NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Final Report

Community Partners of Western New York PPS (CPWNY)

December 2016

www.health.ny.gov

Prepared by the DSRIP Independent Assessor

Community Partners of Western New York (CPWNY)

Contents

Community Partners of Western New York (CPWNY)

I. Introduction

Community Partners of Western New York (CPWNY) PPS (formerly known as Sisters of Charity Hospital of Buffalo, NY PPS) serves three counties in Western New York: Chautauqua, Erie, and Niagara. The Medicaid population attributed to this PPS for performance totals 85,278. The Medicaid population attributed to this PPS for valuation was 43,375. CPWNY was awarded a total of $92,253,402 in DSRIP Performance Funds over the 5 year DSRIP project.

CPWNY selected the following 10 projects from the DSRIP Toolkit:

Figure 1: CPWNY DSRIP Project Selection

Project	Project Description
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
2.b.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.c.ii.	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services
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.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)
3.g.i.	Integration of palliative care into the PCMH Model
4.a.i.	Promote mental, emotional and behavioral (MEB) well-being in communities
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 Independent Assessor selected a sample of PPS network partners to participate via a sample generator from the PPS Provider Import/Export Tool (PIT)[1] report. A stratified sampling methodology was used to ensure that each category of network partner was included in the surveyed population. This was done to ensure a cross-section of the partner types in the PPS network. The IA used 95% confidence interval and 5% error rate to pull each sample. For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of approximately 21 responses per PPS.

360 Survey by Partner Category for All PPS

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

Figure 2: All PPS 360 Survey Results by Partner Type and Organizational Area

Partner Type	*Average Score*		Governance	Performance Management	IT Solutions	Funds Flow
Hospital	*3.32*		3.42	3.39	3.04	3.28
Nursing Home	*3.06*		3.15	2.93	2.93	2.79
Community Based Organization	*3.00*		3.17	3.04	2.73	2.97
Case Management / Health Home	*2.93*		2.98	2.87	2.81	2.75
Practitioner - Non-PCP	*2.93*		3.03	2.80	2.64	2.40
Clinic	*2.92*		2.96	3.03	2.75	2.66
Substance Abuse	*2.91*		3.08	2.96	2.78	2.82
Pharmacy	*2.87*		3.00	2.84	2.31	2.25
All Other	*2.84*		2.92	2.83	2.63	2.69

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

Community Partners of Western New York (CPWNY)

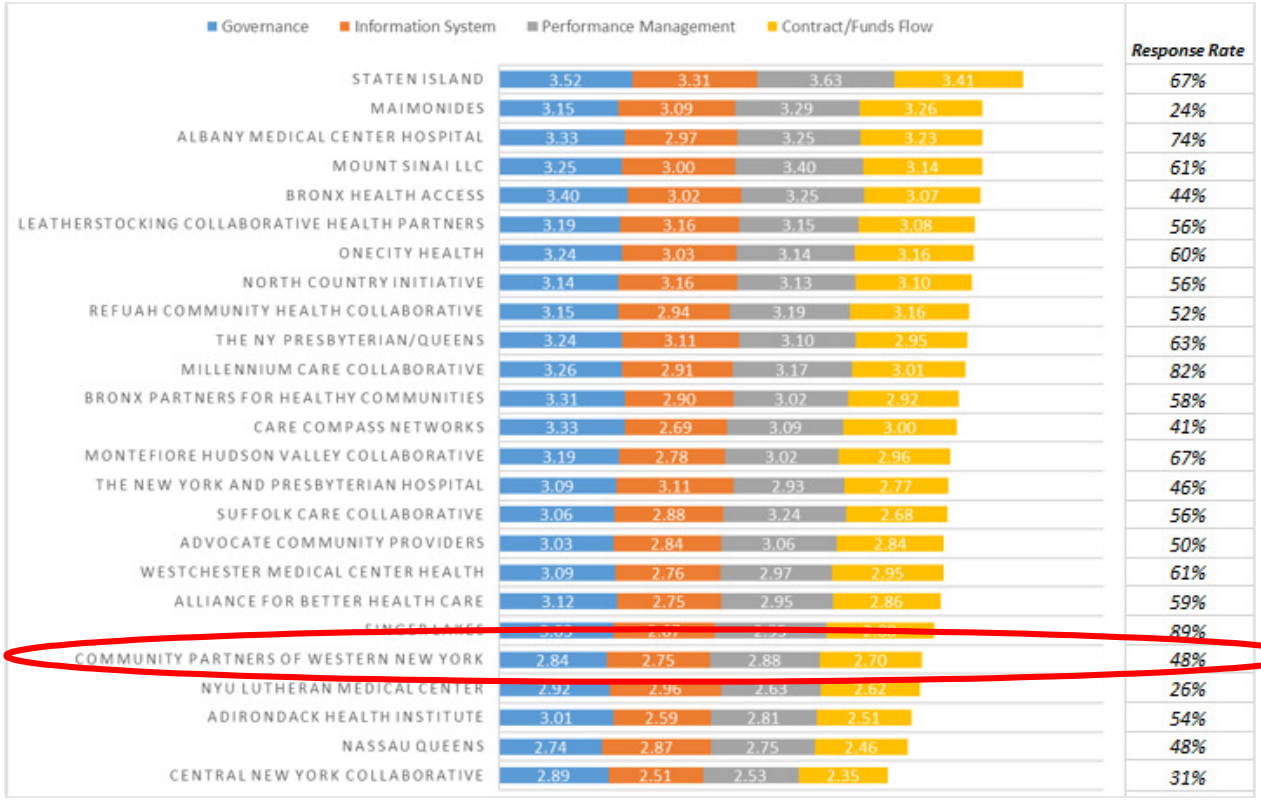
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

