NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

The New York Presbyterian Queens PPS

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Prepared by the DSRIP Independent Assessor

The New York Presbyterian Queens PPS

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I. Introduction

The New York Presbyterian Queens (NYPQ) PPS serves Queens County. The Medicaid population attributed to this PPS for performance totals 29,627. The Medicaid population attributed to this PPS for valuation was 12,962. NYPQ was awarded a total valuation of $31,776,993 in available DSRIP Performance Funds over the five year DSRIP project.

NYPQ selected the following 9 projects from the DSRIP Toolkit:

Figure 1: The New York Presbyterian Queens DSRIP Project Selection

Project	Project Description
2.a.ii.	Increase certification of primary care practitioners with patient centered medical home (PCMH) certification and/or advanced primary care models (as developed under the NYS Health Innovation Plan (SHIP))
2.b.v.	Care transitions intervention for skilled nursing facility (SNF) residents
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
2.b.viii.	Hospital-home care collaboration solutions
3.a.i.	Integration of primary care and behavioral health services
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only) (cardiovascular health)
3.d.ii.	Expansion of Asthma Home-Based Self-Management Program
3.g.ii.	Integration of palliative care into nursing homes
4.c.ii.	Increase early access to, and retention in, HIV care

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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 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
Mental Health	*2.81*		2.94	2.85	2.56	2.75

[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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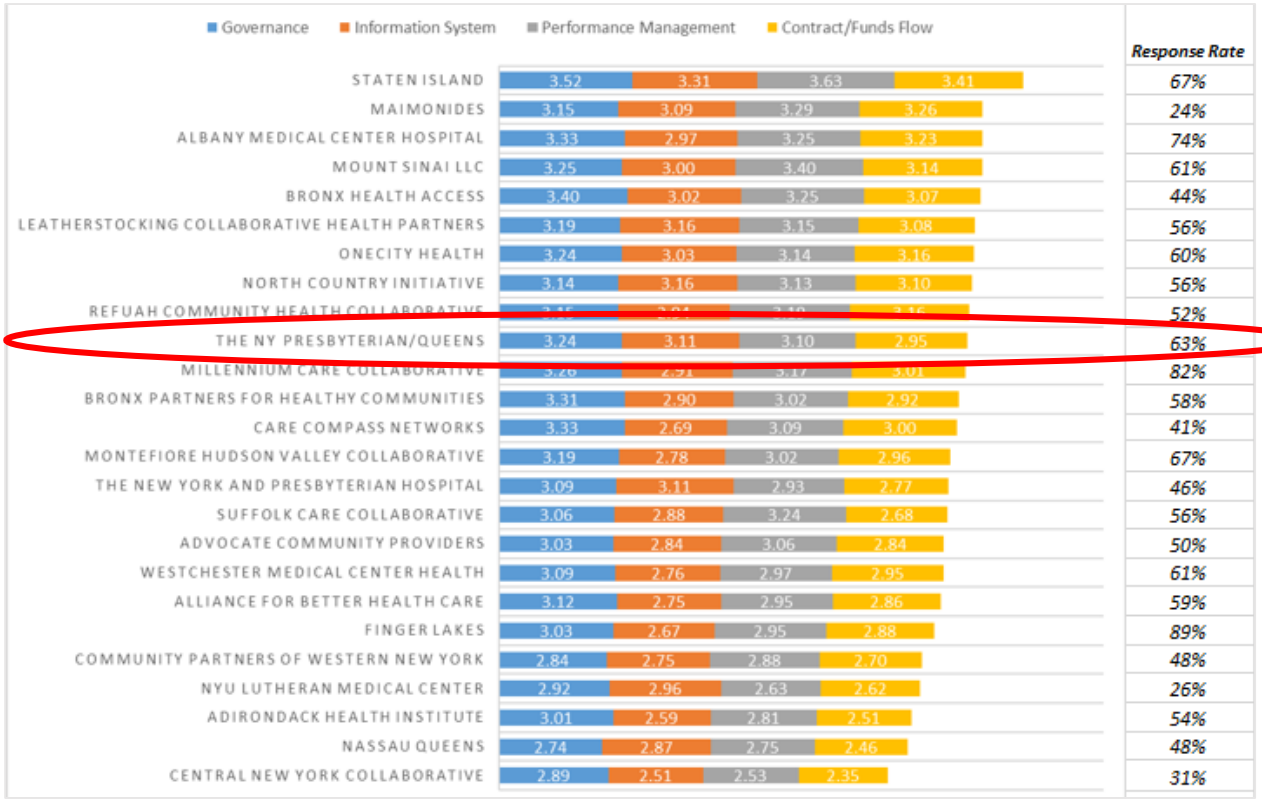
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner – PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

The New York Presbyterian Queens 360 Survey Results[2]

The NYPQ 360 survey sample included 32 participating network partner organizations identified in the PIT; 20 of those sampled (63%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The NYPQ aggregate 360 survey score ranked 10th 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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The New York Presbyterian Queens Survey Results by Partner Type

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 Mental Health and Practitioner – Primary Care Provider (PCP) survey results were high (4th and 5th out of 12), which was unusual compared to all PPS' (10th and 12th out of 12). The Hospice category was low, which was consistent with peer PPS' responses. Most negative answers were for the Contract/Funds Flow and the Performance Management questions.

