FLPPS) is organized into 5 geographic sub-regions, based on referral patterns and anchor hospitals. Each of these Naturally Occurring Care Networks (NOCNs) is led by partner workgroups and supported by a FLPPS regional manager. The Board of Directors includes a cross section of representation of its region, plus representatives from an FQHC, County Mental Health Agency, County Public Agency, and a Medicaid beneficiary. Physicians make up 25% of Board membership. Reporting to the Board are various governance and operations committees including Clinical Quality, Finance, a Project Advisory Committee, Housing, Transportation, Workforce and CCHL. There is a strong focus on primary care, as evidenced by the fact that 57% of its Clinical Quality Committee are primary care providers.

During the IA On-site visit, the PPS discussed that they had no plans to modify their governance structure at this time. They stated that the Project Management Office employs 39 full-time employees with recently created staff positions to address CBO engagement.

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 the FLPPS had reported spending of $1,558,852.00 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 the FLPPS spends $5.27 per attributed life on administrative costs compared to a statewide average spend of $24.23 per attributed life on administrative costs.

Looking further at the PPS fund distributions to the PPS PMO, the Finger Lakes PPS distributed $8,368,512.00 to the PPS PMO out of a total of $33,418,909.43 in funds distributed across the PPS network, accounting for 25.04% of all funds distributed through DY2, Q2. Comparatively, the

[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.

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

Through the DY2, Q2 PPS Quarterly Report, FLPPS has not provided a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. They state that they are working closely with United Way, the Council of Agency Executives, and Finger Lakes Health Services Agency. They indicated that during DY1, FLPPS was taking a more centralized approach to CBO engagement, and developed a CBO Workgroup. Going forward, they intend to take a more decentralized approach and work within their NOCNs.

The IA observed that the PPS was still developing their CBO engagement strategy through a review of their Quarterly Reports. They have indicated that they obtained FLPPS Leadership and BOD approval for contract templates to be distributed to partners, but do not appear to have yet contracted with CBOs. Furthermore, the IA notes that the PPS has extended certain CBO engagement and contracting milestones to a future date. They have created a new department dedicated to CBO strategy and engagement, and are realigning their approach to community engagement and CBO outreach during DSRIP Year 2.

In further assessing the engagement of CBOs by FLPPS, the IA found that the PPS had distributed $383,955.18 or 1.15% of the funds distributed to its CBO partners through DY2, Q2. It will be important for the PPS to expand its fund distributions across all of its CBO partners to maintain engagement of these key partners.

Cultural Competency and Health Literacy

The FLPPS approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA). The CNA identified 4 primary gaps in its region: 1. The need for an integrated delivery system, 2. The need for integration between physician and behavioral health, 3. The need to address social determinants of health, and 4. The need to support women, infants, and children. Additionally, they identified priority groups including significant disparities between Black and Hispanic populations with higher rates of mortality and premature death.

They conducted a CCHL baseline survey and asked 37 partners to complete an Organizational CCHL Assessment in November and December 2015. The response rate was 97%, and served to

reveal a lack of CCHL resources in the area. The PPS created a CCHL workgroup, and identified CCHL champions in partner organizations.

The PPS identified a need for training the following partners in its region: healthcare providers and their staff, CBOs, the community at large, and the priority populations and uninsured. The PPS indicated it would be conducting a "kick-off conference" in December 2016.

Overall, the IA notes that while there appears to be a significant amount of planning, it is not clear to what extent the PPS has implemented the CCHL activities in their training plans.

Financial Sustainability and Value Based Purchasing (VBP)

The Finance Committee created an overall assessment of its partners to identify organization of potentially financially fragile partners. They conducted a survey to partners and received 150 responses. They identified 5 partners who were deemed at risk. These partners included 3 IAAF partners that commenced participation in VBP QIP, and two small physician's practices who have chosen not to participate in DSRIP. The PPS is monitoring the 3 partners on a quarterly basis.

The IA encourages the PPS to continue monitoring its partners and to develop creative solutions to address its financially fragile partners.

The PPS has been developing a VBP survey to share with partners, but it has been delayed. A review of quarterly reports does not clearly describe to what extent the PPS has established a VBP Subcommittee, or what entity will be spearheading this endeavor.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, FLPPS' funds flow reporting indicates they have distributed 39.53% ($33,418,909.43) of the DSRIP funding it has earned ($84,536,164.93) to date. In comparison to other PPS, the distribution of 39.53% of the funds earned ranks 19th and places FLPPS below the statewide average of 56.20%.