Community Partners of Western New York 360 Survey Results[2]

The CPWNY 360 survey sample included 48 participating network partner organizations identified in the PIT; 23 of those sampled (48%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The CPWNY aggregate 360 survey score ranked 20th 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."

Community Partners of Western New York (CPWNY)

CPWNY 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 low (8th out of 12), which was unusual compared to all PPS' (4th out 12). Mental Health and Practitioner – Primary Care Provider categories were also low, which was consistent with peer PPS responses. Most negative answers were for the Contracting / Funds Flow and the IT Solutions questions.

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

PPS	Partner Type		Respondents over Total Surveyed
Community Partners of Western New York	Nursing Home	3.22	1/2
	Hospice	3.18	1/2
	Clinic	3.07	3/3
	Pharmacy	2.94	2/2
	Substance Abuse	2.86	2/2
	All Other	2.40	4/15
	Mental Health	2.00	1/2
	Case Management / Health Home	1.87	3/3
	Practitioner - Non-Primary Care Provider (PCP)	1.77	4/7
	Practitioner - Primary Care Provider (PCP)	1.67	2/5
	Community Based Organization	0.00	0/2
	Hospital	0.00	0/3
Grand Total			23/48

Data Source: CPWNY 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] 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.

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, CPWNY **earned all available Organizational AVs and earned three of a possible seven Patient Engagement Speed AVs.**
- In DY1, Q4, CPWNY **earned all available Organizational AVs and earned three of a possible seven 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

The PPS Governance structure includes an Executive Governance Body (EGB) which reports to the PPS Lead, Sisters of Charity Hospital, and is supported by the Project Advisory Committee, Financial Governance Committee, and Catholic Medical Partners Project Management. Subcommittees include the Clinical Integration Standardization Group, and Patient Quality and Safety. The EGB is comprised of a broad representation of partner types such as community based organizations, hospice, unions, PCPs, and human services organizations. It is noted that 60% of the EGB is comprised of representatives from Catholic Medical Partners or Catholic Health System. In terms of decision making, ultimate authority is retained by the PPS Lead, Sister of Charity Hospital.

During the IA's on-site visit with the CPWNY, the PPS indicated that there had been recent modification to the composition of the EGB in order to include representation from entities in Chautauqua County; a portion of their service area that is notably lacking in partner engagement, as discussed below.

