NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

OneCity Health PPS

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Prepared by the DSRIP Independent Assessor

OneCity Health PPS

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I. Introduction

OneCity Health PPS, led by NYC Health + Hospitals, serves four counties in the Greater New York City Area: Bronx, Kings (Brooklyn), New York (Manhattan), and Queens. The Medicaid population attributed to this PPS for performance totals 657,070. The Medicaid population attributed to this PPS for valuation was 2,760,602. OneCity was awarded a total valuation of $1,215,165,724 in available DSRIP Performance Funds over the five year DSRIP project.

OneCity Health selected the following 11 projects from the DSRIP Toolkit:

Figure 1: OneCity Health 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
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.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
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 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

OneCity Health 360 Survey Results[2]

The OneCity 360 survey sample included 67 participating network partner organizations identified in the PIT; 40 of those sampled (60%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The OneCity aggregate 360 survey score ranked 7th out of 25 PPS (Figure 3).

[2] PPS 360 Survey data and comments can be found in the "Appendix 360 Survey."

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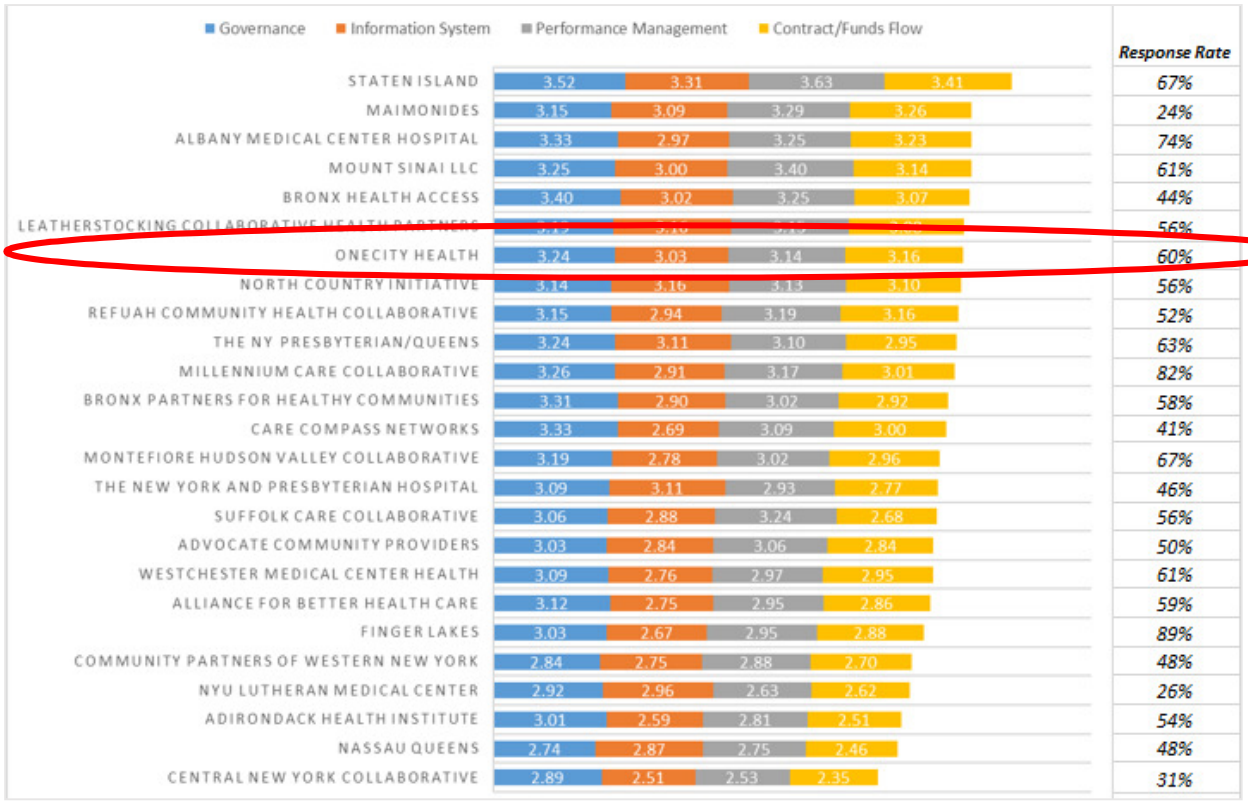
Figure 3: PPS 360 Survey Results by Organizational Area



