NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

Care Compass Network

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Prepared by the DSRIP Independent Assessor

Care Compass Network

Contents

Care Compass Network

I. Introduction

Care Compass Network PPS, led by the newco company Care Compass Network, () serves nine counties in the Southern Tier of New York: Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, and Tompkins. The Medicaid population attributed to this PPS for performance totals 102,386. The Medicaid population attributed to this PPS for valuation was 186,101. Care Compass Network was awarded a total valuation of $224,540,275 in available DSRIP Performance Funds over the five year DSRIP project.

Care Compass selected the following 11 projects from the DSRIP Toolkit:

Figure 1: Care Compass 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.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.c.i.	Development of community-based health navigation services
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate the uninsured and low/non-utilizing Medicaid populations into community based care
3.a.i.	Integration of primary care and behavioral health services
3.a.ii.	Behavioral Health community crisis stabilization services
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)
3.g.i.	Integration of palliative care into the PCMH model
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

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

[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.

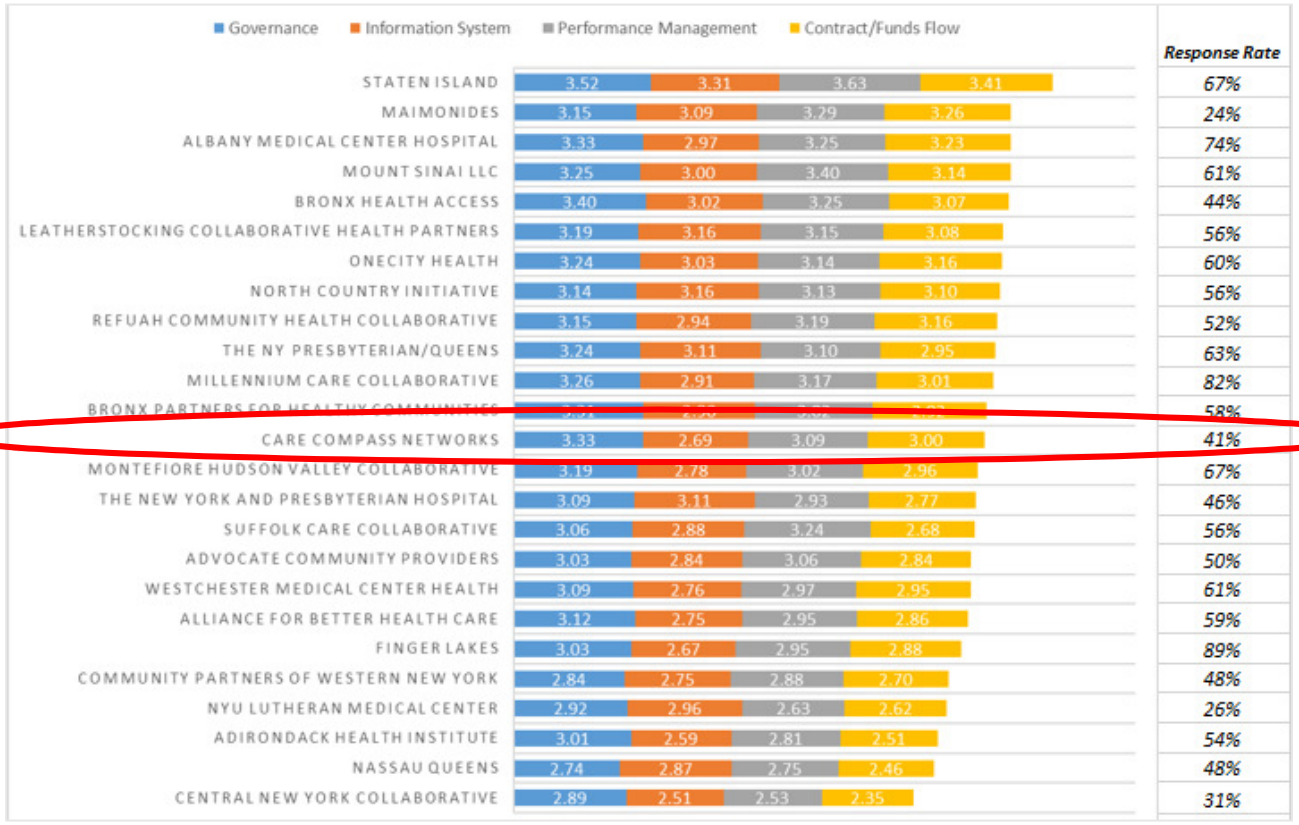
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner – PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

Care Compass 360 Survey Results[2]

The Care Compass 360 survey sample included 27 participating network partner organizations identified in the PIT; 11 of those sampled (41%) returned a completed survey. This response rate was relatively lower than the average across all PPS (52% completed). The Care Compass aggregate 360 survey score ranked 13th 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 Survey data and comments can be found in the "Appendix 360 Survey."