Figure 5 below indicates the distribution of funds by FLPPS across the various Partner Categories in its network.

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

Total Funds Available (DY1)	**$84,536,164.97**		
Total Funds Earned (through DY1)	**$84,536,164.97 (100% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$33,418,909.43 (39.53% of Earned Funds)**		
Partner Type	**Funds Distributed**	**FLPPS (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$442,585.89	1.32%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$0.00	0.00%	0.73%
Hospital	$19,561,196.60	58.53%	30.41%
Clinic	$2,886,257.64	8.64%	7.54%
Case Management/Health Home	$117,499.64	0.35%	1.31%
Mental Health	$251,142.05	0.75%	2.43%
Substance Abuse	$238,022.84	0.71%	1.04%
Nursing Home	$47,690.55	0.14%	1.23%
Pharmacy	$6,000.00	0.02%	0.04%
Hospice	$6,000.00	0.02%	0.16%
Community Based Organizations[7]	$383,955.18	1.15%	2.30%
All Other	$744,455.86	2.23%	5.82%
Uncategorized	$226,386.18	0.68%	0.53%
Non-PIT Partners	$139,205.00	0.42%	0.58%
PMO	$8,368,512.00	25.04%	41.99%

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

A further review of the FLPPS funds flow distributions shows that 83.6% of the distributions are in the Hospital and PPS PMO partner categories. While the PPS has distributed funds across many partner types, the PPS has yet to distribute funds to its PCP and Mental Health partners. It will be important for the PPS to address the funds distributions to these key partners going forward to ensure their continued engagement in the 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.

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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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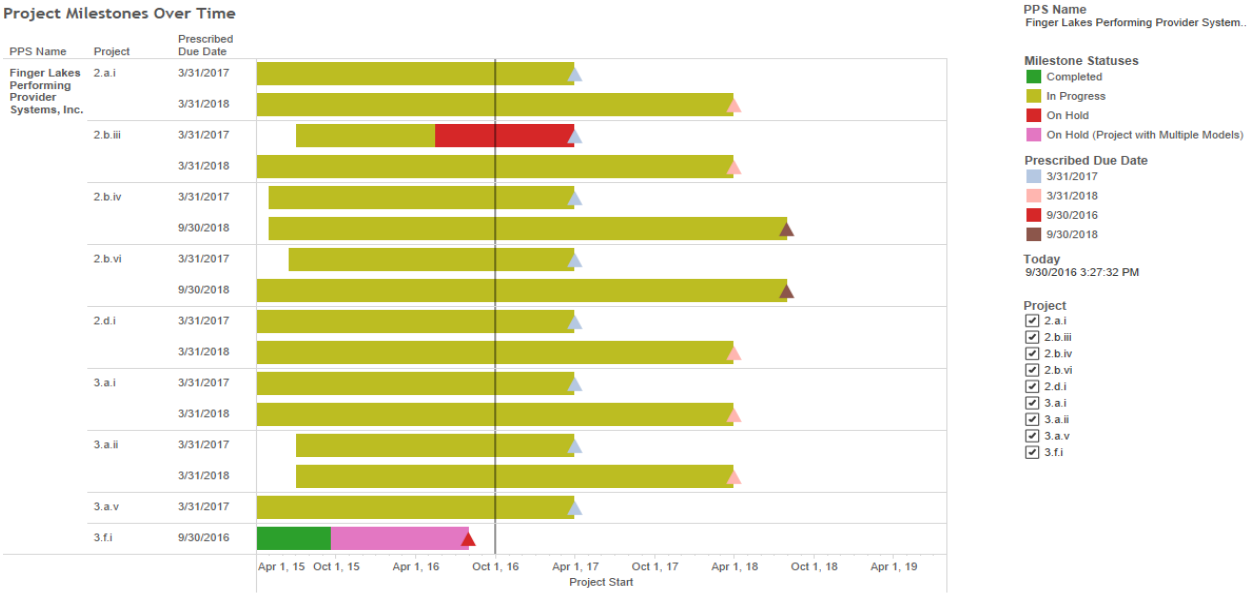
PPS Project Milestone Status

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 FLPPS' 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: FLPPS Project Milestone Status (through DY2, Q2)[8]



Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified two projects that are at risk due to the current status of project implementation efforts: projects 2.b.iii. and 3.f.i. both have 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.