Figure 4: The New York Presbyterian Queens 360 Survey Results by Partner Type[3]

PPS	Partner Type		Respondents over Total Surveyed
The New York-Presbyterian/ Queens	Practitioner - Non-Primary Care Provider (PCP)	3.61	2/4
	Hospital	3.50	2/2
	All Other	3.45	5/6
	Mental Health	3.25	2/4
	Practitioner - Primary Care Provider (PCP)	3.19	2/5
	Pharmacy	3.00	1/2
	Nursing Home	2.67	2/2
	Clinic	2.67	1/1
	Substance Abuse	2.45	2/2
	Hospice	1.75	1/2
	Case Management / Health Home	0.00	0/0
	Community Based Organization	0.00	0/2
Grand Total			20/32

Data Source: The New York Presbyterian Queens 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.

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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 NYPQ **earned all available Organizational AVs and earned eight of a possible eight Patient Engagement Speed AVs.**
- In DY1, Q4, NYPQ **earned all available Organizational AVs and earned eight of a possible eight Patient Engagement Speed AVs.** The PPS initially failed to earn the Workforce AV in DY1, Q4 for failing to document its spend of at least 80% of the committed Workforce Strategy Spending amount, however the PPS subsequently received the AV following a successful appeal.

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 meet 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

[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.

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

NYPQ representatives refer to the PPS as a "High Value Network" in that its focus is on value and not volume. Evident by being the smallest PPS, the IA and the PPS representatives spent much of their time during its on-site review discussing the unique relationships the PPS has with community based providers. Supported by data elements such as its Communication and Engagement Plan submitted to the IA with its DY1, Q4 report, this PPS is organized as a collaborative contracting model, with hundreds of partners and is responsible for the development of nine projects to be implemented over five years. It involves dozens of healthcare, mental health and community service providers in the region.

The PPS made it clear that although it has absorbed the New York Presbyterian name it maintains its autonomy in DSRIP. It is still a community hospital leveraging community relationships to further DSRIP goals. As indicated by its Organizational Chart submitted with the PPS DY1, Q3 report, the governance structure is integrated with partners from Long Term Care, Behavioral Health, Home Care, and a community member. This PPS is focused on the long term care population and focuses on solo practitioners. The PPS has expanded outside of the network to engage small practitioners (1-2 physicians per office). This PPS has the autonomy to flow funds back into the community and to date has flowed 35% of all money received back into the community.

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. 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 NYPQ had reported spending of $916,528 on administrative costs compared to an average spending 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

[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.

figures[6]. The IA found that NYPQ spends $30.94 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, NYPQ distributed $385,872.87 to the PPS PMO out of a total of $845,758.44 in funds distributed across the PPS network, accounting for 45.62% 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, Q4 PPS Quarterly Report, NYPQ submitted a Community Engagement Template which reflected the inclusion of Community Based Organizations engaged with the PPS. The PPS also submitted a CBO Contracting Plan to the IA with its DY1, Q3 report. The PPS CBO Contracting Plan reflects the engagement of the following CBOs and its relation to furthering DSRIP goals:

Community Based Organization	DSRIP Goal
Queens Coordinated Care Partners	Work with this Health Home to establish bottom up health home referrals and thus increase utilization of health home services
Elmcor Youth and Adult Activities, Inc.	Work with this OASAS provider to establish best practices for "warm transfer" for referrals to substance abuse facilities
Asthma Coalition of Queens - American Lung Association of the Northeast	Work with the CBO to educate the pediatric providers on best practices for home assessments for asthma

The PPS demonstrated that all three CBOs will be compensated for services rendered.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received $33,334.00 or 3.94% of funds distributed to date by the PPS.

<u>Cultural Competency and Health Literacy</u>

NYPQ's approach to Cultural Competency and Health Literacy (CCHL) was informed by its Community Needs Assessment (CNA). IN DY2, Q1 the PPS submitted its Workforce

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

Communication Training Strategy and in DY1, Q3 the PPS submitted its Cultural Competency and Health Literacy Strategy. Both documents reflect the PPS' approach to CCHL. The strategy articulates the PPS' top down approach to CCHL trainings by targeting providers within its network and focusing on creating a general culture of acceptance. The PPS has engaged Health Stream as its training vendor. The training teaches culturally competent care and how to speak to diverse patients. The PPS strategy to Culturally Competent education focuses on fostering a 'Culture of One', which leverages the National Quality Forum's patient-centered approach to cultural competency that respects that each individual patient's culture is unique and is a result of multiple social, cultural, and environmental factors. The framework avoids racial or ethnic stereotyping and focuses on the unique patient that is present for the interaction.

