NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Staten Island PPS

November 2016

www.health.ny.gov

Prepared by the DSRIP Independent Assessor

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I. Introduction

Staten Island PPS (SIPPS) serves Richmond County. The Medicaid population attributed to this PPS for performance totals 76,295. The Medicaid population attributed to this PPS for valuation was 180,268. Staten Island was awarded a total valuation of $217,087,986 in available DSRIP Performance Funds over the five year DSRIP project.

Staten Island selected the following 11 projects from the DSRIP Toolkit:

Figure 1: Staten Island DSRIP Project Selection

Project	Project Description
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
2.b.viii.	Hospital-home care collaboration solutions
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.iv.	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care)
3.g.ii.	Integration of palliative care into nursing homes
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 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 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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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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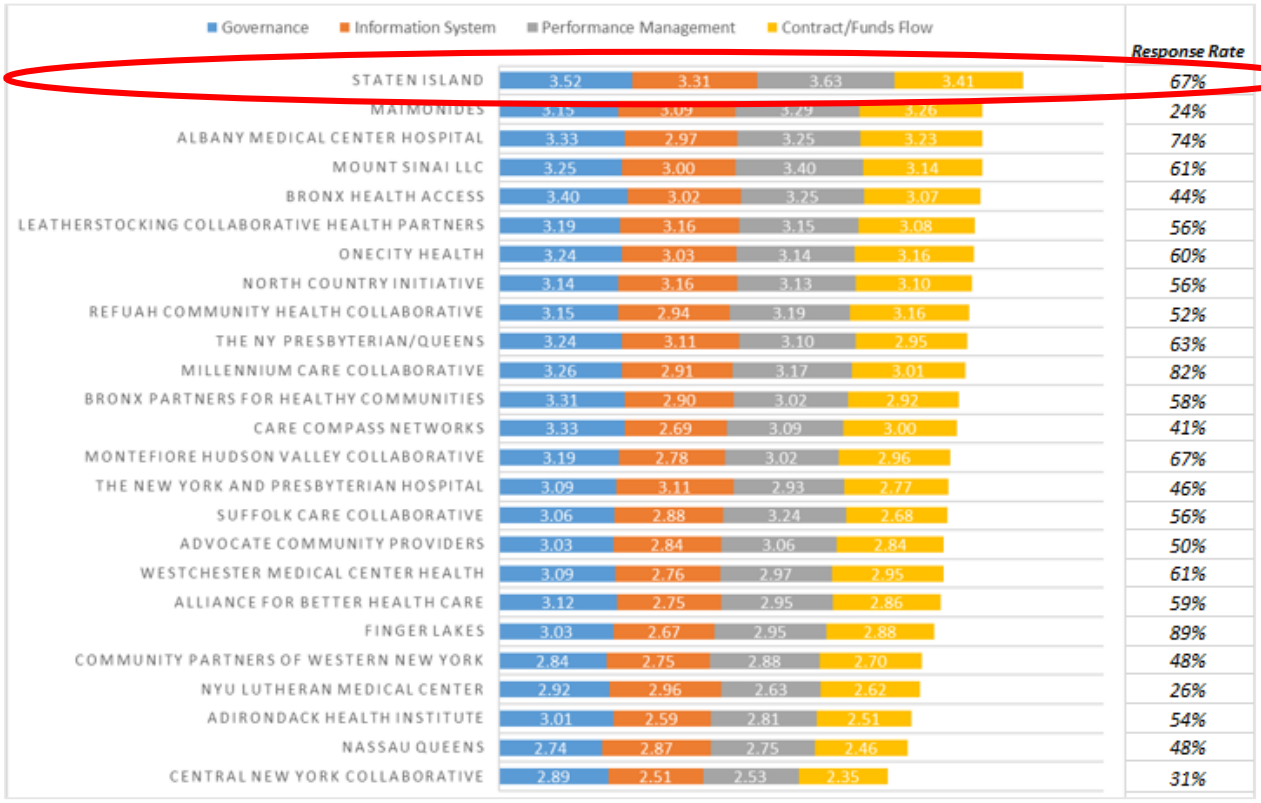
Staten Island 360 Survey Results[2]

The Staten Island 360 survey sample included 27 participating network partner organizations identified in the PIT; 18 of those sampled (67%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The Staten Island aggregate 360 survey score ranked 1st out of 25 PPSs (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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Staten Island 360 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 Hospice survey result was high (5th out of 12), which was unusual compared to all PPS (11th out 12). The Practitioner – Primary Care Provider (PCP) category was also low, which was consistent with peer PPS responses. Most negative answers were for the Contract / Funds Flow and the Performance Management questions.