Further assessment of the PPS project implementation status for project 2.b.iii indicates that the one milestone which has been marked 'On Hold' is an optional requirement. Similarly, for 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.

3.f.i., the PPS is only implementing Model 3 and all milestones that have a current status of 'On Hold' are associated with Models 1 and 2. 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 FLPPS' performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified two projects where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. The figures below highlight those projects where FLPPS has missed the Patient Engagement target for at least one quarter.

Figure 7: Project 2.d.i. (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	1,729	2,065	119.43%
DY1, Q4	10,371	8,913	85.94%
DY2, Q2[9]	12,963	9,043	69.76%

Data Source: FLPPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 8: Project 3.a.i (Integration of primary care and behavioral health services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	4,275	7,448	174.22%
DY1, Q4	17,100	17,151	100.30%
DY2, Q2[10]	27,360	18,792	68.68%

Data Source: FLPPS Quarterly Reports (DY1, Q2 – DY2, Q2)

For projects 2.d.i and 3.a.i., missing the Patient Engagement targets presents a concern; however, this data point alone does not indicate significant risks to the successful implementation of the projects.

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.

[10] 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. Figures 9 through 17 illustrate the level of partner engagement against the Speed & Scale commitments for all projects based on the PPS reported partner engagement efforts in the DY2, Q2 PPS Quarterly Report. The data included in the tables is specifically focused on those partner categorizations where PPS engagement is significantly behind relative the commitments made by the PPS.

The data presented in the partner engagement tables in the following pages includes the partner engagement across all defined partner types for all projects where the PPS is lagging in partner engagement. 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.

In many cases, PPS did not have to make commitments to all partner types for specific projects, as indicated by the ‘0’ in the commitment columns in the tables, however PPS may have chosen to include partners from those partner categories to better support project implementation efforts. It is therefore possible for the PPS to show a figure for an engaged number of partners within a partner category but have a commitment of ‘0’ for that same category.

Figure 9: Project 2.a.i - (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	508	30
	Safety Net	257	23
Case Management / Health Home	Total	31	9
	Safety Net	17	6
Clinic	Total	40	8
	Safety Net	39	8
Community Based Organizations	Total	110	40
	Safety Net	0	0
Hospice	Total	0	1
	Safety Net	0	0
Hospital	Total	15	7
	Safety Net	14	7
Mental Health	Total	65	9
	Safety Net	30	7
Nursing Home	Total	54	8
	Safety Net	52	8
Pharmacy	Total	6	1
	Safety Net	6	1
Practitioner - Non-Primary Care Provider (PCP)	Total	1894	0
	Safety Net	127	0
Practitioner - Primary Care Provider (PCP)	Total	576	4
	Safety Net	126	1
Substance Abuse	Total	25	9
	Safety Net	24	8
Uncategorized	Total	0	26
	Safety Net	0	2

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Figure 10: Project 2.b.iii (ED care triage for at-risk populations) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	22
	Safety Net	0	16
Case Management / Health Home	Total	0	6
	Safety Net	6	3
Clinic	Total	0	6
	Safety Net	18	6
Community Based Organizations	Total	0	12
	Safety Net	0	0
Hospital	Total	0	7
	Safety Net	10	7
Mental Health	Total	0	4
	Safety Net	0	3
Practitioner - Primary Care Provider (PCP)	Total	0	3
	Safety Net	87	1
Substance Abuse	Total	0	3
	Safety Net	0	3
Uncategorized	Total	0	9
	Safety Net	0	0

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Figure 11: Project 2.b.iv (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	363	20
	Safety Net	122	14
Case Management / Health Home	Total	22	3
	Safety Net	8	0
Clinic	Total	0	7
	Safety Net	0	7
Community Based Organizations	Total	30	20
	Safety Net	0	0
Hospice	Total	0	1
	Safety Net	0	0
Hospital	Total	10	6
	Safety Net	9	6
Mental Health	Total	0	5
	Safety Net	0	4
Nursing Home	Total	0	4
	Safety Net	0	4
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	1823	0
	Safety Net	96	0
Practitioner - Primary Care Provider (PCP)	Total	508	2
	Safety Net	87	0
Substance Abuse	Total	0	4
	Safety Net	0	4
Uncategorized	Total	0	16
	Safety Net	0	1