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 CPWNY had reported spending of $1,364,087.00 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 CPWNY spends $16.00 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, CPWNY distributed $703,345.86 to the PPS PMO out of a total of $6,444,472.31 in funds distributed across the PPS network, accounting for 10.91% 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 DY1, Q4 PPS Quarterly Report, CPWNY included a list of all Community Based Organizations in its organization, and whether they had completed contracts. The IA found that the PPS has contracted with all of the Community Based Organizations 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 CPWNY, the IA found that 23.47%, or $1,512,837.45, of the funds distributed through DY2, Q2 has been distributed to CBO partners. However, of those distributions, the IA found that the PPS has been primarily distributing funds under the Community Based Organizations partner category to two entities, Catholic Medical Partners and Catholic Health Systems, both of which are not featured on the list of Community Based Organizations with which CPWNY has contracted.

Cultural Competency and Health Literacy

The CPWNY approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA) which was conducted collaboratively with the Millennium Collaborative Care PPS. Within the governance structure of CPWNY a CCHL committee has been formed, inclusive of Medicaid members, to drive the CCHL efforts for the PPS. The CCHL committee meets on an ad-hoc basis and members of this committee are tasked with outreach efforts to encourage Community Based Organizations to attend meetings. Additionally, CPWNY belongs to the Regional Multicultural Advisory Committee.

Between July and November 2015, CPWNY conducted a survey to assess baseline cultural competency of 103 clinical partners. In September, 2015, the PPS, in association with P2 Collaborative and Millennium Collaborative Care PPS, conducted a Culturally and Linguistically Appropriate Services (CLAS) survey of providers, organization, and community based organizations. The survey returned a response rate of only 22% however results indicated that only one of the PPS partners had engagement on CCHL with the remaining respondents indicated that they had not incorporated CLAS standards in to their entity.

CPWNY has also contracted with the Community Health Workers Network of Buffalo to assist in assessing the cultural and linguistic competency of the clinical partners in their network. The Community Health Workers of Buffalo is assisting CPWNY by providing research, training, and evaluation of various aspects of CCHL to inform an integrated, comprehensive strategy for the

PPS. The Community Health Workers Network of Buffalo, who hire from within the community they serve, also works to create a dialogue with communities to discuss health care needs and educate PPS partners on CCHL.

CPWNY also provides mandatory CCHL training to their hospital partners and offers free webinars for all partners. As part of CCHL imbedded in project efforts, for MEB and the effort to reduce Mental Health stigma, CPWNY offers Mental Health First Aid Training that can be attended by public and private sector organizations. One such course was attended by NYS Troopers. This CCHL training program offered through CPWNY includes CME credits as an incentive to encourage providers to engage in the trainings. Currently, RMAC is investigating a poverty simulation training that could be offered to our clinicians or CBOs in line with United Way trainings.

Prior to these efforts, one hospital had a mandatory training and all others did not address this topic. CPWNY further indicated that its efforts are primarily focused on Erie County and Niagara County initially with efforts to expand to Chautauqua County at a later time.

Financial Sustainability and Value Based Purchasing (VBP)

CPWNY created a Financial Governance Committee that is tasked with assisting the Executive Governance Body in the oversight of several areas related to finance including reporting, compliance, distribution of funds and oversight of financial performance. One of the major efforts undertaken to date by CPWNY was the creation of a plan to identify and assist financially fragile partners. CPWNY performed a baseline assessment of its partners' financial health in DY1, from which it did not find any partners in financial hardship.

The PPS performed a subsequent financial health assessment of its partners, and determined that one partner was in financial distress. The PPS took action to assist this partner with the following steps:

- Secured Essential Health Care Provider Support Program funding of $2.7 Million to pay off debt, and $3.6 Million for new/improved services
- Assisted this partner by providing a VP of development to sit on its Board
- Established a rural residency position at this partner to be supported by the PPS

It will be important for CPWNY to continue assessing the financial health of its network partners throughout the life of DSRIP. This will be of particular importance as DSRIP funding shifts from pay for reporting (P4R) to pay for performance (P4P) and as partner reimbursement shifts towards Value Based Purchasing (VBP).

