NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

NYU Lutheran Medical Center (Brooklyn Bridges) PPS

November 2016

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Prepared by the DSRIP Independent Assessor

NYU Lutheran Medical Center (Brooklyn Bridges) PPS

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I. Introduction

NYU Lutheran Medical Center (Brooklyn Bridges) PPS is safety-net hospital which serves one county: Kings County (Southwest Brooklyn). The Medicaid population attributed to this PPS for performance totals 116,211. The Medicaid population attributed to this PPS for valuation was 74,326. NYU Lutheran was awarded a total valuation of $127,740,537 in available DSRIP Performance Funds over the five year DSRIP project.

NYU Lutheran selected the following nine projects from the DSRIP Toolkit:

Figure 1: NYU Lutheran 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.ix.	Implementation of observational programs in hospitals
2.c.i.	Development of community-based health navigation services
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 (adults only) (Diabetes Care)
3.d.ii.	Expansion of asthma home-based self-management program
4.b.i.	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.
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).

[1] The Provider Import/Export Tool (PIT) is used to capture the PPS reporting of partner engagement, as well as funds flow for the 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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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
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

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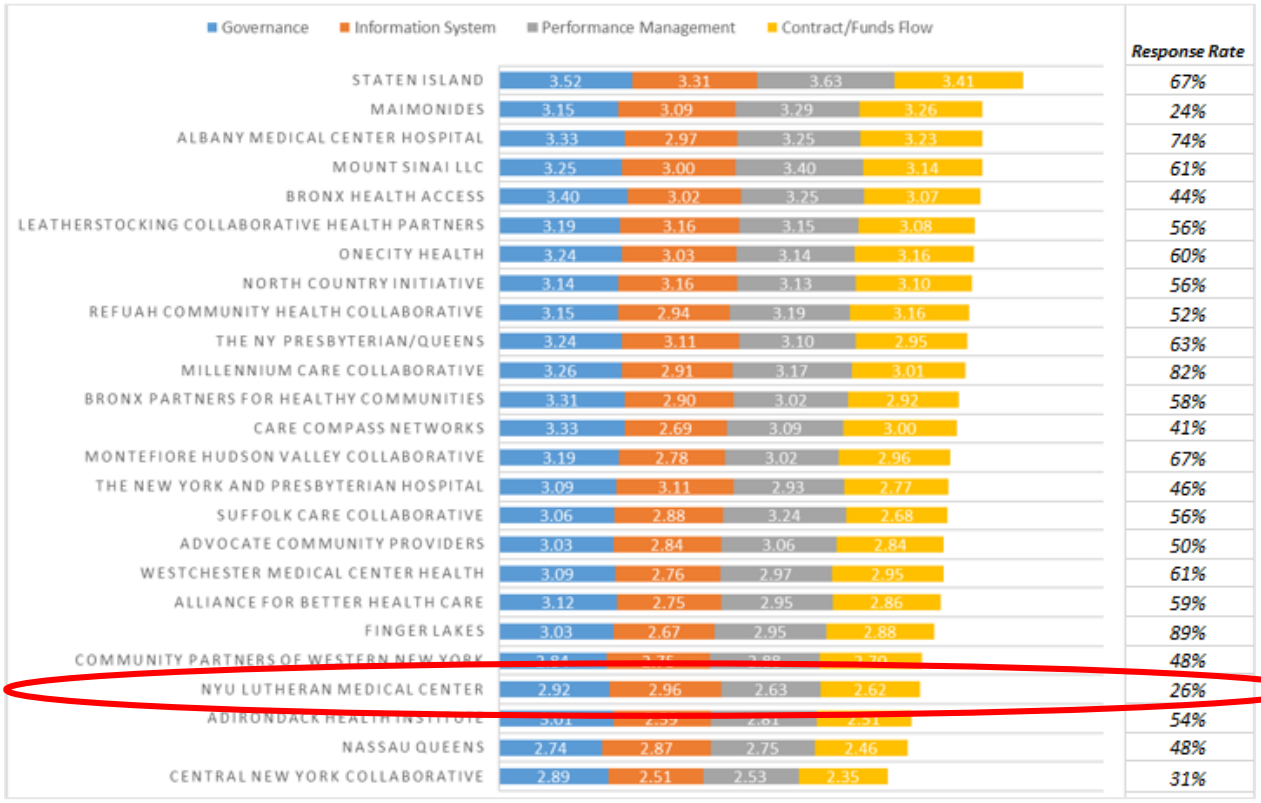
NYU Lutheran Medical Center 360 Survey Results[2]