Care Compass Network

Care Compass 360 Survey Response by Partner Type

The Care Compass 360 survey response by partner category was analyzed to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Pharmacy survey result was high (1st out of 12) compared to all PPS' (8th out 12). The partner type with the most negative responses was Substance Abuse, underperforming the PPS average by 25%.

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

PPS	Partner Type		Respondents over Total Surveyed
Care Compass Network	Pharmacy	3.33	1/2
	Clinic	3.27	1/2
	Mental Health	3.11	3/4
	All Other	3.08	3/5
	Nursing Home	3.00	1/2
	Practitioner - Primary Care Provider (PCP)	2.92	1/2
	Substance Abuse	2.33	1/3
	Case Manager / Health Home	0.00	0/2
	Community Based Organization	0.00	0/2
	Hospice	0.00	0/1
	Hospital	0.00	0/1
	Practitioner - Non-Primary Care Provider (PCP)	0.00	0/1
Grand Total			11/27

Data Source: Care Compass 360 Survey Results

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

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

III. Independent Assessor Analysis

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

- In DY1, Q2, **Care Compass Network PPS earned all available Organizational AVs and earned zero of a possible four Patient Engagement Speed AVs.**
- In DY1, Q4, **Care Compass Network PPS earned all available Organizational AVs and earned one of a possible eight Patient Engagement Speed AVs.**

The IA notes that the PPS attainment of patient engagement speed is an area of concern, as the PPS was only able to successfully meet its targets for one of a possible 12 AVs in DSRIP Year 1.

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

[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.

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

PPS Governance

The PPS Governance structure includes a Board of Directors that includes representation from each of the five health systems, one FQHC, the chairs of their committees, and five Community Based Organization representatives. Reporting to the Board of Directors is the Project Advisory Committee (PAC). The Board of Directors is supported by various committees including Finance, Clinical, IT and Data, Compliance and Audit, and a Nominating Committee. The Care Compass Network PPS has stated that they have complex geographic challenges that resulted in the formation of 4 Regional Performing Units (RPUs), which conduct operating meetings, and is designed to allow for more efficient execution of DSRIP projects at the local level.

The Clinical Governance Committee has 4 subcommittees, including representation from each RPU, and over 130 active participants. Of the 4 RPUs the PPS stated that 3 areas are comprised of physicians that are affiliated more closely with their area hospitals, while the northern region is comprised of more independent practitioners.

The PPS draws on local subject matter experts to drive the leadership of the RPUs and assist in the development of project implementation. These services are compensated depending on the level of effort, and these experts are drawn from Community Based Organizations as well as other partners.

During the IA On-site visit, it was noted that the staff leading the Project Management Office are full time staff of the PPS who are supported by Subject Matter Experts drawn from various partners within the PPS. The Subject Matter Experts have responsibilities at both the partner organization as well as the PPS.

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 Care Compass had reported spending of $3,896,991.00 on administrative costs compared to an average spend of

$3,684,862.24 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 Care Compass spends $38.06 per attributed life on administrative costs compared to a statewide average spend of $23.93 per attributed life on administrative costs.

Looking further at the PPS fund distributions to the PPS PMO, Care Compass distributed $2,625,167.00 to the PPS PMO out of a total of $2,804,647.00 in funds distributed across the PPS network, accounting for 93.60% 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.

Both data points would indicate that Care Compass has dedicated amounts slightly above the statewide average to administrative costs and the PPS PMO. This level of spending is important to create and maintain the infrastructure necessary to support the successful implementation of the DSRIP plan for Care Compass.