The PPS has also established a VBP Subcommittee, which reports to the Financial Governance Committee. This VBP Subcommittee performed a baseline assessment to determine their partner readiness to implement VBP. CPWNY indicated an intent to conduct education and guidance for its network partners leveraging state resources, such as VBP Bootcamp materials and videos, and

to share learnings from PPS events but did not elaborate on their plans to implement this strategy. CPWNY also noted that it has an independent practice association within their PPS network that is moving toward an accountable care organization arrangement that will contain both upside and downside risk, however widespread movement towards VBP is not yet apparent throughout the PPS network.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, CPWNY's funds flow reporting indicates they have distributed 95.00% ($6,444,472.31) of the DSRIP funding it has earned ($6,783,758.07) to date. In comparison to other PPS, the distribution of 95.00% of the funds earned ranks 2nd compared to all 25 PPS and places CPWNY well above the statewide average of 56.20%.

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

Community Partners of Western New York (CPWNY)

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

Total Funds Available (DY1)	**$6,871,320.46**		
Total Funds Earned (through DY1)	**$6,783,758.07 (98.73% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$6,444,472.31 (95.00% of Earned Funds)**		
Partner Type	**Funds Distributed**	**CPWNY (% of Funds distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$1,000,740.00	15.53%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$77,093.00	1.20%	0.73%
Hospital	$2,924,517.00	45.38%	30.41%
Clinic	$0	0.00%	7.54%
Case Management/Health Home	$13,009.00	0.20%	1.31%
Mental Health	$0	0.00%	2.43%
Substance Abuse	$0	0.00%	1.04%
Nursing Home	$0	0.00%	1.23%
Pharmacy	$0	0.00%	0.04%
Hospice	$150,768.00	2.34%	0.16%
Community Based Organizations[7]	$1,512,837.45	23.47%	2.30%
All Other	$0	0.00%	5.82%
Uncategorized	$62,162	0.96%	0.53%
Non-PIT Partners	$0	0.00%	0.58%
PMO	$703,345.86	10.91%	41.99%

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

In further reviewing the CPWNY funds flow distributions, it is notable that the distributions are heavily directed towards the Practitioner – Primary Care Physician (PCP), Hospital, and Community Based Organizations partner categories, with 84.30% of the funds being directed to those three partner categories. While the PPS has distributed funds to many partner types, funding distributions to Behavioral Health (Mental Health and Substance Abuse) have not occurred. It will be important for the PPS to address this in future funding distributions to ensure the continued engagement of these partners in the successful implementation of the DSRIP projects.

Primary Care Plans

[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.

Community Partners of Western New York (CPWNY)

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 CPWNY developed a strong primary care plan with details on the active implementation efforts in the PPS projects. The expansion of the CMP resources and the partnership with Chautauqua County Health Network are viewed as positive steps in helping the PPS to strengthen regional primary care networks and to provide practice transformation resources to community-based providers.