Data Source: 360 Survey Data for all 25 PPS

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OneCity 360 Survey Results by Partner Type

The IA then analyzed the survey response by partner category to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Clinic survey result was low (11th out of 12), which was unusual compared to all PPS' (5th out of 12). The Mental Health category was also low, which was consistent with peer PPS responses.

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

PPS	Partner Type		Respondents over Total Surveyed
OneCity Health	Hospice	3.67	1/1
	Pharmacy	3.57	3/5
	Practitioner - Non-Primary Care Provider (PCP)	3.42	2/2
	Case Management / Health Home	3.28	3/8
	All Other	3.22	5/19
	Nursing Home	3.22	4/4
	Hospital	3.13	2/2
	Community Based Organization	3.06	9/10
	Mental Health	3.00	4/6
	Substance Abuse	2.96	5/5
	Clinic	2.75	2/3
	Practitioner - Primary Care Provider (PCP)	0.00	0/2
Grand Total			40/67

Data Source: OneCity 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.

[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, OneCity Health **earned all available Organizational AVs and had no Patient Engagement Speed commitments.**
- In DY1, Q4, OneCity Health **earned all available Organizational AVs and earned three of a possible four 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

[4] At the time of this report, the IA was reviewing the PPS Quarterly Report submissions for DY2, Q2 and had not issued final determinations on PPS progress. However, items not subject to remediation such as engagement numbers and funds flow data were necessary to provide for the most recent and comprehensive IA analysis.

partners. Following the completion of the defined milestones in each of the key organizational areas, the PPS are expected to provide quarterly updates on any changes to the milestones already completed by the PPS. The following sections highlight the IA's assessment on the PPS efforts in establishing the organizational infrastructure to support the successful implementation of the PPS DSRIP plan.

PPS Governance

OneCity Health is led by the New York City Health + Hospitals. The PPS is organized into four borough-based hubs, each with a Project Advisory Committee (PAC). The OneCity Health Executive Committee provides oversight for all DSRIP activities, approves funding allocations, and evaluates performance of DSRIP projects and partners. OneCity Health is a centralized services organization which supports the PPS partners in the design, implementation, and management of DSRIP. Committees reporting to the Executive Committee include: Care Models (Clinical Governance), Business Operations and IT, Stakeholders, Workforce, and Hub Steering. Each committee is supported by one or more members from OneCity Health management. The Project Advisory Committee meets quarterly and informs other committees, who meet every four to six weeks. The governance structure may evolve as the committees mature.

The PPS collaborates with neighboring PPS where applicable, notably in the areas of IT and shared vendors. It is noted that OneCity Health and Maimonides have 100% alignment of their chosen projects.

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 OneCity Health PPS had reported spending of $6,808,806.00 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 OneCity Health spends $10.36 per attributed life on administrative costs compared to a statewide average spend of $23.93 per attributed life on administrative costs.

[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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Looking further at the PPS fund distributions to the PPS PMO, OneCity distributed $15,963,136.00 to the PPS PMO out of a total of $16,817,150.41 in funds distributed across the PPS network, accounting for 94.92% of all funds distributed through DY2, Q2. Comparatively, the statewide average for PPS PMO distributions equaled $5,966,502.64 or 42.85% of all funds distributed.

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

Community Based Organization Contracting

As part of the DY1, Q4 PPS Quarterly Report, OneCity Health included a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. The IA found that the PPS had contracted with some but not all of the CBOs they have listed as participating in their project and that a large number of them will be compensated for services rendered.