Community Based Organization Contracting

Through DY2, Q2, Care Compass Network PPS has provided a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. Reported in the Quarterly Reports, this list indicated that the PPS had contracted with several, but not all, CBOs, and that it intends to contract and compensate all of its CBOs. During the onsite, the PPS stated it had contracted with 43 non-hospital CBOs, and made a commitment to compensate CBOs $2.3 Million through March 2017 for DSRIP projects. The IA notes that the PPS had a representative from a CBO, who was actively participating with Care Compass, present during the on-site, and was able to provide a positive view of the interaction between her organization and the PPS.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received $21,257.50 or 0.76% of funds distributed to date by the PPS. While the PPS indicated that it would be contracting with and compensating the CBOs with which it contracts, the funds flow data indicates these efforts have been limited, to date. 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 Care Compass Network PPS approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA). Additionally, the PPS states an intent to use census and other publicly available data, as well as a Nathan Kline Institute (NKI)

[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.

Cultural Competency Assessment Scale (CCAS). Altogether, this approach is intended to baseline its CCHL and measure, monitor, and manage CCHL for the duration of DSRIP. They intend to conduct the CCAS annually.

The PPS has developed a training strategy for staff, as well Community Based Organizations, published in June 2016, that describes the content, metrics, and phases of its roll out. While the PPS has developed a training strategy, the PPS appears to have taken limited steps toward the implementation of this strategy.

Furthermore, it is not clear the extent to which it will be measuring how it is engaging Medicaid members as part of it CCHL strategy.

Financial Sustainability and Value Based Purchasing (VBP)

The Finance Committee created an overall assessment of its partners to identify organization of potentially financially fragile partners. The PPS submitted their "Financial Sustainability Network Assessment/Strategy" in DY1, Q4. As part of this strategy they conducted a survey to its partners based on organizations serving Medicaid members. The PPS stated its intent to conduct this assessment on an annual basis and expect to include more partners. To date, the PPS has not identified any financially fragile partners.

In the event a partner is determined to be fragile, the Care Compass PPS Finance Director will offer assistance to include encouraging the partner to apply for "innovation funds" or "provider transformation funds." The PPS has created an "Innovation Fund" to which it has allocated $7 Million over the life of DSRIP, as part of a competitive RFP amongst partners.

The PPS has hired a consultant to assist with strategic planning around the Value Based Purchasing (VBP) initiative. The PPS provided education to its RPUs and at its PAC meeting in late 2015. Additionally, they conducted a payer forum with United Healthcare in August 2016, to discuss the VBP initiative with over 30 organizations. As a PPS, they plan to act as a coordinator and facilitator of VBP arrangements between partners and MCOs.

The PPS noted in their Mid-Point Assessment narrative that they have developed a VBP readiness self-assessment that was distributed to 40 organizations. The PPS received responses from 25 of the 40 organizations and the responses were compiled to develop a VBP baseline that was shared with providers, the VBP Sub-Committee, Finance Committee, PAC, and Coordinating Council. The PPS indicated this information was used to drive the PPS decision to serve as a coordinator and facilitator of VBP efforts and that a plan towards meeting VBP goals was being developed.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, Care Compass's funds flow reporting indicates they have distributed 8.43% ($2,804,647.00) of the DSRIP funding it has earned ($33,258,037.14) to date. In comparison to other PPS, the distribution of 8.43% of the funds earned ranks 25th and places Care Compass last compared to the statewide average of 56.20%.

Care Compass Network

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

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

Total Funds Available (DY1)	**$33,825,792.21**		
Total Funds Earned (through DY1)	**$33,258,037.14 (98.32% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$2,804,647.00 (8.43% of Earned Funds)**		
Partner Type	**Funds Distributed**	**Care Compass (% 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	$10,830.00	0.39%	30.41%
Clinic	$5,255.00	0.19%	7.54%
Case Management/Health Home	$0.00	0.00%	1.31%
Mental Health	$4,397.50	0.16%	2.43%
Substance Abuse	$6,730.00	0.24%	1.04%
Nursing Home	$17,265.00	0.62%	1.23%
Pharmacy	$3,160.00	0.11%	0.04%
Hospice	$0.00	0.00%	0.16%
Community Based Organizations[7]	$21,257.50	0.76%	2.30%
All Other	$9,345.00	0.33%	5.82%
Uncategorized	$101,240.00	3.61%	0.53%
Non-PIT Partners	$0.00	0.00%	0.58%
PMO	$2,625,167.00	93.60%	41.99%

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

In further reviewing the Care Compass funds flow distributions, it is notable that the little distributions it has made are heavily directed towards the PPS PMO, with 93.6% of the funds being directed to this one partner category. While the PPS has distributed funds to most partner categories, the funding distributions have been limited relative to the total funding earned by the PPS. Further, the lack of distribution of funds to PCP partners is an area the PPS could improve

[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.

upon in future funding distributions. It will be important that these key partners remain engaged to ensure the successful implementation of the DSRIP projects.