The NYU Lutheran 360 survey sample included 47 participating network partner organizations identified in the PIT; 12 of those sampled (26%) returned a completed survey. This response rate was fairly low compared to the average across all PPS (52% completed). The NYU Lutheran aggregate 360 survey score ranked 22nd 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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NYU Lutheran PPS 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 Pharmacy survey result was high (2nd out of 12) compared to the All PPS 360 Survey Results (8th out of 12). Hospice and Substance Abuse survey results were low, similar to that in the ALL PPS 360 Survey Results. Most negative answers were for the Contracting / Funds Flow and Performance Management.

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

PPS	Partner Type		Respondents over Total Surveyed
NYU Lutheran Medical Center	Hospital	4.00	1/1
	Pharmacy	3.58	1/2
	Nursing Home	3.00	1/2
	Practitioner - Non-Primary Care Provider (PCP)	2.36	6/14
	Hospice	2.00	1/2
	Substance Abuse	1.89	1/1
	All Other	0.00	1/14
	Case Management / Health Home	0.00	0/1
	Clinic	0.00	0/1
	Community Based Organization	0.00	0/4
	Mental Health	0.00	0/2
	Practitioner - Primary Care Provider (PCP)	0.00	0/3
Grand Total			12/47

Data Source: NYU Lutheran 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 been 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, NYU Lutheran PPS **earned all available Organizational AVs and earned four of a possible four Patient Engagement Speed AVs.**
- In DY1, Q4, NYU Lutheran **earned all available Organizational AVs and earned five of a possible six 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

In DY1, Q2 NYU Lutheran PPS submitted its Executive Committee charter and Organizational Chart upon the incorporation of Lutheran Medical Center into the NYU system. A Master Services Agreement ("MSA") governs the operation of the PPS and was entered into by Lutheran (as fiduciary and PPS Lead), NYU, and partners. The PPS is governed by an Executive Committee, which is be supported by a Clinical Committee, a Finance Committee and an Information Technology Committee. Each of these Committees consist of representatives of Lutheran and NYU, as well as representatives of the other PPS Partners, as put forward by a Nominating Committee. The PPS Executive Committee has 16 seats of which 14 are currently filled. The PPS is looking for Community Based Organizations (CBOs) to fill the last 2 seats. Though committees meet quarterly, the PPS meets with CBOs monthly.

During the IA's on-site visit with the NYU Lutheran, the PPS indicated that the PPS governance is shifting in order to create a new Medicaid-focused, Independent Practice Association ("IPA")-based clinically integrated network. The goal of the IPA is to establish the mechanism that will allow for risk contracting on behalf of the PPS as the PPS' focus shifts toward Value Based Purchasing (VBP) arrangements.

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 NYU Lutheran had reported spending of $510,962.00 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 NYU Lutheran spends $4.40 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, NYU Lutheran distributed $4,444,092 to the PPS PMO out of a total of $7,598,768.27 in funds distributed across the PPS

[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.

network, accounting for 58.48% 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 DY2, Q2 PPS Quarterly Report, NYU Lutheran submitted a narrative regarding its Community Based Organization (CBO) contracting efforts as it pertains to its Governance Milestones. The milestone required the PPS to finalize partnership agreements or contracts with CBOs. Originally due by September 30, 2016, the PPS has pushed back the due date of this deliverable to December 31, 2016 and stated:

> "The NYU Lutheran PPS is currently in progress with this Governance Milestone #6. The PPS has pushed back the due date of this milestone and will continue to make efforts in this area towards the completion of this milestone."

As part of the DY1, Q4 PPS Quarterly Report, NYU Lutheran submitted its Community Engagement Plan, in which it articulated how it intends to include CBOs in its PPS activities.

Specifically, the PPS indicated its intent to:

- Include CBO representatives at various levels of governance
- Include CBOs in varying levels of infrastructure
- Include CBO representatives throughout stages of planning and through implementation

However, through the DY2, Q2 PPS quarterly Report, it is unclear how many CBOs have contracted with the PPS and whether or not any have been included in its governance, infrastructure and planning.