In further assessing the engagement of CBOs by OneCity, the IA found that the PPS had distributed $159,402.52 or 0.95% of the funds distributed to its CBO partners through DY2, Q2. It will be important for the PPS to expand its fund distributions across all of its CBO partners to maintain engagement of these key partners.

Cultural Competency and Health Literacy

The OneCity Health approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA) and will be further informed by partner organizational self-assessments. The OneCity Health Stakeholder and Patient Engagement Committee developed and executed the CCHL Training Strategy with final approval by the Executive Committee. The CCHL strategy was informed by other strategies derived from OneCity Health Communication Strategy, OneCity Health Patient Engagement Strategy, OneCity Health Practitioner Engagement Strategy, as well as an overall approach to other transformational efforts including IT, Clinical Projects, Care Management and CBO Engagement.

OneCity Health is working with CulturaLink to assist in implementing its CCHL strategy. Additionally, the PPS will conduct focus groups, and use key informant interviews to help advance training and educate staff. The PPS indicated its workforce training is to be completed by December 31, 2016. This training will be conducted using multiple modalities that will be broad based, addressing concepts that extend across DSRIP implementation efforts, and targeted for clinical and non-clinical staff. Training will be designed to educate participants on health disparities, enhance awareness of cultural respect, national CLAS standards, and the provision of linguistically appropriate services.

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As part of the Stakeholder and Patient Engagement Committee strategy, the PPS designed a process for recommending and reviewing patients to be a part of the Consumer Advisory Workgroups. In addition, the Committee contributed to the development of the overall CCHL Strategy and its Training Strategy.

Financial Sustainability and Value Based Purchasing (VBP)

The OneCity Health PPS established a Business Operations and Information Technology subcommittee that approved the use of a Financial Health Assessment Survey to assess the financial health of its partners. The survey was sent to 193 partners, none of which were deemed financially fragile. The survey will be conducted on an annual basis going forward beginning in February 2017 per the PPS' Financial Sustainability Assessment Guiding Principles and Strategy. Organizations determined essential to the PPS that are deemed financially fragile will be monitored semi-annually, will involve a progressive corrective action plan, and may receive technical support, support in development of a VBP readiness plan, and support and identification of a third party consultative service.

OneCIty Health PPS is currently conducting a VBP readiness survey to understand partners' experience with VBP and identify gaps to be filled. As part of their contracting with partners, they intend to require reporting that is anticipated to be part of VBP. In addition, the PPS is supporting primary care capacity development that is required as part of future VBP arrangements with payers.

Funds Flow

Through the DY2, Q2 PPS Quarterly Report, OneCity Health's funds flow reporting indicates they have distributed 9.09% ($16,817,150.41) of the DSRIP funding it has earned ($184,985,371.51) to date. In comparison to other PPS, the distribution of 9.10% of the funds earned ranks 24th among the 25 PPS compared to the statewide average of 56.2%.

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

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

Total Funds Available (DY1)	$185,217,395.43		
Total Funds Earned (through DY1)	$184,985,371.51 (% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$16,817,150.41 (9.09% of Earned Funds)		
Partner Type	**Funds Distributed**	**NYC HHC (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$6,238.55	0.04%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$1,361.77	0.01%	0.73%
Hospital	$114,909.68	0.68%	30.41%
Clinic	$84,361.57	0.50%	7.54%
Case Management/Health Home	$76,924.15	0.46%	1.31%
Mental Health	$66,476.39	0.40%	2.43%
Substance Abuse	$3,289.85	0.02%	1.04%
Nursing Home	$9,534.74	0.06%	1.23%
Pharmacy	$11,465.99	0.07%	0.04%
Hospice	$2,175.89	0.01%	0.16%
Community Based Organizations[7]	$159,402.52	0.95%	2.30%
All Other	$224,646.59	1.34%	5.82%
Uncategorized	$50,799.72	0.30%	0.53%
Non-PIT Partners	$42,427.00	0.25%	0.58%
PMO	$15,963,136.00	94.92%	41.99%

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

In further reviewing the OneCity Health PPS funds flow distributions, it is notable that the distributions it has made are primarily directed toward the PPS PMO, which represent 94.92% of the funds distributed through DY2, Q2. The PPS PMO distribution is much higher than the statewide average of 42% for this category.

