Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

Refuah Community Health Collaborative PPS

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Prepared by the DSRIP Independent Assessor

Refuah Community Health Collaborative PPS

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Refuah Community Health Collaborative PPS

I. Introduction

Refuah Community Health Collaborative PPS (Refuah) serves two counties: Orange County and Rockland County. The Medicaid population attributed to this PPS for performance totals 42,153. The Medicaid population attributed to this PPS for valuation was 26,804. Refuah was awarded a total valuation of $45,634,589 in available DSRIP Performance Funds over the five year DSRIP project.

Refuah selected the following seven projects from the DSRIP Toolkit:

Figure 1: Refuah 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.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))
2.c.i	Development of community-based health navigation services
3.a.i	Integration of primary care and behavioral health services
3.a.ii	Behavioral health community crisis stabilization services
3.a.iii	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

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 IA selected a sample of PPS network partners to participate via a sample generator from the PPS Provider Import/Export Tool (PIT)[1] report. A stratified sampling methodology was used to ensure that each category of network partner was included in the surveyed population. This was done to ensure a cross-section of the partner types in the PPS network. The IA used 95% confidence interval and 5% error rate to pull each sample. For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of approximately 21 responses per PPS.

360 Survey by Partner Category for All PPS

An analysis of the average survey scores by partner category for all PPS identifies some key trends. The two most favorable survey results were from Hospitals and Nursing Homes. The least favorable survey results came from the Mental Health, Hospice, and Primary Care Providers. These results reflect (generally) a high approval rating of PPS' engagement, communication, and effectiveness by institutional providers and a low approval rating of PPS' engagement, communication, and effectiveness by non-institutional/community based providers. A more thorough review of the four PPS organizational areas demonstrated that all partners perceived that Contracting/Funds Flow and Information Systems as the least favorable rankings (compared to Governance and Performance Management).

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

Refuah Community Health Collaborative PPS

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

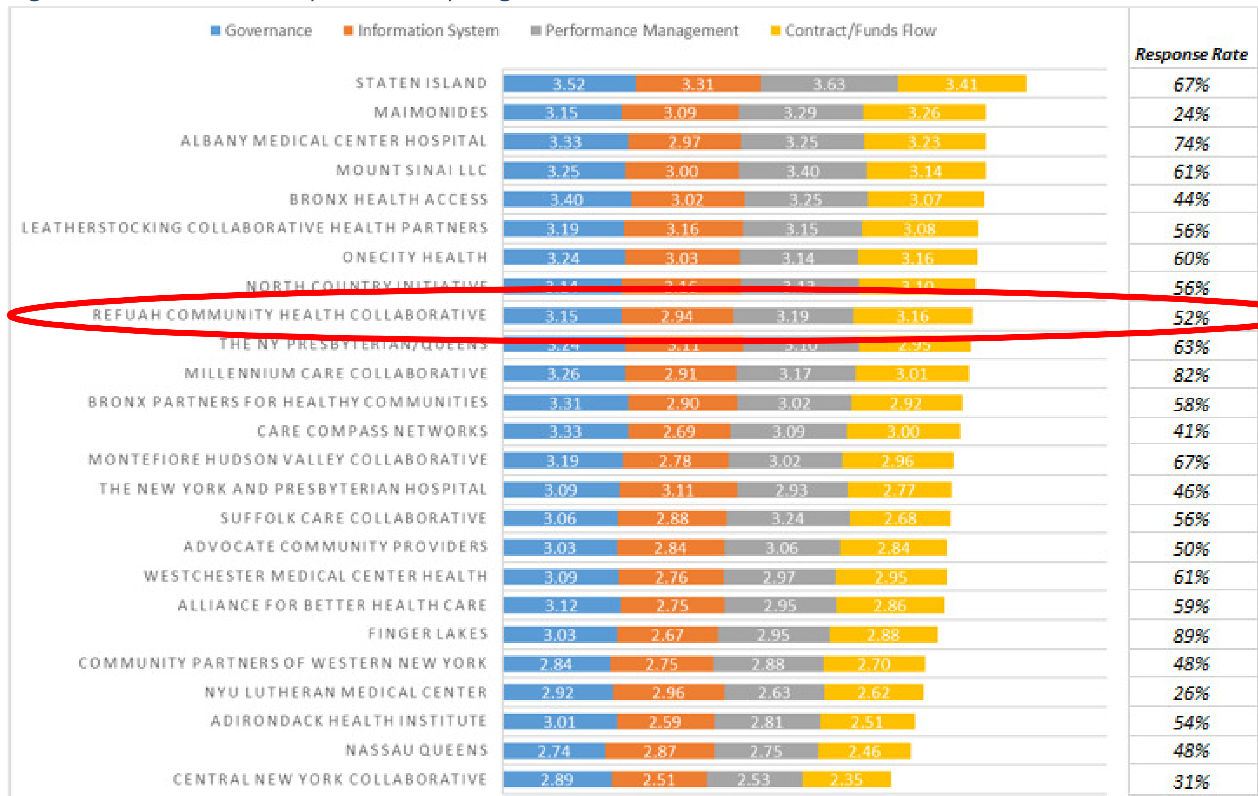
Refuah 360 Survey Results[2]