Primary Care Plans

The IA reviewed the executive summaries of the Primary Care Plan submitted by DOH during the public comment period. The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. The IA agrees with the assessment that the Primary Care Plan lacks specificity and focus on the primary care strategy of the PPS. The plan indicates that primary care strategies are left to the RPUs and health system partners within the PPS but does not indicate the role of the PPS in monitoring or overseeing these strategies. The IA further agrees with the assessment that the Primary Care Plan does not indicate progress on the implementation of primary care strategies beyond those noted for the MAX action sites.

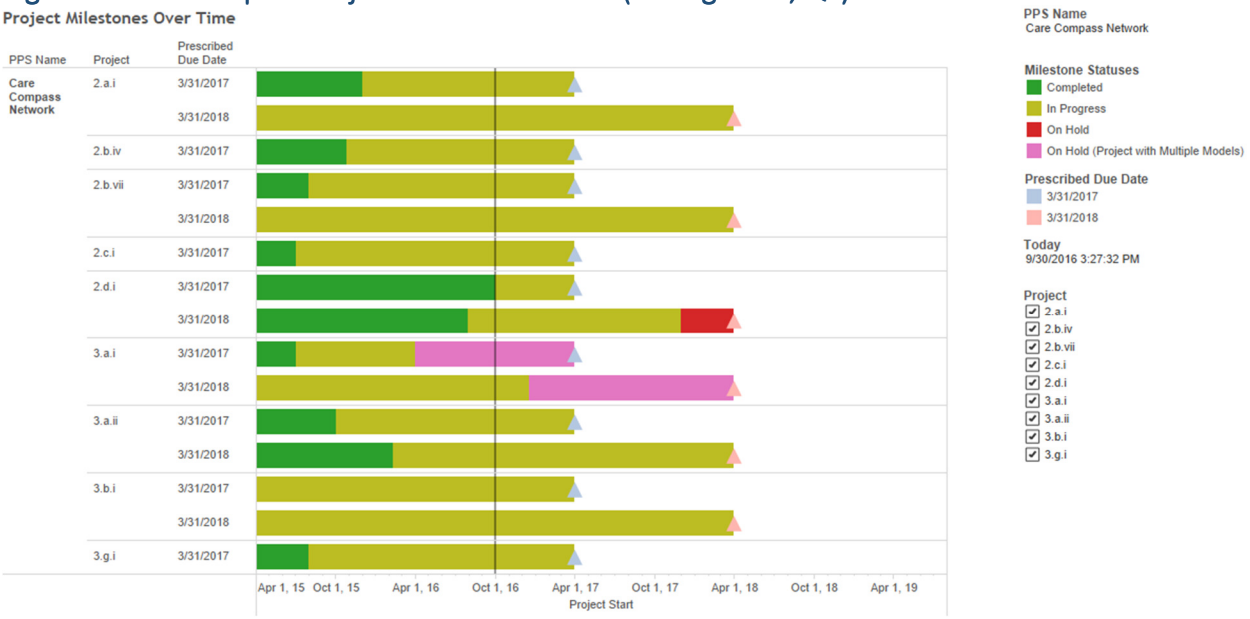
B. Project Assessment

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



Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified one project that is 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 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 3.a.i, there are additional risks associated with milestones with a DY3, Q4 required completion date. For this project, the PPS has multiple milestones that have a status of 'On Hold'.

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

[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.

Model 3 for this project. Therefore, for the models the PPS is pursing, 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 Care Compass's performance in meeting the Patient Engagement targets through the PPS Quarterly Reports of DY2, Q2. The IA identified eight projects where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figures 7 through 14 below highlight those projects where Care Compass has missed the patient Engagement target for at least one quarter.