Further, in assessing the PPS funds distributions to all partner categories relative to that across the state, OneCity Health has distributed a smaller portion of its earned funds through DY2, Q2 than all but one other PPS. The IA notes, however, that while OneCity has earned $184,985,371.51 in DSRIP funds, the PPS has not yet received all funds due to delays in the

[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.

execution of the necessary agreements related to the Intergovernmental Transfer (IGT) funds needed to support the 'state share' of the payment. It will be important for OneCity Health to increase its funding distributions across its network partners to ensure their continued engagement in the implementation of 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 that the plan is extensive and thorough, with tables that make it easy to understand the PPS's PC strategy.

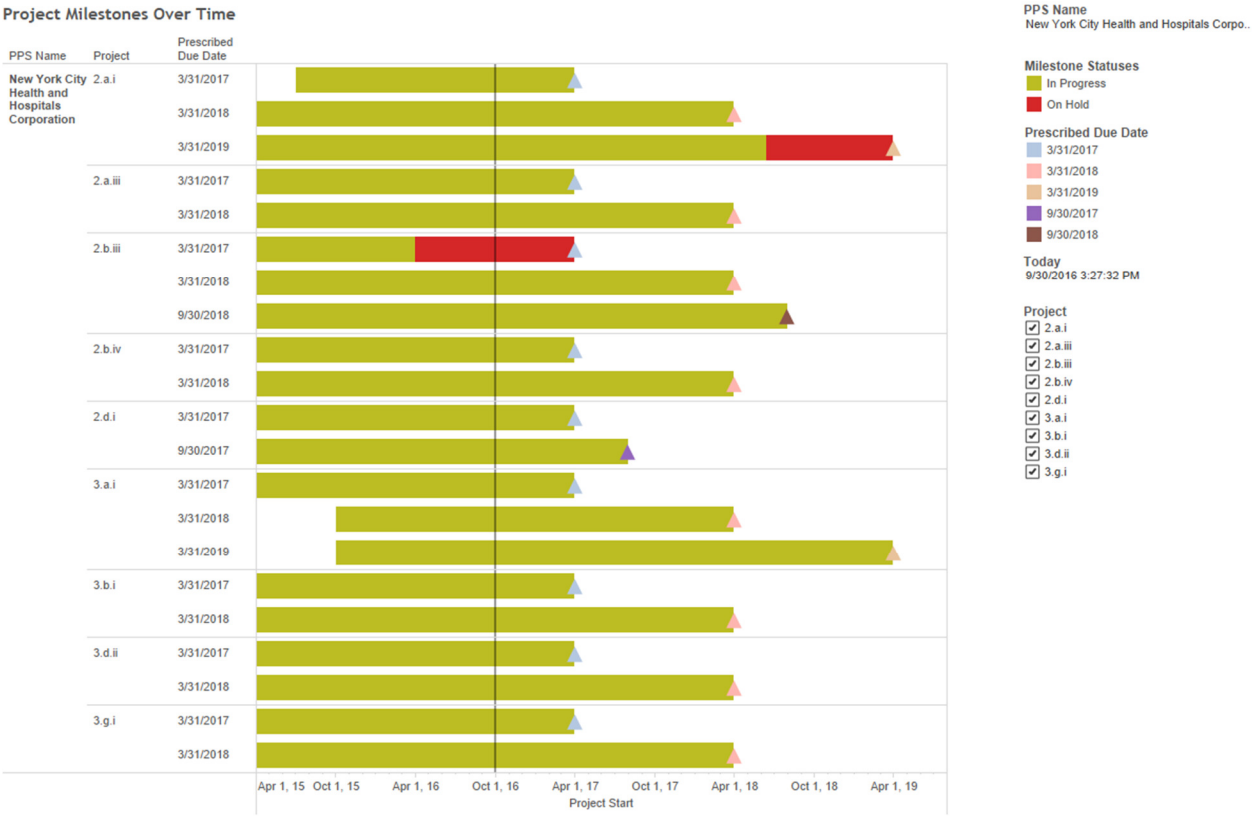
B. Project Assessment

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 OneCity Health'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: OneCity Health Project Milestone Status (through DY2, Q2)[8]



Data Source: OneCity Health 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.

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

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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 projects as being at risk based on this data point alone.

Patient Engagement AVs

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

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

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	0	0	0.00%
DY1, Q4	380	144	37.89%
DY2, Q2	1,519	31	2.04%

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

For project 3.d.ii, 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 projects.

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.

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As part of this effort, the IA reviewed all projects with a specific focus on those projects that were identified as potential risks due to Project Milestone Status and/or Patient Engagement performance. Figures 8 through 16 illustrate 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 tables is specifically focused on those partner categorizations where PPS engagement is significantly behind 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.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	2,521	115