The Refuah 360 survey sample included 25 participating network partner organizations identified in the PIT; 13 of those sampled (52%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The Refuah aggregate 360 survey score ranked 9th out of 25 PPS (Figure 3).

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

Refuah Community Health Collaborative PPS

Figure 3: PPS 360 Survey Results by Organizational Area



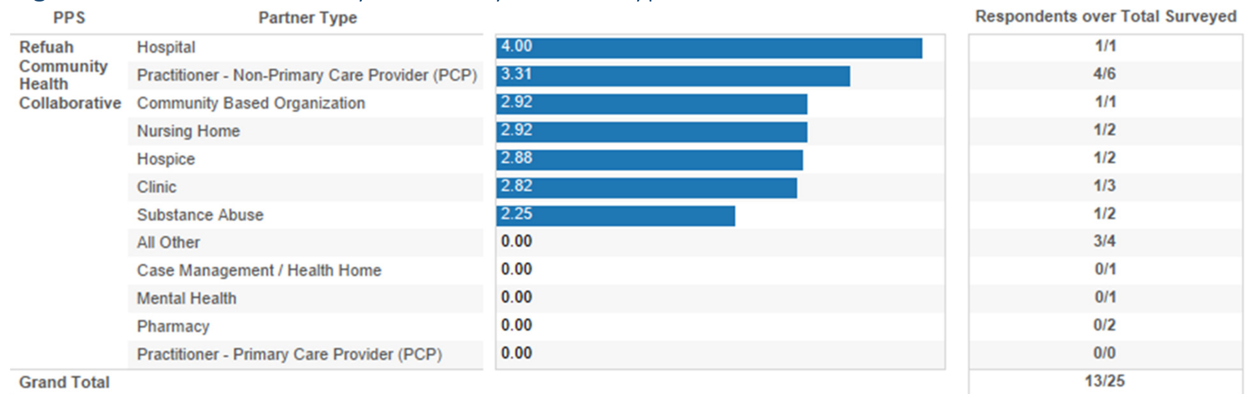
Data Source: 360 Survey Data for all 25 PPS

Refuah Community Health Collaborative PPS

Refuah Survey Results by Partner Type

The IA analyzed the survey response by partner category to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Hospice survey result was high (6th out of 12) compared to all PPS' (10th out 12). Substance Abuse and Clinic categories were average, which was consistent with peer PPS responses. Most negative answers were for the Governance and Information System questions.

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



PPS	Partner Type	Average Score	Respondents over Total Surveyed
Refuah Community Health Collaborative	Hospital	4.00	1/1
	Practitioner - Non-Primary Care Provider (PCP)	3.31	4/6
	Community Based Organization	2.92	1/1
	Nursing Home	2.92	1/2
	Hospice	2.88	1/2
	Clinic	2.82	1/3
	Substance Abuse	2.25	1/2
	All Other	0.00	3/4
	Case Management / Health Home	0.00	0/1
	Mental Health	0.00	0/1
	Pharmacy	0.00	0/2
	Practitioner - Primary Care Provider (PCP)	0.00	0/0
Grand Total			13/25

Data Source: Refuah 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 low results, the IA found that CBO entities may have also been identified as part of the All Other partner category.

Refuah Community Health Collaborative PPS

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 Refuah **earned all available Organizational AVs and earned three of a possible three Patient Engagement Speed AVs.**
- In DY1, Q4, Refuah **earned all available Organizational AVs and earned five of a possible five 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 already completed by the PPS. The following sections highlight the IA's assessment on the 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.