B. Project Assessment

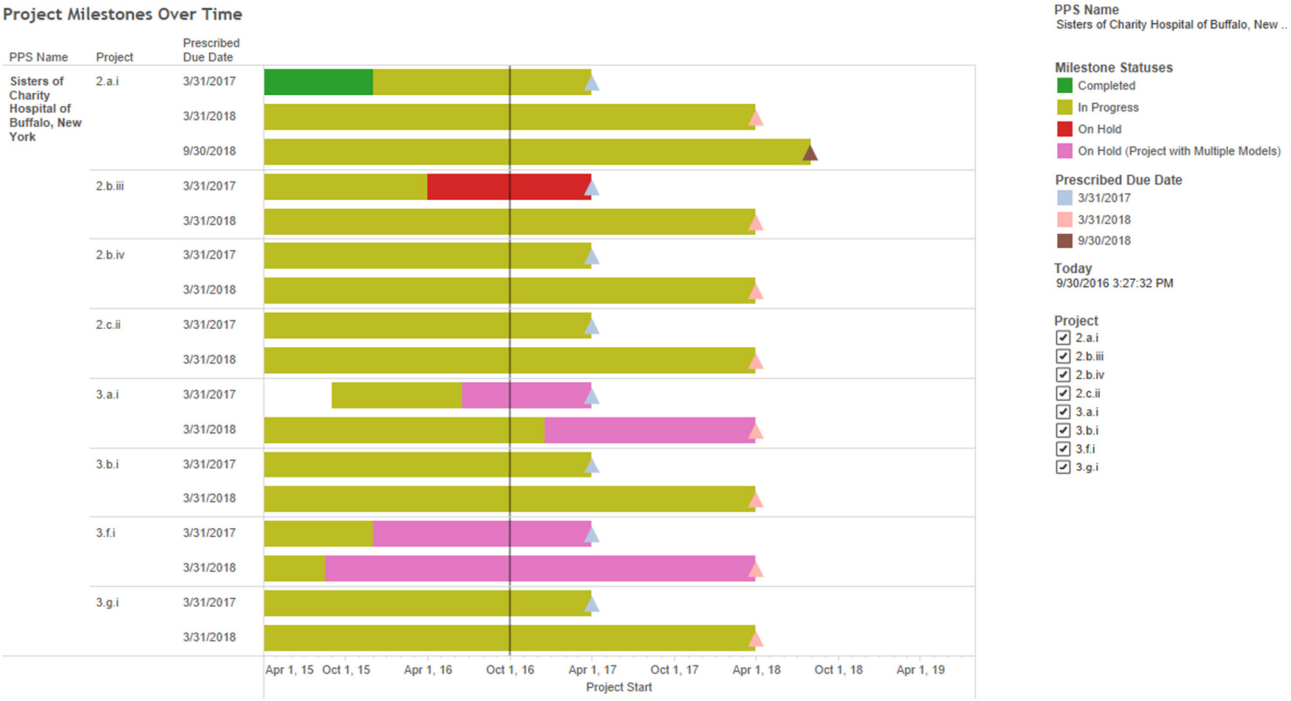
In addition to the assessment of the overall organizational capacity of the PPS, the IA assessed the PPS progress towards implementing the DSRIP projects the PPS selected through the DSRIP Project Plan Application process. In assessing the PPS progress towards project implementation, the IA relied upon 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.

Community Partners of Western New York (CPWNY)

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



Data Source: CPWNY DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified three projects that are at risk due to the current status of project implementation efforts; projects 2.b.iii., 3.a.i., and 3.f.i. all have milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such are at risk of losing a portion of the Project Implementation Speed AV for each project.

In addition to the risks associated with the current status of milestones with a DY2, Q4 required completion date for projects 2.b.iii, 3.a.i, and 3.f.i, there are additional risks associated with projects 3.a.i and 3.f.i, which the PPS has committed to a completion date of DY3, Q4. For each of these projects, the PPS has multiple milestones that have a status of 'On Hold'.

[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.

Further assessment of the PPS project implementation status for project 3.a.i. indicates that many of the project milestones with a status of 'On Hold' are related to the PPS not pursuing Model 3 for this project. Therefore, for the models the PPS is pursing, there is no risk of project implementation meeting the required completion dates at this time.

Similarly, for project 3.f.i., the PPS is only implementing Model 1 and all milestones that have a current status of 'On Hold' are associated with Model 2. As such, the IA has not identified any risks 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 CPWNY's performance in meeting the Patient Engagement targets through the PPS Quarterly Reports. The IA identified five projects where the PPS has missed the Patient Engagement targets in at least one PPS Quarterly Report. Figures 7 through 11 below highlight those projects where CPWNY has missed the patient Engagement target for at least one quarter.

Figure 7: 2.b.iii. (ED care triage for at-risk populations Patient) Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	3,677	5,070	139.88%
DY1, Q4	9,532	1,428	14.98%
DY2, Q2	6,128	438	7.15%

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

Figure 8: 2.c.ii (Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	250	0	0%
DY1, Q4	840	4	0.48%
DY2, Q2	2,900	12	0.41%

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

Figure 9: 3.a.i. (Integration of primary care and behavioral health services) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	9,283	6,275	67.6%
DY1, Q4	25,142	20,047	79.7%
DY2, Q2	17,407	18,993	109.11%

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

Figure 10: 3.f.i. (Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	10	11	183.3%

DY1, Q4	42	42	100%
DY2, Q2	90	60	66.67%

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

Figure 11: 3.g.i (Integration of palliative care into the PCMH Model) Patient Engagement

DY1, Q4	428	144	33.64%

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

For projects 2.b.iii. the combination of lagging project implementation efforts as indicated in the Project Milestone Status analysis and the failure to meet Patient Engagement targets would indicate that this project is at an elevated risk for successful implementation.