In further assessing the engagement of CBOs by NYU Lutheran, the IA found that the PPS had distributed $125,115.00 or 1.65% 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 NYU Lutheran approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA). Its CCHL Strategy was submitted to the IA in DY1, Q3 and its CCHL Training Strategy was submitted the subsequent quarter. The PPS has a robust

training strategy which is strengthened by leveraging its relationship and sharing resources with NYU Lutheran's Cultural Competence, Organizational Learning, Marketing, Community Liaisons and Adult Literacy Departments.

The PPS is approaching CCHL training by focusing on both partners and patients. For partners, the PPS commenced its efforts by conducting a baseline survey of its providers and partners which uncovered an interest in Cultural Competency training, Health Literacy training and Interpretation services. For patients, the CCHL strategy is directed to address not only the diverse needs of Kings County but culturally specific health concerns and cultural stigmas surrounding various health issues, specifically those the PPS aims to address within its DSRIP projects.

NYU Lutheran has a plan to assess effectiveness and impact of its CCHL efforts. In its CCHL Training Strategy, the PPS articulated the plan to conduct bi-annual assessments of progress and effectiveness of training, engaging CBO partners to provide feedback and input into future training dissemination and development.

Financial Sustainability and Value Based Purchasing (VBP)

NYU Lutheran created a Financial Governance Sub-Committee that is tasked with developing and overseeing processes to support the financial success of the PPS and establishing controls to ensure compliance with DSRIP Program requirements. In DY1, Q4 the PPS submitted its Financial Sustainability Strategy to the IA which articulates its approach to identifying and assisting its financially fragile partners to ensure DSRIP success. The Finance Sub-Committee will utilize financial survey assessment results to identify financially fragile partners. In December 2014 the first financial survey was conducted with the intention that it be performed annually.

For those partners who are deemed financially fragile, the NYU Lutheran PPS shall monitor their financial status annually, or as necessary upon agreement by both the Finance Sub-Committee and Executive Committee. The Finance Sub-Committee will attempt to be involved in monitoring and assisting financially fragile partners by assisting those partners in creating a partner-specific plan for the improvement of their financial sustainability.

In an attempt to prepare for VBP, NYU Lutheran is focused on creating a new Medicaid-focused, IPA-based clinically integrated network. The goal of the IPA is to establish the mechanism that will allow for risk contracting on behalf of the PPS as the PPS' focus shifts toward VBP arrangements. According to the PPS-submitted Mid-Point Assessment Organizational Narrative:

> "With the creation of the IPA, we are preparing to transition existing Fee for Service ("FFS") contracts to Level 1 or Level 2 arrangements, and to work with existing Managed Care payors with VBP contracts in place to move towards a higher risk level. To prepare for these VBP arrangements, significant activities are underway, including: partner assessments to understand the readiness to move towards risk, building the infrastructure to support VBP arrangements, engaging payors in discussions on moving to VBP, using powerful analytical capabilities to

understand the population and total cost of care, and developing patient centered interventions to ensure patients are receiving the highest quality care in the appropriate setting."

Funds Flow

Through DY2, Q2 PPS Quarterly Report, NYU Lutheran funds flow reporting indicates they have distributed 69.51% ($7,598,768.27) of the DSRIP funding it has earned ($10,931,371.70) to date. In comparison to other PPS, the distribution of 69.51% of the funds earned ranks 7th and places NYU Lutheran above the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	**$10,948,390.67**		
Total Funds Earned (through DY1)	**$10,931,371.70 (99.84% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$7,598,768.27 (69.51% of Earned Funds)**		
Partner Type	**Funds Distributed**	**NYU Lutheran (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$0.00	0.00%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$0.00	0.00%	0.73%
Hospital	$663,702.00	8.73%	30.41%
Clinic	$2,110,315.27	27.77%	7.54%
Case Management/Health Home	$0.00	0.00%	1.31%
Mental Health	$0.00	0.00%	2.43%
Substance Abuse	$25,000.00	0.33%	1.04%
Nursing Home	$0.00	0.00%	1.23%
Pharmacy	$0.00	0.00%	0.04%
Hospice	$0.00	0.00%	0.16%
Community Based Organizations[7]	$125,115.00	1.65%	2.30%
All Other	$123,678.00	1.63%	5.82%
Uncategorized	$49,262.00	0.65%	0.53%
Non-PIT Partners	$57,604.00	0.76%	0.58%
PMO	$4,444,092.00	58.48%	41.99%