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

PPS Governance

Refuah submitted its Executive Governing Body (EGB) Charter to the IA in DY1, Q2 to explain the representation on the governing body. Originally formed with three founding members, Refuah Health Center ("Refuah"), Ezras Choilim Health Center ("Ezras Choilim") and Good Samaritan Medical Center ("Good Samaritan") select their own representatives to the EGB. In addition to representation from its founding organizations, the PPS submitted its EGB meeting minutes to the IA in DY1, Q3 demonstrating the involvement of various provider types in its EGB. These members represented Home Care, Clinicians, FQHC, Behavioral Health, OPWDD, Long Term Care, Workforce Labor and an outstanding seat is reserved for a CBO.

During the IA's on-site visit with Refuah, the PPS discussed the shift in the governance dynamics of its partnering organizations and emphasized that, despite the shift, the PPS has leveraged its relationships by fostering collaboration with varying organizations and other PPS' in its region who all contribute their expertise to the PPS. For example, the PPS participates in the Hudson Region DSRIP Council which is comprised of three PPS in the region, Refuah, Westchester, and Montefiore, to collaborate on Domain 4 projects focused on tobacco cessation and peer to peer self-management.

In DY1, Q3 the PPS submitted an organizational chart, and it is important to note the existence of the PPS' compliance program within its governance structure. During the IA on-site visit, the PPS Compliance Officer demonstrated a sophisticated program used to validate and audit its partners' data before submitting it to the IA and the State for review. The compliance program utilizes an electronic system to monitor partners' performance and to distribute and track training. The compliance audits align with payments. The Compliance Committee reports directly to the EGB. The IA highlights the presence and role of the Compliance program in that out of the 25 PPS this is one of the few that had a robust program with elevated involvement that spans across data validation, payment alignment and performance reporting.

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 the Refuah had reported spending of $954,819.00 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 Refuah spends $22.65 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, Refuah distributed $1,156,575.00 to the PPS PMO out of a total of $1,978,997.00 in funds distributed across the PPS network, accounting for 58.44% 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 a part of the DY1, Q3 PPS Quarterly Report, Refuah submitted a list of Community Based Organizations (CBOs) in its organization and indicated whether they had completed contracts. The IA found that all CBOs listed will be compensated for the services they provide and the two-thirds of the contracts have been fully executed. The PPS indicated that the potion that remained outstanding will receive compensation upon signing the master agreement. There was a total of 40 CBOs listed in the submission.

Refuah submitted a Community Engagement Plan as a part of its DY2, Q1 Quarterly Report submission. In its plan, the PPS discusses its belief that it can best solicit input and participate through strategies which encourage community driven interactions. To that end, the PPS has taken action to ensure that key stakeholders in the community are actively engaged in the PPS. This includes engaging community members to hold multiple seats on the Executive Governing Body, participating in regional CBO collaboratives, and comprising the Cultural Competency and Health Literacy (CCHL) Workgroup almost entirely of community representatives, who oversee and drive Refuah's approach to CCHL.

In further assessing the engagement of CBOs by Refuah, the IA found that the PPS had distributed $26,250.00 or 1.33% 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.

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[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 and Health Literacy

The Refuah Cultural Competency and Health Literacy (CCHL) Strategy was submitted as a part of its DY1, Q4 Quarterly Report. The CCHL Strategy was developed around three key principles:

1) Patient empowerment
2) Provider cultural humility
3) Structural competency

The Refuah approach to CCHL was informed by its Community Needs Assessment (CNA) and census data, which focused the PPS' efforts on racial and ethnic minority groups who have traditionally experienced disparate health outcomes within three zip codes, Spring Valley, Monroe and Monsey, as they account for 93% of patient lives assigned to the Refuah. Refuah's CBO-led workgroup also recognizes other marginalized groups in the region who experience healthcare disparities and who will require focused attention: individuals who are intellectually or developmentally disabled, individuals who identify as being members of the LGBTQ community (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning – with specific focus on youth/adolescent population), individuals suffering from mental illness or drug dependence, impoverished individuals, and immigrants, particularly those with limited English proficiency.

Refuah conducted a survey designed for partners to self-assess organizational commitment and gaps in Cultural Competency, Health Literacy and Language Access. Thirteen partners responded to the training survey. Most partners reported having provided training at least annually and most of them acknowledged that they would benefit from additional resources for training, developing materials, or creating policies and procedures on Cultural Competency and/or Health Literacy. Two organizations expressed the need for access to and expansion of translation services in English/Spanish, English/Haitian Creole and English/Yiddish; most had bilingual staff and reported that additional translation services were not needed. Some partners already have a robust program in place and offer ongoing evidence-based cultural diversity training.

