NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

Community Care of Brooklyn PPS

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Prepared by the DSRIP Independent Assessor

Community Care of Brooklyn (Maimonides Medical Center)

Contents

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I. Introduction

Community Care of Brooklyn (CCB) PPS, led by Maimonides Medical Center, serves Queens and Kings (Brooklyn) Counties. The Medicaid population attributed to this PPS for performance totals 448,420. The Medicaid population attributed to this PPS for valuation was 212,586. CCB was awarded a total valuation of $489,039,450 in available DSRIP Performance Funds over the five year DSRIP project.

CCB selected the following 10 projects from the DSRIP Toolkit:

Figure 1: CCB DSRIP Project Selection

Project	Project Description
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
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.iii.	ED care triage for at-risk populations
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
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.i.	Integration of palliative care into the PCMH Model
4.a.iii.	Strengthen Mental Health and Substance Abuse Infrastructure across Systems
4.c.ii.	Increase early access to, and retention in, HIV care

II. 360 Survey Results: Partners' Experience with the PPS

Survey Methodology and Overall PPS Average Results

The Independent Assessor (IA) developed a 360 survey to solicit feedback from the partners of each PPS regarding engagement, communication, and effectiveness. The survey consisted of 12 questions across four PPS organizational areas; Governance, Performance Management, Information Systems, and Contracting/Funds Flow. The 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

[1] The Provider Import/Export Tool (PIT) is used to capture the PPS reporting of partner engagement, as well as funds flow for the Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

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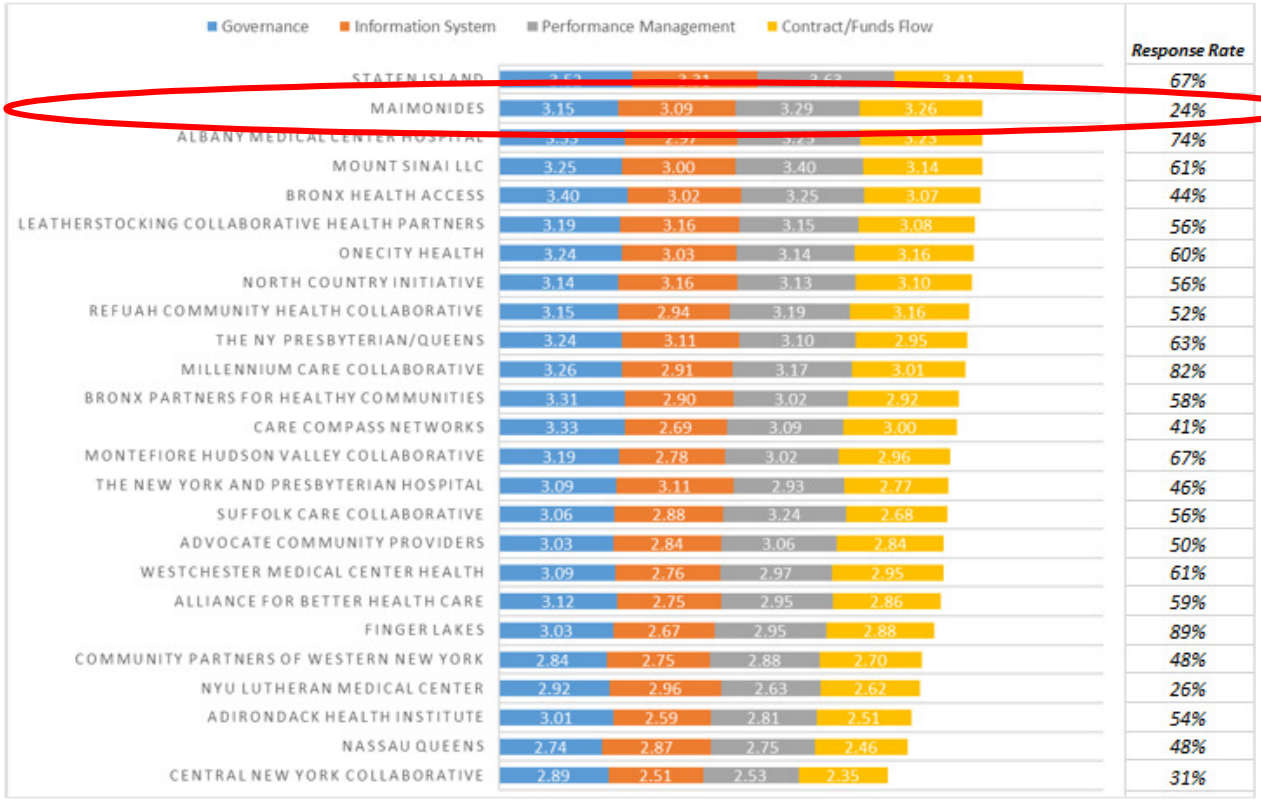
All Other	*2.84*		2.92	2.83	2.63	2.69
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