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

In further reviewing the NYU Lutheran funds flow distributions, it is notable that the distributions are heavily directed towards Clinics and the PMO, with 86.25% of the funds being directed to those two 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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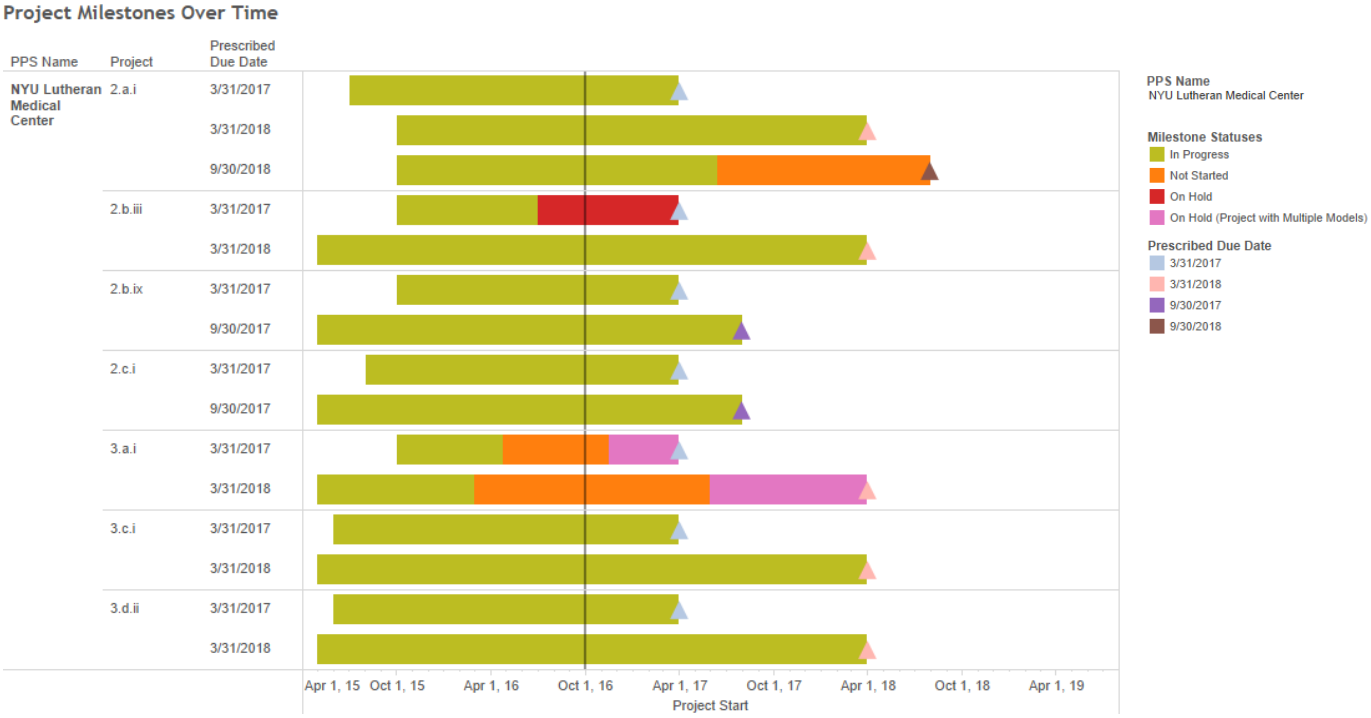
PPS Project Milestone Status

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



Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified Project 2.b.iii as potentially at risk due to the current status of project implementation efforts as identified in the chart above. Project 2.b.iii 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.

In addition to the risks associated with the current status of milestones with a DY2, Q4 required completion date for project 2.b.iii, there are additional risks associated with project 2.a.i, which

[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.

the PPS has committed to a completion date of DY3, Q4. For each of these projects, the PPS has multiple milestones that have a status of 'Not Started'.

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.

Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed NYU Lutheran's 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 that project where NYU Lutheran has missed the Patient Engagement target for at least one quarter.