	Safety Net	706	96
Case Management / Health Home	Total	46	22
	Safety Net	21	12
Clinic	Total	56	26
	Safety Net	58	24
Community Based Organizations	Total	88	33
	Safety Net	0	1
Hospice	Total	7	7
	Safety Net	1	5
Hospital	Total	15	2
	Safety Net	14	2
Mental Health	Total	538	34
	Safety Net	164	31
Nursing Home	Total	54	20
	Safety Net	55	20
Pharmacy	Total	25	6
	Safety Net	21	4
Practitioner - Non-Primary Care Provider (PCP)	Total	4,634	7
	Safety Net	490	1
Practitioner - Primary Care Provider (PCP)	Total	1,199	12
	Safety Net	358	9
Substance Abuse	Total	44	18
	Safety Net	44	17
Uncategorized	Total	0	30
	Safety Net	0	6

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

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Figure 9: Project 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) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	126	0
	Safety Net	20	0
Case Management / Health Home	Total	35	0
	Safety Net	16	0
Clinic	Total	22	0
	Safety Net	25	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Hospice	Total	0	0
	Safety Net	0	0
Hospital	Total	0	0
	Safety Net	0	0
Mental Health	Total	188	0
	Safety Net	103	0
Nursing Home	Total	0	0
	Safety Net	0	0
Pharmacy	Total	19	0
	Safety Net	19	0
Practitioner - Non-Primary Care Provider (PCP)	Total	231	0
	Safety Net	24	0
Practitioner - Primary Care Provider (PCP)	Total	779	0
	Safety Net	232	0
Substance Abuse	Total	22	0
	Safety Net	22	0
Uncategorized	Total	0	0
	Safety Net	0	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

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Figure 10: Project 2.b.iii (ED care triage for at-risk populations) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	0
	Safety Net	0	0
Case Management / Health Home	Total	0	0
	Safety Net	16	0
Clinic	Total	0	0
	Safety Net	25	0
Community Based Organizations	Total	0	0
	Safety Net	0	0
Hospice	Total	0	0
	Safety Net	0	0
Hospital	Total	0	0
	Safety Net	9	0
Mental Health	Total	0	0
	Safety Net	0	0
Nursing Home	Total	0	0
	Safety Net	0	0
Pharmacy	Total	0	0
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	232	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	0	0
Substance Abuse	Total	0	0
	Safety Net	0	0
Uncategorized	Total	0	0
	Safety Net	0	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