<u>Community Care of Brooklyn 360 Survey Results</u>[2]

The CCB 360 survey sample included 103 participating network partner organizations identified in the PIT; 25 of those sampled (24%) returned a completed survey. This response rate was much lower than the average across all PPS (52% completed). The CCB aggregate 360 survey score ranked 2nd 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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Community Care of Brooklyn 360 Survey Results by Partner Type

The then 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 Case Management/Health Home survey result was the highest, similar to all PPS' (4th out 12). Of Partner responses, none had an average less than 2.5, indicating that, in general, reactions to the survey were positive. Most negative answers were for the Governance and the IT Solutions questions.

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

PPS	Partner Type		Respondents over Total Surveyed
Community Care of Brooklyn	Case Management / Health Home	3.39	2/6
	Clinic	3.29	6/12
	Hospital	3.17	3/3
	Practitioner - Primary Care Provider (PCP)	3.14	3/18
	Community Based Organization	3.10	2/8
	Practitioner - Non-Primary Care Provider (PCP)	3.00	3/28
	Mental Health	2.90	1/1
	Nursing Home	2.75	1/2
	All Other	2.53	4/21
	Hospice	0.00	0/0
	Pharmacy	0.00	0/1
	Substance Abuse	0.00	0/3
Grand Total			25/103

Data Source: CCB 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 also have 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 CCB **earned all available Organizational AVs and did not have any Patient Engagement commitments.**
- In DY1, Q4, CCB **earned all available Organizational AVs and four out of a possible four possible 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

CCB is made up of Maimonides Medical Center as the lead entity and Maimonides' Central Services Organization (CSO). Using a consensus-based approach to decision making, the governance structure requires that individuals serving on CCB governance committees do so as fiduciaries of CCB, rather than as representative of their own organizations. The six committees that fall under this requirement and report to the Executive Committee (15-30 members) are: Care Delivery & Quality, Community Engagement, Compliance, Finance, IT and Workforce. Each of these committees have 15-20 members with representation from across the partner network. Members of the committees are selected by the Nominating Committee.

With the committees' nominating membership process, the IA recognizes that this PPS' structure is intended to promote inclusiveness and cohesion among partners. However, the IA questions whether CCB's governance structure allows an equitable platform where the voice of opposition may be heard.

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 CCB had reported spending of $6,450,874.00 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 CCB spends $14.39 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, CCB distributed $8,295,137.42 to the PPS PMO out of a total of $20,707,185.91 in funds distributed across the PPS network, accounting for 40.06% 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.

The data on the administrative costs and PMO funds flow distributions present a point of comparison across PPS, however do not alone provide enough information from which the IA can assess the organizational capacity of the PPS to support the implementation of DSRIP. It is important for the PPS to invest in the establishment and maintenance of an organizational infrastructure to support the PPS through the implementation of the DSRIP projects to ensure the PPS success in meeting its DSRIP goals.

Community Based Organization Contracting

As part of the DY2, Q2 PPS Quarterly Report, CCB included a list of all Community Based Organizations (CBOs) in its organization and submitted a narrative explaining its CBO Contracting efforts. The PPS has engaged 60 CBOs in its network and indicated the intention to compensate 11 of those CBOs. Pursuant to the PPS submitted narrative, the CBO list includes both CBOs listed on the PIT-CBO list and Participants that CCB has defined and engaged as CBOs, including organizations who play key roles in addressing social determinates of health, including housing, social services, religious, and food banks, and also organizations' overall goals of reaching low-income residents, immigrants and people of color.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received 9.30% or $1,925,842.93 of funds distributed to date by the PPS. The data indicates that CCB has distributed more funding to their CBO partners than any PPS and the percentage of funds distributed to these partners ranks 3rd compared to all PPS.

Cultural Competency and Health Literacy

CCB's Cultural Competency and Health Literacy (CCHL) Strategy is responsive to critical disparities and access barriers, especially for the borough's most vulnerable populations whose needs have been documented in the Brooklyn Community Needs Assessment and the Brooklyn Healthcare Improvement Project. Submitted with its DY1, Q3 Quarterly Report CCB's CCHL Strategy was developed in collaboration with the Arthur Ashe Institute for Urban Health, the Brooklyn Perinatal Network, the Caribbean Women's Health Association, and CAMBA.

During the IA on-site visit, the PPS explained its approach to CCHL data compilation. Comprised of individuals from a number of CBOs within the PPS' partner network, a workgroup conducted a community survey which collected data about race and ethnicity disparities in access to care. A report compilation of the survey findings is currently under review.