Figure 7: 2.b.iv. (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	1,530	0	0.00%
DY1, Q4	3,773	0	0.00%
DY2, Q2	2,550	263	10.31%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 8: 2.b.vii (Implementing the INTERACT project (inpatient transfer avoidance program for SNF)) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	68	0	0.00%
DY1, Q4	171	240	140.35%
DY2, Q2	137	406	296.35%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 9: 2.c.i. (Development of community-based health navigation services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	5,700	0	0.00%
DY2, Q2	6,413	393	6.13%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 10: 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) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	3,240	0	0.00%
DY2, Q2	7,560	534	7.06%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

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

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	6,860	0	0.00%
DY2, Q2	13,500	555	4.11%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 12: 3.a.ii. (Behavioral Health community crisis stabilization services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	144	0	0.00%
DY1, Q4	288	0	0.00%
DY2, Q2	432	31	7.18%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 13: 3.b.i. (Evidence-based strategies for disease management in high risk/affected populations (adult only)) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	620	0	0.00%
DY2, Q2	621	0	0.00%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

Figure 14: 3.g.i. (Integration of palliative care into the PCMH model) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	29	0	0.00%
DY1, Q4	238	0	0.00%
DY2, Q2	166	0	0.00%

Data Source: Care Compass PPS Quarterly Reports (DY1, Q2 – DY2, Q2)

While the PPS has made progress in reporting Patient Engagement figures for six of the eight projects, the reported figures on five of those six projects still fall well below the necessary 80% to earn the AV for Patient Engagement. Additionally, for projects 3.b.i. and 3.g.i., the PPS continues to report no Patient Engagement through DY2, Q2. While the PPS indicated during the on-site visit with the IA that Patient Engagement in DY1 was not reported due to contract execution processes with the network partners, the continued limited Patient Engagement efforts raises a concern for the PPS ability to meet the DSRIP goals going forward.

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 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 16 through 21 illustrate the level of partner engagement against the Speed & Scale commitments for projects 2.a.i., 2.b.iv., 2.d.i., 3.a.i., 3.b.i., and 3.g.i. based on the PPS reported partner engagement efforts in the DY2, Q2 PPS Quarterly Report.

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.

Care Compass Network

Figure 15: Project 2.a.i (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	375	15
	Safety Net	95	8
Case Management / Health Home	Total	12	2
	Safety Net	7	2
Clinic	Total	23	6
	Safety Net	24	6
Community Based Organizations	Total	26	3
	Safety Net	0	0
Hospice	Total	4	2
	Safety Net	0	1
Hospital	Total	7	4
	Safety Net	7	4
Mental Health	Total	63	4
	Safety Net	28	4
Nursing Home	Total	20	2
	Safety Net	18	2
Pharmacy	Total	0	3
	Safety Net	0	2
Practitioner - Non-Primary Care Provider (PCP)	Total	479	0
	Safety Net	43	0
Practitioner - Primary Care Provider (PCP)	Total	285	2
	Safety Net	48	0
Substance Abuse	Total	14	1
	Safety Net	13	1
Uncategorized	Total	0	1
	Safety Net	0	0

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Figure 16: Project 2.b.iv (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	95	15
	Safety Net	95	11
Case Management / Health Home	Total	7	4
	Safety Net	7	4
Clinic	Total	0	3
	Safety Net	0	3
Community Based Organizations	Total	0	4
	Safety Net	0	0
Hospice	Total	0	2
	Safety Net	0	1
Hospital	Total	5	6
	Safety Net	7	6
Mental Health	Total	0	7
	Safety Net	0	7
Nursing Home	Total	0	1
	Safety Net	0	1
Pharmacy	Total	0	3
	Safety Net	0	2
Practitioner - Non-Primary Care Provider (PCP)	Total	66	0
	Safety Net	43	0
Practitioner - Primary Care Provider (PCP)	Total	58	0
	Safety Net	48	0
Uncategorized	Total	0	8
	Safety Net	0	1