For projects 2.c.ii and 3.g.i., 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.

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 12 through 16 illustrate the level of partner engagement against the Speed & Scale commitments for projects 2.b.iii., 2.c.ii., 3.a.i., and 3.f.i., and 3.g.i. 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 lagging relative the commitments made by the PPS.

The data presented in the partner engagement tables in the following pages includes the partner engagement across all defined partner types for all projects where the PPS is lagging in partner engagement. The PPS reporting of partner engagement, as well as funds flow, is done through the Provider Import Tool (PIT) of the PPS Quarterly Reports. All PPS network partners are included in the PIT and are categorized based on the same logic used in assigning the partner categorization for the Speed & Scale commitments made during the DSRIP Project Plan Application process.

In many cases, PPS did not have to make commitments to all partner types for specific projects, as indicated by the '0' in the commitment columns in the tables, however PPS may have chosen to include partners from those partner categories to better support project implementation efforts. It is therefore possible for the PPS to show a figure for an engaged number of partners within a partner category but have a commitment of '0' for that same category.

Community Partners of Western New York (CPWNY)

Figure 12: Project 2.b.iii (ED care triage for at-risk populations) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	42
	Safety Net	0	8
Case Management / Health Home	Total	0	2
	Safety Net	6	1
Clinic	Total	0	5
	Safety Net	13	3
Community Based Organizations	Total	0	5
	Safety Net	0	0
Hospital	Total	0	5
	Safety Net	4	3
Mental Health	Total	0	2
	Safety Net	0	2
Pharmacy	Total	0	2
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	14
	Safety Net	0	0
Practitioner - Primary Care Provider (PCP)	Total	0	22
	Safety Net	41	4
Substance Abuse	Total	0	4
	Safety Net	0	4
Uncategorized	Total	0	1
	Safety Net	0	0

Data Source: CPWNY DY2, Q2 PPS Quarterly Report

Community Partners of Western New York (CPWNY)

Figure 13: 2.c.ii (Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	1
	Safety Net	97	1
Case Management / Health Home	Total	0	0
	Safety Net	6	0
Clinic	Total	0	1
	Safety Net	13	1
Community Based Organizations	Total	0	2
	Safety Net	0	0
Hospital	Total	0	1
	Safety Net	4	1
Mental Health	Total	0	1
	Safety Net	15	1
Nursing Home	Total	0	0
	Safety Net	28	0
Pharmacy	Total	0	0
	Safety Net	1	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	30	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	41	0
Substance Abuse	Total	0	1
	Safety Net	14	1
Uncategorized	Total	0	1
	Safety Net	0	0

Data Source: CPWNY DY2, Q2 PPS Quarterly Report

Community Partners of Western New York (CPWNY)

Figure 14: Project 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	114	202
	Safety Net	97	36
Case Management / Health Home	Total	0	8
	Safety Net	0	6
Clinic	Total	17	3
	Safety Net	13	2
Community Based Organizations	Total	26	3
	Safety Net	0	0
Hospital	Total	0	1
	Safety Net	0	1
Mental Health	Total	45	17
	Safety Net	15	9
Practitioner - Non-Primary Care Provider (PCP)	Total	126	57
	Safety Net	30	2
Practitioner - Primary Care Provider (PCP)	Total	351	137
	Safety Net	41	24
Substance Abuse	Total	15	11
	Safety Net	14	10
Uncategorized	Total	0	1
	Safety Net	0	0

Source: CPWNY DY2, Q2 PPS Quarterly Report

Community Partners of Western New York (CPWNY)

Figure 15: Project 3.f.i (Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	14
	Safety Net	97	3
Case Management / Health Home	Total	0	1
	Safety Net	6	1
Clinic	Total	0	2
	Safety Net	13	2
Community Based Organizations	Total	0	3
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	2	2
Mental Health	Total	0	2
	Safety Net	0	2
Practitioner - Non-Primary Care Provider (PCP)	Total	0	10
	Safety Net	22	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	41	0
Substance Abuse	Total	0	2
	Safety Net	0	2
Uncategorized	Total	0	2
	Safety Net	0	1