The Community Engagement Advisory Committee, working with the Workforce Committee, will be instrumental in selecting and designing appropriate CCHL training to implement across the entire CCB workforce. The PPS submitted its CCHL Training Plan with its DY1, Q2 Quarterly Report. The training focuses on teaching, both clinicians and other workforce, the drivers of health disparities, their responsibility and accountability for learning and advancing approaches for cross sector cultural competency collaboration. The PPS will focus on achieving Culturally and

Linguistically Appropriate Services (CLAS) within CCB's existing structures, services, activities, and projects delivered by providers throughout the PPS network.

To measure effectiveness of the CCHL Strategy, the PPS may identify opportunities for monitoring the effect of the trainings across the CCB network by engaging its key Community Stakeholders and residents. The PPS will attempt to receive feedback regarding barriers to or gaps in access to quality health care via local or population-specific advisors, patient surveys/focus groups, outreach to local residents or consumers. Based on the identified gaps, the PPS will identify/develop trainings that incorporate best practices and/or identify "brokers" to assist in promoting local resources and relationships, as necessary, to implement the needed support.

Financial Sustainability and Value Based Purchasing (VBP)

CCB's Finance Committee is tasked with assisting the Executive Committee in the oversight of several areas related to finance. One area of responsibility for this committee is to assess the fragility status of its partners.

The PPS submitted its Financial Sustainability Plan with its DY1, Q4 Quarterly Report. CCB's initial assessment of the financial stability of its network partners was undertaken in the fall of 2014 as part of the DSRIP application development process. CCB analyzed the results from the survey and assigned respondents to one of three risk tiers, Not Immediately Fragile, Moderately Fragile, Fragile. Of 400 surveys distributed to CCB's network partners, 70 surveys were returned. The PPS' three tier score had identified five partners as "Tier 3, fragile (less than 15 days cash and other major concerns reported; including receipt of IAAF funding)". There was one hospital identified from these partners as potentially having broad impact due to attribution. A separate review of financials was conducted for that hospital, which is now being closely monitored and a plan for assistance is under development.

CCB has devised training modules for its network partners that includes topics such as: opportunities to add value under Medicaid VBP, VBP business models, CBO competencies and other VBP resources. The presentation also includes information on the HARP VPB pilot that CCB has planned. The focus is said to be on health and recovery and CCB will act as the VBP contractor for a network of providers and CBOs to improve care for HARP members. It is unclear from the information submitted, whether the PPS has begun training with its partners. The PPS indicated that the pilot is slated to begin in November 2016.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, CCB's funds flow reporting indicates they have distributed 59.65% ($20,707,185.91) of the DSRIP funding and it has earned ($34,711,899.14) to date. In comparison to other PPS, the distribution of 59.65% of the funds earned ranks 12th and places CCB just above the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	$34,711,899.14		
Total Funds Earned (through DY1)	$34,711,899.14 (100% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$20,707,185.91 (59.65% of Earned Funds)		
Partner Type	**Funds Distributed**	**CCB (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$340,459.45	1.64%	3.9%
Practitioner - Non-Primary Care Physician (PCP)	$0.00	0.00%	0.7%
Hospital	$8,227,255.23	39.73%	30.4%
Clinic	$724,399.27	3.50%	7.5%
Case Management/Health Home	$372,106.67	1.80%	1.3%
Mental Health	$48,299.18	0.23%	2.4%
Substance Abuse	$0.00	0.00%	1.0%
Nursing Home	$0.00	0.00%	1.2%
Pharmacy	$0.00	0.00%	0.0%
Hospice	$0.00	0.00%	0.2%
Community Based Organizations[7]	$1,925,842.93	9.30%	2.3%
All Other	$547,328.23	2.64%	5.8%
Uncategorized	$218,384.65	1.05%	0.5%
Non-PIT Partners	$7,972.88	0.04%	0.6%
PMO	$8,295,137.42	40.06%	42.0%

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

In further reviewing the CCB funds flow distributions, it is notable that the distributions are heavily directed towards the PMO and Hospital categories with almost 80% of the funds being directed to those two partner categories. At 9.30%, this PPS' CBO distribution is notably higher than the PPS statewide average of 2.30%.

The limited distribution of funding to PCP and behavioral health (Mental Health and Substance Abuse) partners is an area that the PPS should address. It will be important to the success of the PPS in implementing its DSRIP projects to ensure these partners remain engaged in the implementation efforts.

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

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Primary Care Plan

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 Community Care of Brooklyn demonstrated a "very strong plan with many activities well in progress."

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 CCB's current status in completing the project milestones within each project. Figure 6 also indicates where the required completion dates are for the milestones.