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Figure 12: Project 2.b.vi (Transitional supportive housing services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	8
	Safety Net	108	8
Case Management / Health Home	Total	0	4
	Safety Net	5	2
Clinic	Total	0	5
	Safety Net	0	5
Community Based Organizations	Total	0	10
	Safety Net	0	0
Hospital	Total	0	5
	Safety Net	9	5
Mental Health	Total	0	4
	Safety Net	0	4
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	86	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	81	0
Substance Abuse	Total	0	2
	Safety Net	0	2
Uncategorized	Total	0	7
	Safety Net	0	1

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Finger Lakes PPS

Figure 13: Project 2.d.i (Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	18
	Safety Net	157	14
Case Management / Health Home	Total	0	3
	Safety Net	0	1
Clinic	Total	0	5
	Safety Net	16	5
Community Based Organizations	Total	0	19
	Safety Net	0	0
Hospital	Total	0	5
	Safety Net	7	5
Mental Health	Total	0	3
	Safety Net	0	2
Pharmacy	Total	0	0
	Safety Net	3	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	97	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	80	0
Substance Abuse	Total	0	4
	Safety Net	0	4
Uncategorized	Total	0	13
	Safety Net	0	1

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Finger Lakes PPS

Figure 14: Project 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	402	13
	Safety Net	158	10
Case Management / Health Home	Total	0	6
	Safety Net	0	3
Clinic	Total	17	8
	Safety Net	14	8
Community Based Organizations	Total	61	9
	Safety Net	0	0
Hospital	Total	0	6
	Safety Net	0	6
Mental Health	Total	119	5
	Safety Net	16	5
Practitioner - Non-Primary Care Provider (PCP)	Total	1824	0
	Safety Net	96	0
Practitioner - Primary Care Provider (PCP)	Total	538	0
	Safety Net	104	0
Substance Abuse	Total	14	6
	Safety Net	13	6
Uncategorized	Total	0	6
	Safety Net	0	0

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

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Figure 15: Project 3.a.ii (Behavioral health community crisis stabilization services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	10
	Safety Net	146	9
Case Management / Health Home	Total	0	7
	Safety Net	9	4
Clinic	Total	0	3
	Safety Net	17	3
Community Based Organizations	Total	0	9
	Safety Net	0	0
Hospital	Total	0	5
	Safety Net	7	5
Mental Health	Total	0	5
	Safety Net	16	5
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	96	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	101	0
Substance Abuse	Total	0	4
	Safety Net	14	4
Uncategorized	Total	0	3
	Safety Net	0	0

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Figure 16: Project 3.a.v (Behavioral Interventions Paradigm (BIP) in Nursing Homes) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	374	3
	Safety Net	131	2
Case Management / Health Home	Total	0	1
	Safety Net	0	0
Community Based Organizations	Total	0	5
	Safety Net	0	0
Hospice	Total	0	1
	Safety Net	0	0
Hospital	Total	0	4
	Safety Net	0	4
Mental Health	Total	108	0
	Safety Net	11	0
Nursing Home	Total	39	8
	Safety Net	37	8
Practitioner - Non-Primary Care Provider (PCP)	Total	1,812	0
	Safety Net	91	0
Substance Abuse	Total	0	2
	Safety Net	0	2
Uncategorized	Total	0	1
	Safety Net	0	0

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

Figure 17: Project 3.f.i (Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	5
	Safety Net	151	3
Case Management / Health Home	Total	0	1
	Safety Net	3	1
Clinic	Total	0	5
	Safety Net	7	5
Community Based Organizations	Total	0	7
	Safety Net	0	0
Hospital	Total	0	6
	Safety Net	10	6
Nursing Home	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	89	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	105	0
Substance Abuse	Total	0	1
	Safety Net	0	1
Uncategorized	Total	0	4
	Safety Net	0	0

Data Source: FLPPS DY2, Q2 PPS Quarterly Report

As the data in Figures 9 through 17 above indicate, the PPS has engaged network partners on a limited basis across all projects. Of particular note is project 3.a.i, where FLPPS has not engaged one Practitioner (Primary Care Provider or Non-Primary Care Provider) yet. In addition, FLPPS has only engaged five Mental Health providers out of 119 committed. The combination of the PPS failure to meet Patient Engagement targets and the lagging Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of project 3.a.i and 2.d.i.