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Care Compass Network

Figure 17: 2.d.i (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	22
	Safety Net	95	20
Case Management / Health Home	Total	0	5
	Safety Net	0	4
Clinic	Total	0	11
	Safety Net	24	11
Community Based Organizations	Total	0	13
	Safety Net	0	0
Hospice	Total	0	1
	Safety Net	0	1
Hospital	Total	0	6
	Safety Net	7	6
Mental Health	Total	0	9
	Safety Net	0	9
Nursing Home	Total	0	3
	Safety Net	0	3
Pharmacy	Total	0	3
	Safety Net	0	3
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	43	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	48	0
Substance Abuse	Total	0	4
	Safety Net	0	4
Uncategorized	Total	0	7
	Safety Net	0	2

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Figure 18: 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	9
	Safety Net	0	7
Case Management / Health Home	Total	0	2
	Safety Net	0	2
Clinic	Total	0	5
	Safety Net	0	5
Community Based Organizations	Total	0	3
	Safety Net	0	0
Hospice	Total	0	1
	Safety Net	0	1
Hospital	Total	0	1
	Safety Net	0	1
Mental Health	Total	37	5
	Safety Net	16	5
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Primary Care Provider (PCP)	Total	163	0
	Safety Net	48	0
Substance Abuse	Total	0	4
	Safety Net	0	4
Uncategorized	Total	0	2
	Safety Net	0	0

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Figure 19: 3.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only)) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	31	11
	Safety Net	31	6
Case Management / Health Home	Total	12	3
	Safety Net	7	3
Clinic	Total	10	4
	Safety Net	14	4
Community Based Organizations	Total	20	3
	Safety Net	0	0
Hospice	Total	0	2
	Safety Net	0	1
Hospital	Total	0	3
	Safety Net	0	3
Mental Health	Total	0	4
	Safety Net	0	4
Nursing Home	Total	0	1
	Safety Net	0	1
Pharmacy	Total	0	3
	Safety Net	0	2
Practitioner - Non-Primary Care Provider (PCP)	Total	22	0
	Safety Net	5	0
Practitioner - Primary Care Provider (PCP)	Total	228	1
	Safety Net	64	0
Substance Abuse	Total	0	1
	Safety Net	0	1
Uncategorized	Total	0	4
	Safety Net	0	0

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

Figure 20: 3.g.i (Integration of palliative care into the PCMH model) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	6
	Safety Net	0	2
Clinic	Total	0	3
	Safety Net	0	3
Hospice	Total	4	3
	Safety Net	0	1
Hospital	Total	0	1
	Safety Net	0	1
Mental Health	Total	0	1
	Safety Net	0	1
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Primary Care Provider (PCP)	Total	81	1
	Safety Net	21	0

Data Source: Care Compass DY2, Q2 PPS Quarterly Report

As the data in Figures 15 through 20 above indicate, the PPS has engaged network partners on a limited basis for each of the six projects highlighted. Projects 2.b.iv., 2.d.i., 3.a.i., 3.b.i., and 3.g.i. were also highlighted for the PPS failure to meet Patient Engagement targets consistently through the PPS Quarterly Reports. The combination of the PPS failure to meet Patient Engagement targets and the lagging Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of 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 285 PCPs for project 2.a.i., yet has only indicated the engagement of no more than two PCPs for any project through the DY2, Q2 PPS Quarterly Report. For project 3.a.i., the PPS committed to engaging 37 Mental Health partners and 163 PCP partners to implement this significant project, however, through the DY2, Q2 PPS Quarterly Report, the PPS has only indicated engagement of five Mental Health partners and zero PCP partners. This lack of partner engagement across projects presents a significant risk to the PPS' successful implementation of the DSRIP projects.

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.

2.a.i. (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management): The PPS identified the following challenges to the implementation of this project:

- large region and varied partners
- challenge of implementing a Medicaid DSRIP program in a quicker pace than other payers are willing to engage
- workforce staff crisis
- IT challenges as partners in the PPS engage with 3 RHIOs
- slow pace of MCO involvement

2.b.iv. (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) The PPS indicated challenges with provider and community engagement; lack of provider awareness and readiness to train; and a challenge to support partners with IT requirements.

2.c.i. (Development of community-based health navigation services): The PPS indicated challenges of tracking patients engaged that is critical to the success of navigation work. The PPS noted that CBOs are not traditionally accustomed to working with health care providers which has caused tension among partners. The PPS indicated that they are facing challenges with educating partners about DSRIP, and are finding contract negotiations difficult.