Topics will continue to be guided by the three key principles embodied in the CCHL Strategy:

1) **Patient Empowerment:** A process in which patients understand their role, are given the knowledge and skills by their health-care provider to perform a task in an environment that recognizes community and cultural differences and encourages patient participation.
2) **Provider Cultural Humility:** Cultural humility is one construct for understanding and developing a process-oriented approach to competency. The ability to maintain an interpersonal stance that is other-oriented (or open to other) in relation to aspects of cultural identity that are most important to the (person).
3) **Structural Competency:** Structural competency calls for a new approach to the relationships among race, class, and symptom expression. It bridges research on social

determinants of health to clinical interventions, and prepares clinical trainees to act on systemic causes of health inequalities.

Refuah has developed a method of evaluating training effectiveness. The PPS will ask partners to conduct pre- and post-knowledge checks and provide feedback on any CCHL training supported by the PPS. These responses shall be reviewed by the CCHL Workgroup during regular workgroup meetings. An evaluation and adjustment of the training plan will take place on an ongoing basis.

Financial Sustainability and Value Based Purchasing (VBP)

Refuah created a Financial Sustainability Plan which was submitted to the IA in DY1, Q4. On an annual basis, partners will be required to submit a Financial Stability survey. Partners identified as “weak” based on the annual Financial Assessment process will be compiled by the DSRIP Finance Officer and presented to the PMO management team. The PMO management team will review the list of “weak” partners and identify those that are critical to attaining DSRIP goals and success in Refuah project accomplishments. Partner meeting will be scheduled with those partners and if a partner is deemed financially fragile, a partner profile will be developed and presented to the Financial Governing Committee and Executive Governing Body. A Performance Improvement Plan will be developed to describe their glide path to financial sustainability and the resources required. The PMO management team will assess the partner’s needs and determine whether expertise of other partners within Refuah can be leveraged to assist the “financially fragile” partner. As part of Refuah’s funds flow, a Sustainability Fund will be established to assist “financially fragile” partners with attaining financial health.

To date, Refuah has identified one financially weak partner and is monitoring the partner through the steps outlines above.

Refuah has established a VBP Workgroup who reports directly to the Financial Governance Committee. Refuah did not address any additional detail in the PPS narratives related to VBP.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, Refuah funds flow reporting indicates they have distributed 58.17% ($1,978,997.00) of the DSRIP funding it has earned ($3,402,146.41) to date. In comparison to other PPS, the distribution of 58.17% of the funds earned ranks 13th and is slightly above the statewide distribution overage of 56.20%.

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

Refuah Community Health Collaborative PPS

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

Total Funds Available (DY1)	$3,402,146.43		
Total Funds Earned (through DY1)	$3,402,146.43 (100.00% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$1,978,997.00 (58.17% of Earned Funds)		
Partner Type	**Funds Distributed**	**Refuah (% 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	$7,500.00	0.38%	30.41%
Clinic	$656,172.00	33.16%	7.54%
Case Management/Health Home	$19,500.00	0.99%	1.31%
Mental Health	$28,000.00	1.41%	2.43%
Substance Abuse	$15,000.00	0.76%	1.04%
Nursing Home	$11,500.00	0.58%	1.23%
Pharmacy	$1,500.00	0.08%	0.04%
Hospice	$4,000.00	0.20%	0.16%
Community Based Organizations[7]	$26,250.00	1.33%	2.30%
All Other	$39,000.00	1.97%	5.82%
Uncategorized	$14,000.00	0.71%	0.53%
Non-PIT Partners	$0.00	0.00%	0.58%
PMO	$1,156,575.00	58.44%	41.99%

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

In further reviewing the Refuah funds flow distributions, it is notable that the distributions are heavily directed towards Clinics and the PPS PMO, with 91.60% of the funds being directed to those two partner categories. While the PPS has distributed funds across most partner types, the data indicates that the PPS has not distributed funds to the PCP partners through DY2, Q2. It will be important for the PPS to identify opportunities to distribute funds to these partners to ensure they remain engaged in DSRIP project implementation efforts.