As a part of its submitted strategy, the PPS conducted a baseline survey of its partners to determine which of its partners already had CCHL training and whether the training met competencies. The survey of current training was used to inform an efficient and comprehensive training strategy. Per the PPS' CCHL Strategy, the PPS will include a pre- and post-competency test for the e-learning modules with Health Stream. However, the PPS has not articulated the measures used to assess the overall cultural and linguistic competency of the clinical providers in its network.

Within the governance structure of NYPQ, a CCHL committee has been formed, reporting to its PMO. The committee is comprised of PPS partners with expertise in patient experience, cultural competency, health literacy, and training. The committee is in the process of contracting with 1199TEF to provide expertise in the execution of the CC/HL strategy and training plan.

Financial Sustainability and Value Based Purchasing (VBP)

NYPQ created a Financial Sustainability Plan and Financial Sustainability Partner Assessment Policy which was submitted to the IA in DY1, Q4. The plan includes provisions to identify and assist financially fragile partners in order to identify partner risks which could translate to project risks based on the engagement of each partner. The PPS performed a baseline assessment of its partners' financial health in DY1. The PPS received a response from approximately 30% of the surveyed partners and it was found that two partners were financially stressed.

The Plan states that the Finance Committee will review all submitted financial information, identify risks and outline mitigation strategies specific to the partner or program need. Mitigation strategies could include potential funds flow opportunities, opportunities to identify additional grant or funding opportunities for partners, or a process of escalation to remove a partner from the network. During the on-site review the PPS revealed that one network partner was found to be financially distressed and the PPS will continue to monitor them for any changes.

NYPQ's Executive Leadership is partnering with New York Presbyterian Hospital PPS to align strategies and build an educational program focused on VBP conversion. The models will provide educational materials as well as financial modeling tools for partners in order to internally prepare for contract negotiations with managed care organizations.

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Fund Flow

Through DY2, Q2 PPS Quarterly Report, NYPQ's funds flow reporting indicates they have distributed 46.03% ($845,758.44) of the DSRIP funding it has earned ($1,837,485.41) to date. In comparison to other PPS, the distribution of 46.03% of the funds earned ranks 15th compared to all 25 PPS and falls below the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	$1,837,485.45		
Total Funds Earned (through DY1)	$1,837,485.45 (100.00% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$845,758.44 (46.03% of Earned Funds)		
Partner Type	**Funds Distributed**	**NYPQ (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$11,541.98	1.36%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$0.00	0.00%	0.73%
Hospital	$213,157.32	25.20%	30.41%
Clinic	$72,087.55	8.52%	7.54%
Case Management/Health Home	$0.00	0.00%	1.31%
Mental Health	$29,791.48	3.52%	2.43%
Substance Abuse	$0.00	0.00%	1.04%
Nursing Home	$60,675.00	7.17%	1.23%
Pharmacy	$0.00	0.00%	0.04%
Hospice	$1,974.00	0.23%	0.16%
Community Based Organizations[7]	$33,334.00	3.94%	2.30%
All Other	$14,865.24	1.76%	5.82%
Uncategorized	$22,459.00	2.66%	0.53%
Non-PIT Partners	$0.00	0.00%	0.58%
PMO	$385,872.87	45.62%	41.99%

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

In further reviewing NYPQ's funds flow distributions, it is notable that the distributions are heavily directed towards the Hospital and the PPS PMO with 70.82% of the funds being directed

[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.

to those two partner categories. While the PPS has distributed funds across many partner types, the distributions to PCP and Behavioral Health (Mental Health and Substance Abuse) partners has been limited. It will be important for the PPS to increase its distributions to these key partners to ensure their continued engagement in the successful implementation of the DSRIP projects.