2.d.i. (Implementation of Patient Activation activities to engage, educate, and integrate the uninsured and low/non-utilizing Medicaid populations into community based care): The PPS indicated challenges as their partners do not understand how to identify the targeted population for this project. The partners also need further education on how to administer the PAM surveys. They are also facing challenges with engaging MCOs in this project.

3.a.i. (Integration of primary care and behavioral health services): The PPS has identified challenges including:

- Limited provider engagement and buy in to integration
- Shortage of licensed behavioral mental health providers in the PPS
- Lack of clarity regarding how to bill for tele-psychiatry services
- Concern as to how to meet patient engagement speed targets

3.a.ii. (Behavioral Health community crisis stabilization services): The PPS has identified challenges associated with the reimbursement of providing mobile services. They have also faced challenged in coordinating with overlapping PPS who are implementing this project. They

additionally identified a lack of certified social workers to provide mobile crisis services. The CBOs have also expressed concerns about the sustainability of crisis services after DSRIP.

3.b.i. (Evidence-based strategies for disease management in high risk/affected populations (adult only)): The PPS identified general challenges with contracting, reimbursement, combination of multiple EMRs, and PCMH certification issues.

3.g.i. (Integration of palliative care into the PCMH Model): The PPS identified challenges with the overall reimbursement of providing these services with payers beyond DSRIP funding. Additionally, the PPS expressed challenges with achieving PCMH 2014 Level 3 certification with its PCP partners.

IV. Overall Project Assessment

Figure 21 below summarizes the IA's overall assessment of the project implementation efforts of Care Compass 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 21: 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.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	X		X
2.b.vii.	Implementing the INTERACT project (inpatient transfer program for SNF)	X		
2.c.i.	Development of community-based health navigation services	X		
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate	X		X
3.a.i.	Integration of primary care and behavioral health services	X		X
3.a.ii.	Behavioral Health community crisis stabilization services	X		
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	X		X
3.g.i.	Integration of palliative care into the PCMH model	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 22: 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	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges. The limited partner engagement efforts and organizational challenges faced by the PPS place the successful implementation of this project at risk.
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	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.
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.a.i.	Integration of primary care and behavioral health services	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.a.ii.	Behavioral Health community crisis stabilization services	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.

3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	4	This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements.
3.g.i.	Integration of palliative care into the PCMH model	4	This is a high risk score indicating the project may fail to meet intended goals without significant modifications or performance improvements.

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

While limited partner engagement was the only area of risk identified for project 2.a.i., the IA notes that this issue, when combined with the organizational challenges identified and the limited partner engagements across multiple projects, raises the risk associated with the PPS' ability to successfully implement this project. As such, the IA has assigned an elevated risk score for this project.

VI. IA Recommendations

The IA's review of the Care Compass Network 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 significant concerns related to the PPS' current efforts in engaging PPS network partners and by extension the PPS' ability to engage patients across a number of the projects the PPS chose to implement in the DSRIP Project Plan Application.

The limited engagement of partners, in particular PCP and behavioral health partners, through the first six quarters of DSRIP presents a major risk to the ability of the PPS to meet its DSRIP goals. Further, when the PPS has successfully engaged partners, it has been in limited portions of the PPS service area, which limits the overall effectiveness of system transformation efforts in the region of the state served by Care Compass.

The number of projects for which Care Compass has failed to meet Patient Engagement targets in addition to the lack of partner engagement will significantly impact the pace at which Care Compass can implement its projects.

The PPS Governing Body and the PPS PMO need to re-evaluate its implementation strategy and the resources dedicated to support DSRIP. It will be vital that the PPS develop a comprehensive plan for addressing the deficiencies highlighted in this report to ensure it will be successful in reaching project milestones, performance metrics, and earning Achievement Values.

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

A. Organizational Recommendations

The IA notes that the number of projects and pace of implementation indicates that the PPS Governance and PMO should re-examine its implementation strategy and resources in order to assure it will be successful in reaching project milestones, performance metrics and Achievement Values.

Partner Engagement

Recommendation 1: The IA recommends that the PPS develop a strategy to increase partner engagement throughout the PPS, particularly with Primary Care Providers and Non-Primary Care Providers.