PPS Narratives for Projects at Risk

For those projects that have been identified as at risk 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 that would indicate efforts by the PPS to address challenges related to project implementation efforts.

2.d.i (Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care)

The PPS states that it is struggling to engage CBO participation in this project. Notably the PPS states that the CBOs may not participate since they have not traditionally been integrated into a larger health delivery system. Further, the PPS states slow participation may be due to a lack of financial incentive that the PPS notes may pertain to the limitations of the safety net designation. The PPS needs to think through engagement strategies for the CBOs and other organizations. A recommendation to increase targeted fund flow to the CBOs for project 2.d.i engagement would ensure that funding is available.

3.a.i (Integration of primary care and behavioral health services)

The PPS stated in the PPS narrative that their region has a shortage of mental health professionals, particularly in more rural parts of their PPS. The PPS also notes a number of regulatory and reimbursement challenges.

IV. Overall Project Assessment

Figure 18 below summarizes the IA's overall assessment of the project implementation efforts of FLPPS 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 18: 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			X
2.b.iii.	ED care triage for at-risk populations			X
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			X
2.b.vi.	Transitional supportive housing services			X
2.d.i.	Implementation of Patient Activation Activities to Engage, Educate and Integrate	X		X
3.a.i.	Integration of primary care and behavioral health services	X		X
3.a.ii.	Behavioral health community crisis stabilization services			X
3.a.v.	Behavioral Interventions Paradigm (BIP) in Nursing Homes			X
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)			X

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 19: 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	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.iii	ED care triage for at-risk populations	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 for chronic health conditions	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.vi	Transitional supportive housing 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.
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.a.i	Integration of primary care and behavioral health services	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.a.ii	Behavioral health community crisis stabilization 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.a.v	Behavioral Interventions Paradigm (BIP) in Nursing Homes	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.f.i	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	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.

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

VI. IA Recommendations

The IA's review of the Finger Lakes 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. FLPPS has achieved many of the organizational and project milestones to date in DSRIP. The PPS has made positive strides to develop the infrastructure to run a successful PPS in their region. For example, due to a large geographic area, FLPPS organized into five geographic sub-regions, based on referral patterns and anchor hospitals. Each of these Naturally Occurring Care Networks (NOCNs) is led by partner workgroups and supported by a FLPPS regional manager. This unique approach should allow the PPS to manage locally and have the greatest impact with such a large geographic footprint.

The IA does have some concerns regarding FLPPS' implementation however. For example, Partner Engagement is limited relative to the Speed & Scale commitments made in the DSRIP Project Plan Applications. Specifically, the IA notes the limited engagement of PCPs and Behavioral Health (Mental Health and Substance Abuse) partners, both key to the successful implementation of project 3.a.i., which drives substantial funding through P4P and the High Performance Fund. FLPPS' greatest challenge will be how to bring these disparate partners into their network as soon as possible. Although FLPPS, with some exceptions, meeting its Patient Engagement targets through a limited number of partners, wider network engagement is essential for the PPS to enable system transformation that will impact the DSRIP population health and performance measures. Further, delivery system integration with community-based partners and systems of care is critical to improve the quality of care.

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 requires the PPS to develop an action plan to increase partner engagement. The plan needs to provide specific details by each project for partner engagement.

Cultural Competency and Health Literacy

Recommendation 1: The IA recommends that the PPS develop an action plan to roll out its trainings to workforce and partners with specific dates. FLPPS must also develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured and report out on these strategies to the IA.

Financial Sustainability and VBP

Recommendation 1: The IA recommends that the PPS create an action plan to address the assessment of its network partners for VBP readiness.

Recommendation 2: The IA recommends the PPS establish a plan to further educate and support their partners' moves toward VBP arrangements.

B. Project Recommendations

2.d.i Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

Recommendation 1: The IA recommends the PPS develop an action plan to increase CBO and other partner participation in this project.

Recommendation 2: The IA recommends the PPS develop an action plan to educate CBOs on their vital role in the DSRIP program.

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

Recommendation 1: The IA recommends that the PPS develop an action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers, especially in more rural parts of their region. The data in this assessment indicates that FLPPS has only engaged five Mental Health and Primary Care Providers to date. The PPS' success in implementing this project will not only impact its ability to earn performance funding but also High Performance Funds.