Data Source: CPWNY DY2, Q2 PPS Quarterly Report

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

Partner Type		Committed Amount	Engaged Amount
All Other	Total	288	73
	Safety Net	97	12
Clinic	Total	17	0
	Safety Net	13	0
Community Based Organizations	Total	26	5
	Safety Net	0	0
Hospice	Total	1	3
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	316	29
	Safety Net	30	2
Practitioner - Primary Care Provider (PCP)	Total	351	50
	Safety Net	41	10

Data Source: CPWNY DY2, Q2 PPS Quarterly Report

As the data in Figures 12 through 16 above indicate, the PPS has engaged network partners on a limited basis for each of the five projects highlighted. These same five projects were also highlighted for the PPS failure to meet Patient Engagement targets consistently through the PPS Quarterly Reports. The combination of the PPS failure to meet Patient Engagement targets and the lagging Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of these projects. For project 2.b.iii this provides an additional level of concern when combined with the PPS' failure to meet Patient Engagement targets for these projects and the Project Milestone Status indicating that many of the required project milestones remain in an 'On Hold' status.

PPS Narratives for Projects at Risk

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

2.b.iii. (ED care triage for at-risk populations): The PPS indicated in the Project Narrative that there is a regional shortage of Primary Care Physicians (PCPs) that poses a significant challenge to the successful implementation of this project. As a result of this shortage, the PPS indicated that it has been difficult to connect patients to providers and creates additional burdens on those practices that are already serving a significant number of Medicaid members. The PPS noted that hey have begun to see a trend in which PCPs are either at capacity and are therefore no longer seeing new patients or that PCPs that are able to accept new patients are doing so, but with waiting times of several months for new patient appointments. In both of these cases, the PPS is experiencing difficulties in meeting the 30 day ED project criteria.

2.c.ii. (Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services): The PPS has acknowledged their failure to meet the Patient Engagement speed targets for this project. One of the primary challenges identified by the PPS is the credentialing of providers for the selected telemedicine vendor, Specialist on Call (SOC). Woman's Christian Association Hospital (WCA), the organization leading this initiative, was not able to implement and go "live" with the pilot program until the end of January 2016, and just for some of the services that were originally contracted.

CPWNY also reported that in an effort to circumvent the lengthy credentialing process, WCA Hospital is looking internally to amend their medical staff by-laws to allow for more timely physician credentialing. There is a waiver option available, that would allow the PPS lead to credential by waiver, however, the PPS lead, Sisters of Charity Hospital is currently not participating in this project. Since WCA is the only facility currently participating in the telemedicine project this NYS waiver option does not provide any relief to the hospital. The intent is to delegate this responsibility to the vendor, who certified their providers meet all eligibility criteria for proper credentialing at the Institution.

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 identifying the true demand for primary care services at behavioral health sites. CPWNY is in the process of determining the most accurate and useful data and how to integrate that data into an actionable work flow at the behavioral health provider sites. Another challenge is the lack of a sustainable evidence-based model for integrating primary care into behavioral health. The PPS has been challenged to find a model that works for our providers and our patient population.

3.f.i. (Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)): The PPS indicated that they have encountered challenges in implementing the Nurse-Family Partnership (NFP) as initially planned due to budgetary constraints on the program as a result of a shift in the funding from DOH to a process controlled by the health plans with required HEDIS goal attainment. The PPS further indicated that while the impacts of the NFP program could be significant in helping to meet the maternal and child HEDIS measures, the uncertainty associated with this funding stream has resulted in their decision to delay and subsequently cancel their plans to implement NFP in Erie County. This decision will likely cause continued challenges for the PPS in meeting Patient Engagement targets and project implementation milestones.