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Figure 11: 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	126	0
	Safety Net	20	0
Case Management / Health Home	Total	35	0
	Safety Net	16	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Hospital	Total	7	0
	Safety Net	9	0
Practitioner - Non-Primary Care Provider (PCP)	Total	695	0
	Safety Net	196	0
Practitioner - Primary Care Provider (PCP)	Total	720	0
	Safety Net	214	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

OneCity Health PPS

Figure 12: 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) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	15
	Safety Net	35	13
Case Management / Health Home	Total	0	2
	Safety Net	0	1
Clinic	Total	0	8
	Safety Net	25	7
Community Based Organizations	Total	0	9
	Safety Net	0	0
Hospital	Total	0	1
	Safety Net	9	1
Mental Health	Total	0	4
	Safety Net	0	4
Pharmacy	Total	0	1
	Safety Net	1	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	48	0
Practitioner - Primary Care Provider (PCP)	Total	0	3
	Safety Net	125	3
Substance Abuse	Total	0	2
	Safety Net	0	2
Uncategorized	Total	0	1
	Safety Net	0	1

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

OneCity Health PPS

Figure 13: Project 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	126	0
	Safety Net	20	0
Clinic	Total	28	0
	Safety Net	31	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Mental Health	Total	161	0
	Safety Net	56	0
Practitioner - Non-Primary Care Provider (PCP)	Total	93	0
	Safety Net	24	0
Practitioner - Primary Care Provider (PCP)	Total	600	0
	Safety Net	286	0
Substance Abuse	Total	19	0
	Safety Net	19	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

OneCity Health PPS

Figure 14: Project 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	126	0
	Safety Net	20	0
Case Management / Health Home	Total	23	0
	Safety Net	11	0
Clinic	Total	11	0
	Safety Net	12	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Mental Health	Total	10	0
	Safety Net	3	0
Pharmacy	Total	8	0
	Safety Net	7	0
Practitioner - Non-Primary Care Provider (PCP)	Total	93	0
	Safety Net	24	0
Practitioner - Primary Care Provider (PCP)	Total	959	0
	Safety Net	322	0
Substance Abuse	Total	1	0
	Safety Net	1	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

OneCity Health PPS

Figure 15: Project 3.d.ii (Expansion of asthma home-based self-management program) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	50	0
	Safety Net	14	0
Case Management / Health Home	Total	9	0
	Safety Net	4	0
Clinic	Total	5	0
	Safety Net	6	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Pharmacy	Total	6	0
	Safety Net	5	0
Practitioner - Non-Primary Care Provider (PCP)	Total	93	0
	Safety Net	24	0
Practitioner - Primary Care Provider (PCP)	Total	300	0
	Safety Net	125	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

Figure 16: Project 3.g.i (Integration of palliative care into the PCMH Model) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	50	0
	Safety Net	14	0
Clinic	Total	5	0
	Safety Net	6	0
Community Based Organizations	Total	18	0
	Safety Net	0	0
Hospice	Total	7	0
	Safety Net	1	0
Practitioner - Non-Primary Care Provider (PCP)	Total	93	0
	Safety Net	24	0
Practitioner - Primary Care Provider (PCP)	Total	300	0
	Safety Net	143	0

Data Source: OneCity Health DY2, Q2 PPS Quarterly Report

As the data in Figures 8 through 16 above indicate, the PPS has engaged network partners on a limited basis for each of the nine projects highlighted. Project 3.d.ii. was also highlighted for the PPS failure to meet Patient Engagement targets consistently through the PPS Quarterly Reports, which provides an additional level of concern when combined with the PPS' failure to meet Patient Engagement targets for this.

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 1,199 PCPs for project 2.a.i., yet has only indicated the engagement of no more than 12 PCPs for any project through the DY2, Q2 PPS Quarterly Report. For project 3.a.i., the PPS committed to engaging 161 Mental Health partners and 600 PCP partners to implement this significant project, however, through the DY2, Q2 PPS Quarterly Report, the PPS has indicated engagement of zero 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 which would indicate efforts by the PPS to address challenges related to project implementation efforts.