Primary Care Plans

The IA reviewed the executive summaries of the Primary Care Plans submitted by DOH during the public comment period. The IA review focused on the completeness and progress

[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.

demonstrated by the PPS in the Primary Care Plans. Refuah is 100% FQHC (clinics) and hospital-based providers. The IA agrees with the assessment that Refuah is actively expanding mental health services, however other areas could include more specific information on primary care services and integration. The IA also agrees with the assessment that the Primary Care Plans could have provided more information on funds flowed.

B. Project Assessment

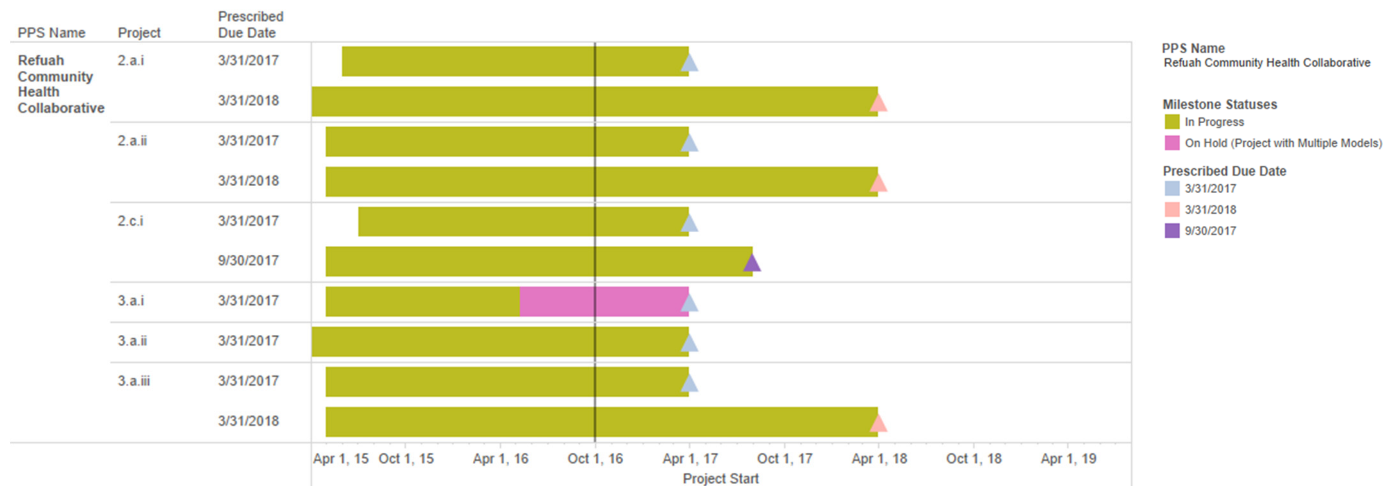
In addition to the assessment of the overall organizational capacity of the PPS, the IA assessed the PPS progress towards implementing the DSRIP projects the PPS selected through the DSRIP Project Plan Application process. In assessing the PPS progress towards project implementation, the IA relied upon 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 Refuah’s current status in completing the project milestones within each project. Figure 6 also indicates where the required completion dates are for the milestones.

Refuah Community Health Collaborative PPS

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



Data Source: Refuah DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, all projects appear to be 'In Progress' and although Project 3.a.i has a portion identified as 'On Hold' it is related to the PPS not pursuing Model 3 for this project. Therefore, for the models the PPS is pursuing, there is no risk of project implementation meeting the required completion dates at this time.

Patient Engagement AVs

In addition to the analysis of the current project implementation status, the IA reviewed Refuah's performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. In DY1, Q2 Refuah met all of its reporting obligations for Actively Engaged commitments and has continued to do so throughout each reporting period through DSRIP Year 2 Quarter 2[9].

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.

[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.

[9] The successful attainment of DSRIP Year 2 Quarter 2 Actively Engaged committed numbers is based on reporting only.

Refuah Community Health Collaborative PPS

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 9 through 17 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.

As part of this effort, the IA reviewed all projects to determine whether there is an elevated risk to project progress based on a lack of Partner Engagement. Figures 7 through 9 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.