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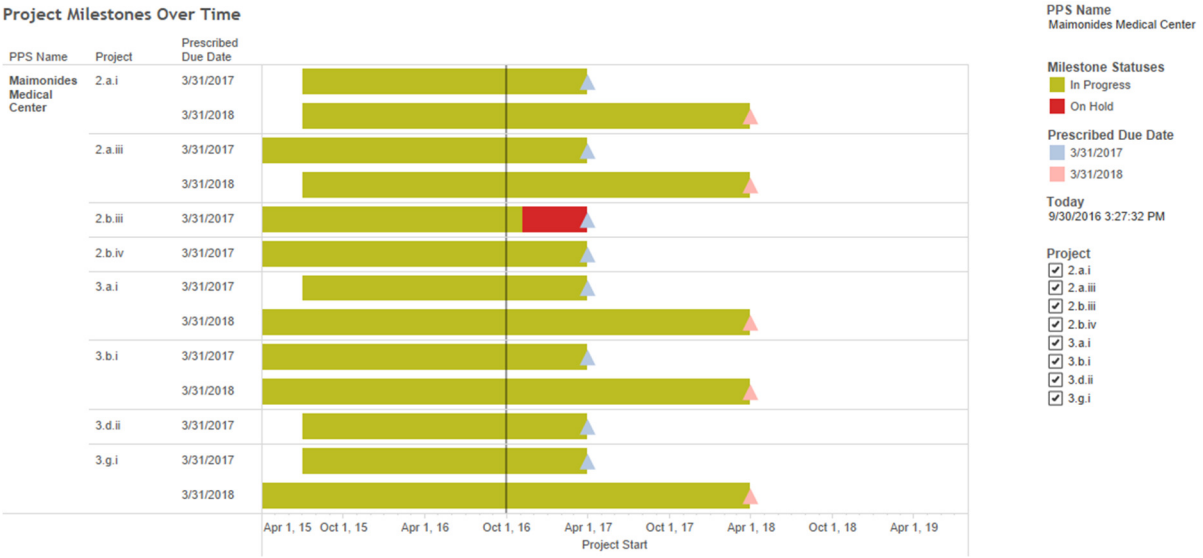
Figure 6: CCB Project Milestone Status (through DY2, Q2)[8]



Data Source: CCB 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 2.b.iii. has milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such are at risk of losing a portion of the Project Implementation Speed AV for each project.

Further assessment of the PPS project implementation status for project 2.b.iii indicates that the one milestone which has been marked 'On Hold' is an optional requirement. As such, the IA has not identified any risks associated with the project implementation efforts being completion by the required completion dates.

Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed CCB's performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified one project where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figure 7 below highlights those project where CCB has missed the patient Engagement target for at least one quarter.

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

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

[8] Note that this graphic does not include Domain 4 projects as these projects do not have prescribed milestones and the PS did not make Speed & Scale commitments related to the completion of these projects.

DY2, Q2	1,275	650	50.98%

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

While the data submitted in the DY2, Q2 PPS Quarterly Report indicates that CCB missed the Patient Engagement target for project 3.d.ii., this data point alone does not indicate significant risks to the successful implementation of the project.

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 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 IA reviewed 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 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.

The IA's review of the Partner Engagement data indicates that the PPS has engaged network partners on a consistent basis for all of its projects. As such, the IA did not identify any projects that are at an elevated risk of successful implementation due to limited partner Engagement.

PPS Narratives for Projects at Risk

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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 any additional details provided by the PPS would indicate efforts by the PPS to address challenges related to project implementation efforts.

As described in the preceding sections, the IA's review of CCB's Project Milestone Status, Patient Engagement reporting, and Partner Engagement efforts did not result in the identification of any projects that are at risk for successful implementation.

IV. Overall Project Assessment

Figure 8 below summarizes the IA's overall assessment of the project implementation efforts of CCB 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 8: 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			
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.iii.	ED care triage for at-risk populations			
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			
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)			
3.d.ii.	Expansion of asthma home-based self-management program	X		
3.g.i.	Integration of palliative care into the PCMH Model			

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 9: 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	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
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	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
2.b.iii.	ED care triage for at-risk populations	1	This is the lowest risk score indicating the project is on track and more than likely to meet intended goals.
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.
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.
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	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.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.i.	Integration of palliative care into the PCMH Model	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 the Community Care of Brooklyn 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. CCB PPS has achieved all of the organizational and project milestones to date in DSRIP. The PPS has made positive strides in developing the infrastructure to run a successful PPS. CCB has surpassed many partner and patient engagement targets and has demonstrated the capacity to support continued success throughout DSRIP.

The IA noted that while the PPS has distributed funds across a number of partner categories, its distributions to the PCP and behavioral health (Mental Health and Substance Abuse) partners has been limited through DY2, Q2. It will be important for the PPS to ensure that future distributions include these partners that will play a key role in the ongoing success of the PPS in meeting the DSRIP goals.

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 at this time.

B. Project Specific Recommendations

The data presented does not support an elevated risk of the progress of any projects. The IA does not have any recommendations specific to projects at this time.