3.d.ii (Expansion of asthma home-based self-management program)

The PPS identified challenges in the areas of workforce and IT. The PPS states they have a current shortage of community health workers trained to provide in-home assessments and also lack asthma educators particularly in pediatric primary care settings. Additionally, the PPS is challenged by the need to share patient information responsibly between/among community and practice settings.

IV. Overall Project Assessment

Figure 17 below summarizes the IA's overall assessment of the project implementation efforts of OneCity Health 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 17: 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.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.iii.	ED care triage for at-risk populations			X
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			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			X
3.a.i.	Integration of primary care and behavioral health services			X
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)			X
3.d.ii.	Expansion of asthma home-based self-management program	X		X

3.g.i.	Integration of palliative care into the PCMH Model			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 18: 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 across all projects resulted in an elevated risk score for this project.
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
2.b.iii.	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 minor challenges to be overcome.
2.b.iv.	ED care triage for at-risk populations	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.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.a.i.	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.b.i.	Integration of primary care and behavioral health services	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.

3.d.ii.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.g.i.	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.

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

While the IA did not identify any specific risks associated with project 2.a.i. beyond Partner Engagement, the IA notes that the organizational challenges identified, most notably the need for the NYC Health + Hospitals to fully support the OneCity Health PPS' DSRIP efforts combined with the limited Partner Engagement across all 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 OneCity Health PPS covered the PPS organizational capacity to support the successful implementation of DSRIP and the ability of the PPS to successfully implement the projects the PPS selected through the DSRIP Project Plan Application process. The PPS is leveraging the capacity of NYC Health + Hospitals, an integrated health care system of hospitals, neighborhood health centers, long-term care, nursing homes and home care to support the PPS' DSRIP efforts. While the decision to leverage the organizational capacity to support the DSRIP efforts does not concern the IA, it is important to the overall success of the PPS that the NYC Health + Hospitals organization fully support the efforts of the PPS in meeting its DSRIP goals. Additionally, the IA notes the cross collaboration with other PPS, including the alignment with Maimonides PPS in project selection.

The IA has some concerns regarding OneCity Health's project implementation however. For example, OneCity Health has done very little Partner Engagement throughout their network as illustrated in the Partner Engagement details presented in this assessment. This limited reporting of Partner Engagement, however, does not correlate with OneCity Health's achievement of Patient Engagement in most of its projects through DY2, Q2. This may be the result of a reporting issue, but it represents a discrepancy that the IA urges OneCity Health PPS to address in future reporting. As stated previously, the IA believes it is important that the OneCity Health PPS has the necessary support and particularly for its infrastructure and PMO operations from the NYC Health + Hospitals organization to ensure DSRIP is successfully implemented, including the complete and accurate reporting of its efforts through the PPS Quarterly Reports.

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

Partner Engagement

Recommendation 1: The IA recommends that the PPS develop an action plan to increase partner engagement across all projects being implemented by the PPS.

Funds Flow

Recommendation 1: The IA recommends that the PPS accelerate a contracting strategy to distribute funds to their partners to promote more engagement.

B. Project Recommendations

2.a.i. (Create Integrated Delivery Systems that are focused on Evidence-Based Medicine/Populations Health Management)

Recommendation 1: The IA recommends that the PPS develop a plan to increase partner engagement to ensure the PPS I able to successfully meet project implementation milestones, performance metrics, and DSRIP goals.

3.d.ii (Expansion of asthma home-based self-management program)

Recommendation 1: The IA recommends the PPS continue to pursue workforce solutions through its identified workforce partners to foster workforce pipeline for necessary workers with appropriate skillsets

Recommendation 2: The IA recommends the PPS continue to collaborate with the NYS Asthma Regional Coalitions to provide asthma education certification trainings.