Patient Engagement
The IA notes that although the PPS had Patient Engagement commitments in eight projects in DY1, the PPS failed to report any Patient Engagement for seven of the eight projects in DY1. Furthermore, in DY2, Q2, the PPS did not meet their Patient Engagement targets for seven of eight projects based on the data submitted by the PPS.
Recommendation 1: The IA requires the PPS to develop a plan to increase patient engagement across all projects.

Community Based Organization Contracting
Recommendation 1: The IA recommends that the PPS accelerate finalizing contracts with its partnering Community Based Organizations in order to fully implement projects.

Cultural Competency and Health Literacy
Recommendation 1: The IA recommends that the PPS develop an action plan to roll out its trainings to its workforce and partners.

Recommendation 2: The IA recommends that the PPS develop metrics to assess its most effective strategies to engage Medicaid members and the uninsured.

Financial Sustainability and VBP

Recommendation 1: The IA recommends that the PPS establish a plan to further educate and support their partners move toward VBP arrangements.

Primary Care Plans
Recommendation 1: The IA recommends that the PPS develop an action plan to address the deficiencies identified in the Primary Care Plan, notably the lack of specificity on the primary care strategy of the PPS, the limited detail on progress towards implementation of the primary care strategies, and the role of the PPS in monitoring and overseeing the implementation of the primary care strategies.

B. Project Recommendations

Project 2.a.i.: Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
Recommendation 1: The IA recommends the PPS develop a strategy to increase partner engagement to support the successful implementation of this projects and in meeting the PPS' DSRIP goals.

Project 2.b.iv: Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
Recommendation 1: The IA recommends the PPS develop a strategy to increase partner and community engagement.

Recommendation 2: The IA recommends the PPS develop plan to increase outreach and education materials to partners.

Project 2.d.i: Implementation of Patient Activation activities to engage, educate, and integrate the uninsured and low/non-utilizing Medicaid populations into community based care

Recommendation 1: The IA recommends the PPS develop a strategy to assist partners in better identifying the targeted population for this project.

Recommendation 2: The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures.

Recommendation 3: The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

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

Recommendation 1: The IA recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project in order to meet their project implementation speed commitments.

Recommendation 2: The IA recommends the PPS develop a plan to address the workforce challenges with licensed behavioral health specialists and care coordinators.

Project 3.b.i: Evidence-based strategies for disease management in high risk/affected populations (adult only)

The IA considers this project to be at risk and believes the project may fail to meet intended goals without significant modifications or performance improvements. To date, through DY2, Q2, the PPS has failed to report any figures associated with Patient Engagement. Furthermore, the PPS reports limited to no Partner Engagement in this project. Finally, the PPS narrative submitted as part of the Mid-Point Assessment identified a series of overarching challenges which lead the IA to question the ability of the PPS to implement this project.

Recommendation 1: The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule.

Recommendation 2: The PPS should develop a strategy to educate their partners on the value of DSRIP in order to increase their engagement.

Recommendation 3: To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a vendor to assist the PPS in this outreach.

Recommendation 4: In order to address the issue of identifying targeted panels of patients eligible to be included in this project, the IA recommends that the PPS convene a group of stakeholders to develop a strategy to develop common solutions.

Project 3.g.i: Integration of palliative care into the PCMH Model

The IA considers this project to be at risk and believes the project may fail to meet intended goals without significant modifications or performance improvements. To date, through DY2, Q2, the PPS has failed to report any figures associated with Patient Engagement. Furthermore, the PPS reports limited to no Partner Engagement in this project. Finally, the PPS narrative submitted as part of the Mid-Point Assessment identified a series of overarching challenges which lead the IA to question the ability of the PPS to implement this project.

Recommendation 1: The IA requires the PPS develop a comprehensive action plan to address the implementation of this project in consultation with the Project Advisory Committee (PAC) that must be reviewed and approved by the Board of Directors. This Action Plan must detail how the PPS will monitor and intervene when project milestones, partner engagement, or patient engagement for this project fall behind schedule.

Recommendation 2: The IA recommends that the PPS finalize its contracting arrangements with their partners and begin flowing funds.

Recommendation 3: To address the issue of partner reluctance to participate in this project due to perceived lack of reimbursement, the PPS should develop creative strategies, either in the form of services, consultation, or work with a vendor to assist the PPS in this outreach.