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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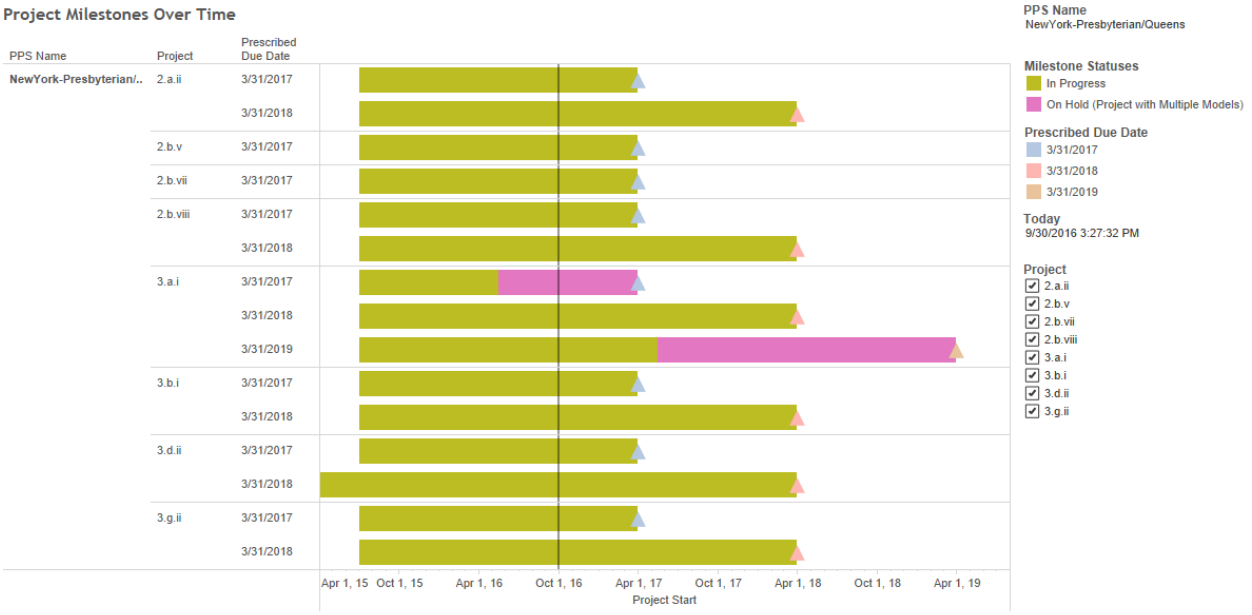
PPS Project Milestone Status

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 NYPQ'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: The New York Presbyterian Queens Project Milestone Status (through DY2, Q2)[8]



Data Source: The New York Presbyterian Queens DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified Project 3.a.i as the only project potentially at risk due to the current status. This project 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.

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 3 for this project. Therefore, for the models the PPS is pursuing, there is no risk of project implementation at this time.

[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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Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed NYPQ's 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. Figures 7 and 8 below highlight those projects where NYPQ has missed the patient Engagement target for at least one quarter.

Figure 7: Project 3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only) (cardiovascular health)) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	363	561	154.55%
DY1, Q4	908	3,756	413.66%
DY2, Q2[9]	817	565	69.16%

Data Source: The New York Presbyterian Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 8: Project 3.d.ii (Expansion of Asthma Home-Based Self-Management Program) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	130	318	244.62%
DY1, Q4	259	342	132.05%
DY2, Q2[10]	173	60	34.68%

Data Source: The New York Presbyterian Queens PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

For both project 3.b.i and 3.d.ii, the failure to meet Patient Engagement targets presents a concern as it is clear that the PPS was actively engaging patients in DY1, however the PPS has engaged a significantly lower percentage of committed patients in DY2, Q2. This data point alone does not indicate significant risks to the successful implementation of the projects but is worth monitoring for the PPS.

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.

[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.

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/Export 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.

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

As discussed above, the data supports the PPS as being on track toward project completion and partner engagements. While the IA identified decreasing patient engagement figures for projects 3.b.i. and 3.d.ii., these data elements do not alone present a concern.

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IV. Overall Project Assessment

Figure 9 below summarizes the IA's overall assessment of the project implementation efforts of NYPQ 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 9: Overall Project Assessment

Project	Project Description	Patient Engagement	Project Milestone Status	Partner Engagement
2.a.ii.	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models			
2.b.v.	Care transitions intervention for skilled nursing facility (SNF) residents			
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)			
2.b.viii.	Hospital-Home Care Collaboration Solutions			
3.a.i.	Integration of primary care and behavioral health services			
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health)	X		
3.d.ii.	Expansion of Asthma Home-Based Self-Management Program	X		
3.g.ii.	Integration of palliative care into nursing homes			

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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 10: Project Risk Scores

Project	Project Description	Risk Score	Reasoning
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
2.b.v	Care transitions intervention for skilled nursing facility (SNF) residents	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
2.b.viii	Hospital-Home Care Collaboration Solutions	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
3.a.i	Integration of primary care and behavioral health services	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
3.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only) (Cardiovascular Health)	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	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.g.ii	Integration of palliative care into nursing homes	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 New York Presbyterian Queens 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. The IAs review did not return any significant organizational or project implementation challenges. As NYPQ is one of the smallest PPS, it will be imperative that the PPS continue to work with its key partners throughout its service area to ensure continued success in its DSRIP implementation efforts.

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

The IA does not have any organizational recommendations for the PPS at this time.

B. Project Specific Recommendations

As the data does not support an elevated risk of the progress of any project, the IA does not have any recommendations specific to projects.