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

PPS	Partner Type		Respondents over Total Surveyed
Staten Island	Clinic	4.00	1/1
	Hospital	3.81	3/3
	Case Management / Health Home	3.75	1/4
	Nursing Home	3.61	3/3
	Hospice	3.50	1/1
	All Other	3.42	3/7
	Substance Abuse	3.17	3/4
	Community Based Organization	3.04	2/3
	Practitioner - Primary Care Provider (PCP)	3.00	1/1
	Mental Health	0.00	0/0
	Pharmacy	0.00	0/0
	Practitioner - Non-Primary Care Provider (PCP)	0.00	0/0
Grand Total			18/27

Data Source: Staten Island 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, Q1 and Q2, Staten Island **earned all available Organizational AVs and eight of a possible nine Patient Engagement Speed AVs.**
- In DY1, Q4, Staten Island **earned all available Organizational AVs and nine of a possible nine 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

[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.

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

Richmond University Medical Center and Staten Island University Hospital comprise Staten Island PPS, LLC. The PPS has an overarching Steering Committee and a Project Advisory Committee (PAC) made up of representatives from its 70 network partners. The Project Management Office has oversight of all projects and the Governance Committees: Workforce, Finance, Data/IT, Clinical, Communication & Marketing, Diversity & Inclusion, and Compliance, all have responsibility to their related areas for governance and DSRIP projects.

The network of partners is appointed by the Board of Managers for each of the aforementioned committees. There are multiple sub-committees and workgroups that also serve as platforms for innovation, planning, and execution of project activities.

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 Staten Island had reported spending of $5,374,594.00 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 SIPPS spends $70.44 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, Staten Island distributed $5,486,063.00 to the PPS PMO out of a total of $15,818,914.50 in funds distributed across the PPS network, accounting for 34.68% 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.

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

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

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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, Staten Island included a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. The IA found that the PPS has contracted with the CBOs its has indicated it would engage to support project implementation efforts.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received 1.05% or $166,531.00 of funds distributed to date by the PPS. It will be important for Staten Island to continue the funding distributed to their CBO partners to support their engagement in the implementation of DSRIP projects.

Cultural Competency and Health Literacy

Staten Island's approach to Cultural Competency and Health Literacy (CCHL) was informed by its Community Needs Assessment (CNA). The PPS has leveraged publicly available statistics and hot spot assessments to establish specific community needs and determine disparities by race, ethnicity, and geography. Additionally, the PPS has developed assessment tools and surveys as part of its discovery and effort to focus trainings and resources in areas with the highest needs.

The PPS reported that it has a strong presence of CBOs within its subcommittees and workgroups. The workgroups employed by the PPS have identified tools such as LEARN Network to assist with CCHL trainings. The PPS has established Universal Health Literacy Precautions and Plain Language Guidelines as part of its health education and training strategy.

The PPS' CCHL Training Strategy was approved by the Diversity and Inclusion Committee and approved by the SIPPS Board. The PPS requires certain mandated courses be attended by all PPS employees and that others will be more specific to clinicians. All partner sites have been engaged in developing training needs and gaps. It is noteworthy that the PPS' cultural competency training is focused on local cultures and traditions. By incorporating "Site Champions" training from a diverse CBO network, PPS partners have become more sensitized to the specific needs of the population they serve.

Training also includes a strategy to engage community members in the PPS' health literary efforts. The goal of this program is to improve health outcomes by implementing a community centric approach to health literacy. The training known as SI PPS Healthy Partnerships: Health Literacy Program, is education that is community-wide and population focused.

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Partners such as 1199 and contracted interpreters, along with the PPS' technology developments, have enabled the PPS to execute a comprehensive plan and develop methods to routinely re-evaluate the impact of its CCHL efforts.

Financial Sustainability and Value Based Purchasing (VBP)

Staten Island's Finance Committee is tasked with oversight of several areas related to finance, including auditing and reporting and compliance and distribution of funds. One major area of responsibility for this committee is to assess the fragility status of its partners.