Figure 7: Project 3.d.ii (Expansion of asthma home-based self-management program) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	140	0	0.00%
DY2, Q2[9]	211	0	0.00%

Data Source: NYU Lutheran PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

The data in Figure 7 indicates that NYU Lutheran has not yet engaged any Medicaid members for project 3.d.ii through DY2, Q2. While the PPS has not yet engaged any Medicaid members through DY2, Q2, the PPS has indicated that it is currently on track for the successful implementation of this project. The missed Patient Engagement targets for this project do not alone place this project at risk, however it is an important data element in assessing the overall potential for the successful implementation of this project.

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.

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

[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.

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 8 through 13 illustrate the level of partner engagement against the Speed & Scale commitments for projects 2.b.iii, 2.b.ix, 2.c.i, 3.a.i, 3.c.i, and 3.d.ii 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 lagging 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.

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Figure 8: 2.b.iii (ED care triage for at-risk populations) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	2
	Safety Net	0	0
Case Management / Health Home	Total	0	0
	Safety Net	3	0
Clinic	Total	0	2
	Safety Net	17	1
Community Based Organizations	Total	0	1
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	1	1
Mental Health	Total	0	1
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	4
	Safety Net	0	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	29	1
Substance Abuse	Total	0	1
	Safety Net	0	1

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

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Figure 9: Project 2.b.ix (Implementation of observational programs in hospitals) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	164	0
	Safety Net	21	0
Case Management / Health Home	Total	7	0
	Safety Net	3	0
Clinic	Total	16	2
	Safety Net	17	1
Community Based Organizations	Total	0	1
	Safety Net	0	0
Hospital	Total	1	2
	Safety Net	1	1
Mental Health	Total	178	0
	Safety Net	23	0
Nursing Home	Total	27	0
	Safety Net	30	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	1
	Safety Net	0	0
Practitioner - Primary Care Provider (PCP)	Total	264	0
	Safety Net	29	0
Substance Abuse	Total	20	1
	Safety Net	16	1

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

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Figure 10: Project 2.c.i (Development of community-based health navigation services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	0
	Safety Net	37	0
Case Management / Health Home	Total	0	0
	Safety Net	3	0
Clinic	Total	0	2
	Safety Net	17	1
Community Based Organizations	Total	0	1
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	0	1
Mental Health	Total	0	0
	Safety Net	18	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	28	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	30	1
Substance Abuse	Total	0	1
	Safety Net	9	1

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

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Figure 11: 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	275	2
	Safety Net	35	1
Clinic	Total	16	4
	Safety Net	17	3
Community Based Organizations	Total	15	0
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	0	1
Mental Health	Total	178	3
	Safety Net	23	0
Practitioner - Non-Primary Care Provider (PCP)	Total	321	6
	Safety Net	18	1
Practitioner - Primary Care Provider (PCP)	Total	276	1
	Safety Net	25	1
Substance Abuse	Total	3	2
	Safety Net	2	2

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

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Figure 12: 3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only)) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	212	6
	Safety Net	27	4
Case Management / Health Home	Total	7	1
	Safety Net	3	1
Clinic	Total	16	4
	Safety Net	17	3
Community Based Organizations	Total	14	0
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	0	1
Mental Health	Total	142	0
	Safety Net	18	0
Practitioner - Non-Primary Care Provider (PCP)	Total	328	2
	Safety Net	15	0
Practitioner - Primary Care Provider (PCP)	Total	197	5
	Safety Net	20	4
Substance Abuse	Total	3	1
	Safety Net	2	1

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

Figure 13: 3.d.ii (Expansion of asthma home-based self-management program) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	208	2
	Safety Net	26	2
Case Management / Health Home	Total	7	0
	Safety Net	3	0
Clinic	Total	16	3
	Safety Net	17	2
Community Based Organizations	Total	15	0
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	191	0
	Safety Net	9	0
Practitioner - Primary Care Provider (PCP)	Total	250	2
	Safety Net	27	2
Substance Abuse	Total	0	1
	Safety Net	0	1

Data Source: NYU Lutheran DY2, Q2 PPS Quarterly Report

As the data in Figures 8 through 13 above indicate, the PPS has engaged network partners on a limited basis for each of the six projects highlighted. Of those projects, Project 3.d.ii was highlighted for the PPS failure to meet Patient Engagement targets, and Project 2.b.iii was highlighted for having milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. The combination of those risks and the lagging Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of these projects.