3.g.i. (Integration of palliative care into the PCMH Model): The PPS acknowledged their failure to meet their Patient Engagement targets for Project 3.g.i. CPWNY identified challenges including a lack of capacity at primary care practices to adopt new palliative care protocols and limited referral volume from primary care practices to palliative care providers. They state that many primary care practices accept the initial training and education sessions, but few are willing to offer time and space to palliative care staff on an ongoing basis. The PPS notes that referral

volume is much higher when the palliative care team member is physically present at the office and decreases when the palliative care team is off site. Although CPWNY has expanded to include 13 practices in Erie County and 3 sites in Chautauqua County, the referral volume has not increased to allow CPWNY to meet their Patient Engagement targets.

IV. Overall Project Assessment

Figure 17 below summarizes the IA's overall assessment of the project implementation efforts of CPWNY based on the analyses described in the previous sections. '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			
2.b.iii.	ED care triage for at-risk populations	X	X	X
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			X
2.c.ii.	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	X		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.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)			X
3.g.i.	Integration of palliative care into the PCMH Model	X		X

V. Project Risk Scores

Based on the analyses presented in the previous pages the IA has assigned risk scores to each of the projects chosen for implementation by the PPS. The risk scores range from a score of 1, indicating the Project is on Track to a score of 5, indicating the Project is Off Track.

Figure 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	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.	ED care triage for at-risk populations	3	There are multiple milestones on hold for this project, inclusive of milestones that are due by the end of DSRIP Year 2. The PPS has had patient and partner engagement challenges.
2.b.iv.	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.
2.c.ii.	Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services	3	The PPS has had patient and partner engagement challenges.
3.a.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.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	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.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)	3	The PPS has had partner engagement challenges.

3.g.i.	Integration of palliative care into the PCMH Model	3	The PPS has had patient and partner engagement challenges.

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

While the IA's review of the data for project 2.a.i. did not generate any points for an elevated risk of successful implementation, the IA did identify multiple projects with partner engagement concerns. As project 2.a.i. represents the implementation of a fully integrated delivery system, inclusive of all network partners, the limited partner engagement across multiple projects raises a concern for the IA. As such, the IA has assigned an elevated risk score to this project.

VI. IA Recommendations

The IA's review of the Community Partners of Western New York PPS covered the PPS organizational capacity to support the successful implementation of DSRIP and the ability of the PPS to successfully implement the projects the PPS selected through the DSRIP Project Plan Application process. This review highlighted significant concerns related to the PPS' current efforts in engaging PPS network partners and by extension the PPS' ability to engage patients across a number of the projects the PPS chose to implement in the DSRIP Project Plan Application.

The PPS must increase its engagement of partners across its network and its distribution of funds across all partner types. The limited engagement of partners will significantly impact the pace at which CPWNY can implement its projects and by extension, its ability to meet project implementation milestones, patient engagement targets, and DSRIP performance 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

Partner Engagement

Recommendation 1: The IA recommends that the PPS develop a strategy to increase partner engagement throughout the PPS network. The limited partner engagement across multiple projects is a significant risk to the ability of the PPS to implement its DSRIP projects and meet the DSRIP goals.

Financial Sustainability and VBP

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

B. Project Recommendations

Project 2.b.iii.: ED care triage for at-risk populations

Recommendation 1: The IA recommends the PPS create a systematic process of triaging patients who are not linked to a Health Home, to a PCP in order to (1) Increase engagement of a broad patient population; (2) Meet patient engagement targets; and (3) Ensure access to services before getting linked to a Health Home.

Recommendation 2: The Independent Assessor recommends the PPS create a plan to address the shortage of primary care physicians engaged in this project.

Community Partners of Western New York (CPWNY)

Project 2.c.ii.: Expand usage of telemedicine in underserved areas to provide access to otherwise scarce services

Recommendation 1: The Independent Assessor recommends the PPS develop an action plan to shorten the credentialing process of providers in order to improve the patient and partner engagement shortcomings.

Project 3.f.i.: Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)

Recommendation 1: The Independent Assessor recommends that the PPS explore opportunities to expand the services for this project into Erie County which is a part of the PPS service area and impacts a significant portion of the patient population.

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

Recommendation 1: The Independent Assessor recommends that the PPS create an action plan to increase the presence of palliative team members in primary care practices in order to increase referrals, which will further improve patient engagement shortcomings.

Recommendation 2: The PPS should also create a plan to continue partner engagement beyond the original training.