The PPS conducted a baseline assessment of its partners during DY1, Q4, with 55 partners responding. Six of those partners were deemed as financially fragile, with days of cash on hand being the most significant factor. Partners identified as financially fragile are required to submit quarterly updates to Staten Island for review. Staten Island's plan for assistance to fragile partners includes working with the partners to conduct individual follow-up and gain more insight to the related causes of their financial status. The PPS will also assist with remediating any financial performance issues. As part of Staten Island's policy, all partners are required to submit financial results through the survey tool on an annual basis.

In documentation submitted with quarterly reports, the PPS outlines a plan to achieve 80% Value-Based Purchasing (VBP) across the network by year five of DSRIP. Partner education and training is in being implemented via online modules. During the on-site the PPS shared its training handbook entitled Value-based Payment: The Transition. The handbook was designed to support trainers in the implementation of the online interactive VBP course.

Funds Flow

Through the DY2, Q2 PPS Quarterly Report, Staten Island funds flow reporting indicates they have distributed 47.90% ($15,818,914.50) of the DSRIP funding it has earned $33,012,929.35 to date. In comparison to other PPS, the distribution of 47.90% of the funds earned ranks 14th among the 25 PPS and falls below the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	$33,087,178.06		
Total Funds Earned (through DY1)	$33,012,929.35 (99.80% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$15,818,914.50 (47.90% of Earned Funds)		
Partner Type	**Funds Distributed**	**SIPPS (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$515,678.00	3.26%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$350,969.00	2.22%	0.73%
Hospital	$4,314,461.00	27.27%	30.41%
Clinic	$231,379.00	1.46%	7.54%
Case Management/Health Home	$876,563.00	5.54%	1.31%
Mental Health	$150,192.00	0.95%	2.43%
Substance Abuse	$629,620.50	3.98%	1.04%
Nursing Home	$2,080,000.00	13.15%	1.23%
Pharmacy	$0.00	0.00%	0.04%
Hospice	$0.00	0.00%	0.16%
Community Based Organizations[7]	$166,531.00	1.05%	2.30%
All Other	$778,311.00	4.92%	5.82%
Uncategorized	$0.00	0.00%	0.53%
Non-PIT Partners	$239,147.00	1.51%	0.58%
PMO	$5,486,063.00	34.68%	41.99%

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

In further reviewing the Staten Island funds flow distributions, it is notable that the distributions are heavily directed towards the PPS PMO, Hospital and Nursing Home partners, with over 75.10% of the funds being directed to those three partner categories. While the PPS has distributed funds to most partner categories, the amount of funds distributed to Mental Health partners is relatively lower in comparison to other provider categories to the state-wide average. It will be important that these key partners remain engaged to ensure the successful implementation of the DSRIP projects.