Refuah Community Health Collaborative PPS

Figure 7: 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	363	150
	Safety Net	124	68
Case Management / Health Home	Total	8	3
	Safety Net	4	0
Clinic	Total	6	7
	Safety Net	6	5
Community Based Organizations	Total	17	7
	Safety Net	0	0
Hospital	Total	4	0
	Safety Net	4	0
Mental Health	Total	66	22
	Safety Net	17	3
Nursing Home	Total	6	0
	Safety Net	6	0
Pharmacy	Total	11	1
	Safety Net	4	1
Practitioner - Non-Primary Care Provider (PCP)	Total	367	189
	Safety Net	70	51
Practitioner - Primary Care Provider (PCP)	Total	58	65
	Safety Net	53	38
Substance Abuse	Total	11	3
	Safety Net	10	2
Uncategorized	Total	0	21
	Safety Net	0	0

Data Source: Refuah DY2, Q2 PPS Quarterly Report

Figure 8: Project 2.c.i (Development of community-based health navigation services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	77
	Safety Net	36	36
Clinic	Total	0	3
	Safety Net	4	1
Community Based Organizations	Total	0	1
	Safety Net	0	0
Mental Health	Total	0	7
	Safety Net	6	1
Pharmacy	Total	0	1
	Safety Net	1	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	92
	Safety Net	30	26
Practitioner - Primary Care Provider (PCP)	Total	0	35
	Safety Net	53	21
Substance Abuse	Total	0	0
	Safety Net	1	0
Uncategorized	Total	0	5
	Safety Net	0	0

Data Source: Refuah DY2, Q2 PPS Quarterly Report

Figure 9: Project 3.a.ii (Behavioral health community crisis stabilization services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	76
	Safety Net	43	36
Case Management / Health Home	Total	0	0
	Safety Net	1	0
Clinic	Total	0	3
	Safety Net	3	1
Community Based Organizations	Total	0	1
	Safety Net	0	0
Mental Health	Total	0	7
	Safety Net	7	1
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	92
	Safety Net	38	26
Practitioner - Primary Care Provider (PCP)	Total	0	35
	Safety Net	53	21
Substance Abuse	Total	0	0
	Safety Net	3	0
Uncategorized	Total	0	6
	Safety Net	0	0

Data Source: Refuah DY2, Q2 PPS Quarterly Report

As the data in Figures 7 through 9 above indicate, the PPS has engaged network partners on a limited basis across three projects. While this data indicates a level of concern on the PPS ability to successfully implement these projects, it does not, alone, indicate a level of elevated risk for these projects.

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PPS Narratives

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.

3.a.i (Integration of primary care and behavioral health services): For 3.a.i Model 2, integrating primary care into behavioral health practices, the PPS was challenged by the historical and philosophical schism between providers of mental health care and providers of medical care has made the marriage of the two more challenging. In particular, the union requires that neither camp adopt the style of the other outright, but rather that both adopt a new "third model" of more freely sharing information as well as "ownership" of patients. The PPS is mitigating this by supporting the participation of its largest primary care provider in the MAX Series Topic 2: Integration of Behavioral Health and Primary Care Services. Although noteworthy, this challenge does not lend itself to any challenges surrounding the engagement of Mental Health providers in this project.

IV. Overall Project Assessment

Figure 10 below summarizes the IA's overall assessment of the project implementation efforts of Refuah 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 10: 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.ii.	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))			
2.c.i.	Development of community-based health navigation services			X
3.a.i.	Integration of primary care and behavioral health services			
3.a.ii.	Behavioral health community crisis stabilization services			X
3.a.iii.	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance			

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 11: 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	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 associated with Partner Engagement.
2.a.ii.	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
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 associated with Partner Engagement.
3.a.i.	Integration of primary care and behavioral health services	1	This the lowest risk score indicating the project is more than likely to meet intended goals.
3.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 overcome associated with Partner Engagement.
3.a.iii.	Implementation of evidence-based medication adherence programs (MAP) in community based sites for behavioral health medication compliance	1	This the lowest risk score indicating the project is more than likely to meet intended goals.

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

VI. IA Recommendations

The IA's review of the Finger Lakes 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. Refuah Community Health Collaborative PPS is doing an excellent job embracing the challenges and opportunities that DSRIP brings. Refuah is one of the smallest PPS in DSRIP, with less than $46M in total DSRIP funds. In order to maximize success, Refuah will need to continue to work with their key partners in Orange and Rockland counties.

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

Cultural Competency and Health Literacy

Recommendation 1: Although the PPS is utilizing a pre- and post-test to measure provider knowledge, it is not clear what measures the PPS is using to assess the effectiveness of the cultural and linguistic training when applied by partners in the network. The IA recommends that the PPS develop measures to assess the current cultural competency of the clinical providers within its network along with the impact any cultural competency training provided to the same providers to address the effectiveness of its CCHL trainings.

B. Project Recommendations

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