Of further concern is the limited engagement of PCPs across all of the projects highlighted in the tables above. The PPS has made significant commitments to engage PCPs across each project, up to 276 PCPs for project 3.a.i, yet has only indicated the engagement of no more than five PCPs for any project through the DY2, Q2 PPS Quarterly Report. For project 3.a.i, the PPS committed to engaging 178 Mental Health partners and 276 PCP partners to implement this significant project. However, through the DY2, Q2 PPS Quarterly Report, the PPS has only indicated engagement of three Mental Health partners and one PCP partner. This lack of partner engagement across projects presents a significant risk to the PPS' successful implementation of the DSRIP projects.

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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 provided that would indicate efforts by the PPS to address challenges related to project implementation efforts.

2.b.iii (ED care triage for at-risk populations): The PPS narrative does not explicitly indicate any challenges that speak to the fact that the Project Status reflects milestones as 'On Hold', nor does the narrative call out any Partner Engagement challenges. Instead, the narrative focuses on IT as the source of its challenges. Specifically, recognizing that interconnectivity is key to closing the coordination of care gap, there are IT infrastructure and timing limitations. The PPS also states that inconsistent funds flow to the PPS at the beginning of DY1 impacted the ability to launch resource intensive interventions. In neither of these cases does the PPS refer to challenges regarding impact to Project Status milestones or Partner Engagement.

3.d.ii (Expansion of asthma home-based self-management program): The PPS acknowledged challenges in engaging partners and patients in this project. One of the primary challenges identified by the PPS is the time needed to assess options and negotiate with vendors to determine how home visits would integrate into existing infrastructure. In terms of patient engagement, there is a general reluctance to home assessments from parents, particularly when it requires strangers entering their homes. Furthermore, there is cultural resistance to asthma diagnosis and the use of controller medications.

IV. Overall Project Assessment

Figure 14 below summarizes the IA's overall assessment of the project implementation efforts of NYU Lutheran 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 14: 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	X
2.b.ix.	Implementation of observational programs in hospitals			X
2.c.i.	Development of community-based health navigation services			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 (adults only) (Diabetes Care)			X
3.d.ii.	Expansion of asthma home-based self-management program	X		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 15: 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	3	There are multiple milestones on hold for this project, inclusive of milestones that are due by the end of DSRIP Year 2. The PPS also has partner engagement challenges.
2.b.ix.	Implementation of observational programs in hospitals	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.c.i.	Development of community-based health navigation 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.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 (adults only) (Diabetes Care)	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.ii.	Expansion of asthma home-based self-management program	3	The PPS has had patient and partner engagement challenges.

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

VI. IA Recommendations

The IA's review of the NYU Lutheran Medical Center (Brooklyn Bridges) 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 highlighted concerns related to the PPS' current efforts in engaging PPS network partners across multiple projects. While the limited Partner Engagement efforts have not translated to project implementation efforts falling behind schedule or to widespread Patient Engagement challenges, the PPS must take steps to address the limited Partner Engagement efforts on the projects highlighted in the IA's analysis in order to ensure it will be successful in reaching project milestones, performance metrics, and earning Achievement Values. Further, the limited partner engagement efforts, combined with the data indicating limited spending on PPS administrative functions would indicate that the PPS should review its current resources dedicated to the development of the PPS infrastructure. It will be important for the PPS to ensure that it establishes and maintains the necessary infrastructure to support project implementation efforts to ensure project implementation milestones, patient engagement targets, and DSRIP goals are met.

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

Community Based Organization Contracting

Recommendation 1: The IA recommends the PPS create a plan and commit resources for the engagement of CBOs in all areas the PPS articulated in its Community Engagement Plan.

Partner Engagement

Recommendation 1: The IA recommends that the PPS develop a strategy for ensuring partner engagement across all projects being implemented by the PPS.

B. Project Recommendations

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

Recommendation 1: As milestones due by the end of DSRIP Year 2 are currently 'On Hold' and there is a lag in partner engagement, the IA recommends the PPS create a plan to address those milestones which are 'On Hold' in order to commence implementation of those milestones. The PPS must also create a plan to engage the requisite partners needed to successfully implement the milestones.

Project 3.d.ii: Expansion of asthma home-based self-management program

Recommendation 1: The IA recommends the PPS develop an action plan to educate patients on the benefits of home-based asthma visits in order to engage patients in the project. The PPS must also create a plan to expedite the time needed to negotiate with vendors and integrate home visits into the infrastructure to engage partners in the project.