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

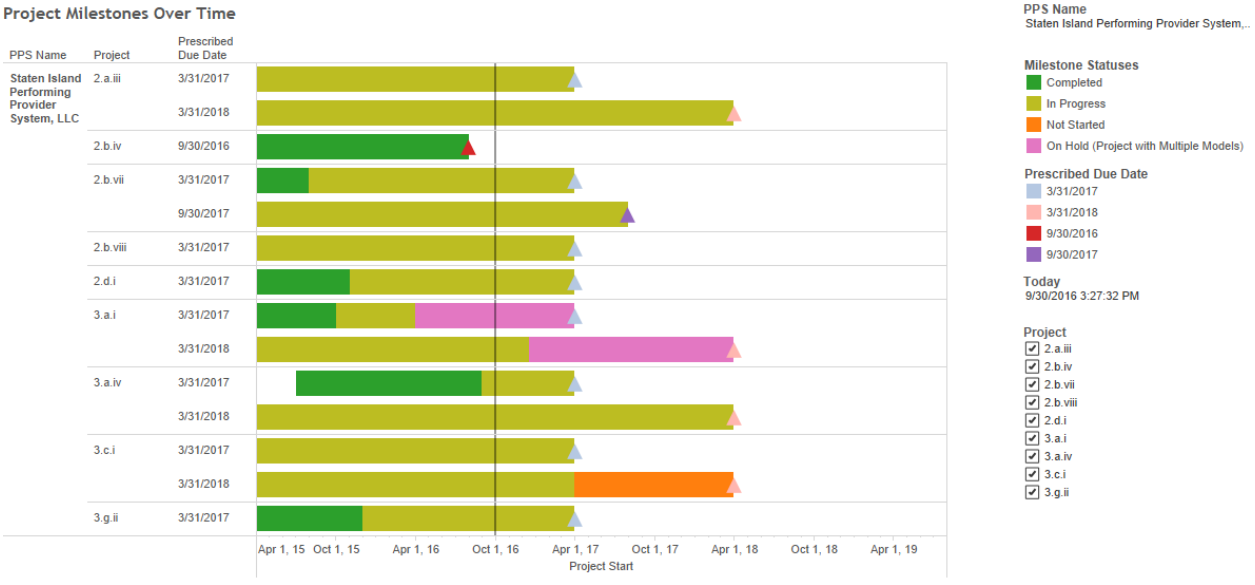
B. Project Assessment

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

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 SIPPS' 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: Staten Island Project Milestone Status (through DY2, Q2)[8]



Data Source: Staten Island DY2, Q2 PPS Quarterly Report

[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.

Based on the data in figure 6 above, the IA identified one project at risk due to the current status of project implementation efforts; project 3.a.i has milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such is at risk of losing a portion of the Project Implementation Speed AV for this project.

However, further assessment of the PPS project implementation status for project 3.a.i. indicates that all 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 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 Staten Island'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. Figure 7 below highlights those projects where Staten Island has missed the patient Engagement target for at least one quarter.

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

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	250	132	52.80%
DY1, Q4	750	605	80.67%
DY2, Q2[9]	1,500	1,167	77.80%

Data Source: Staten Island PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

For project 2.a.iii, the failure to meet Patient Engagement targets presents a concern however, this data point alone does not indicate significant risks to the successful implementation of the 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.

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

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

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

As part of this effort, the IA reviewed all projects with a specific focus on those projects that were identified as potential risks due to Project Milestone Status and/or Patient Engagement performance. Figure 8 illustrates 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 table 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: Project 2.b.viii (Hospital -Home Care Collaboration Solutions) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	7
	Safety Net	5	5
Hospital	Total	0	3
	Safety Net	1	3
Mental Health	Total	0	0
	Safety Net	9	0
Nursing Home	Total	0	0
	Safety Net	9	0
Pharmacy	Total	0	0
	Safety Net	1	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	13	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	10	0
Substance Abuse	Total	0	0
	Safety Net	10	0

Data Source: Staten Island DY2, Q2 PPS Quarterly Report

As the data in figure 8 above indicates, the PPS has engaged network partners on a limited basis for the project highlighted. While the limited partner engagement for project 2.b.viii presents a concern, this data point alone does not indicate a risk for the successful implementation of this project.

PPS Narratives for Projects at Risk

For those projects that have been identified through the analysis of Project Milestone Status, Patient Engagement AVs and Partner Engagement, the IA also reviewed the PPS narratives to determine if the PPS provided any additional details provided by the PPS that would indicate efforts by the PPS to address challenges related to project implementation efforts.

Based on the IA's review of the project implementation efforts of Staten island, the IA did not identify any projects as being at risk for successful implementation.

IV. Overall Project Assessment

Figure 9 below summarizes the IA's overall assessment of the project implementation efforts of SIPPS 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.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	X		
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)			
2.b.viii.	Hospital-home care collaboration solutions			X
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.iv.	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services)			

	capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs			
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care)			
3.g.ii.	Integration of palliative care into nursing homes			

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.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	2	This is a low risk score indicating the project is more than likely to meet intended goals but has challenges related to Patient Engagement to overcome.
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
2.b.viii.	Hospital-home care collaboration solutions	2	This is a low risk score indicating the project is more than likely to meet intended goals but has challenges related to Partner Engagement to overcome.
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	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
3.a.i.	Integration of primary care and behavioral health services	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.

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3.a.iv.	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults only) (Diabetes Care)	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
3.g.ii.	Integration of palliative care into nursing homes	1	This is the lowest risk score indicating the project is on track and 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 Staten Island 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. SIPPS has achieved all of the organizational and project milestones to date in DSRIP. The PPS had demonstrated that it has established the organizational infrastructure necessary to support the successful implementation of DSRIP.

The IA did identify two projects where the PPS' reported Partner Engagement was limited relative to the commitments made by the PPS in the DSRIP Project Plan Application, however this data alone does not indicate an elevated level of risk for these projects.

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 specific organizational recommendations at this time.

B. Project Recommendations

Following a review of the Patient Engagement, Milestone Status, and Partner Engagement metrics for this PPS, the IA has determined that no projects are currently at risk. Therefore, the IA does not have any specific project recommendations at this time.