NEW YORK STATE | Department of Health

DSRIP Independent Assessor

Mid-Point Assessment Report

Redline (following 1st Public Comment)

Millennium Collaborative Care

December 2016

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Prepared by the DSRIP Independent Assessor

Millennium Collaborative Care

Contents

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I. Introduction

Millennium Collaborative Care PPS (Millennium), led by Erie County Medical Center, serves eight counties in Western New York: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming. The Medicaid population attributed to this PPS for performance totals 252,737. The Medicaid population attributed to this PPS for valuation was 309,457. Millennium Collaborative Care was awarded a total valuation of $243,019,729 in available DSRIP Performance Funds over the 5 year DSRIP project.

Millennium selected the following 11 projects from the DSRIP Toolkit:

Figure 1: Millennium 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 patients
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
2.b.viii.	Hospital-Home Care Collaborative Solutions
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate the uninsured and low/non-utilizing Medicaid populations into community based care
3.a.i.	Integration of primary care and behavioral health services
3.a.ii.	Behavioral Health community crisis stabilization services
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)
4.a.i.	Promote mental, emotional and behavioral (MEB) well-being in communities
4.d.i.	Reduce premature births

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

360 Survey by Partner Category for All PPS

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

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

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

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

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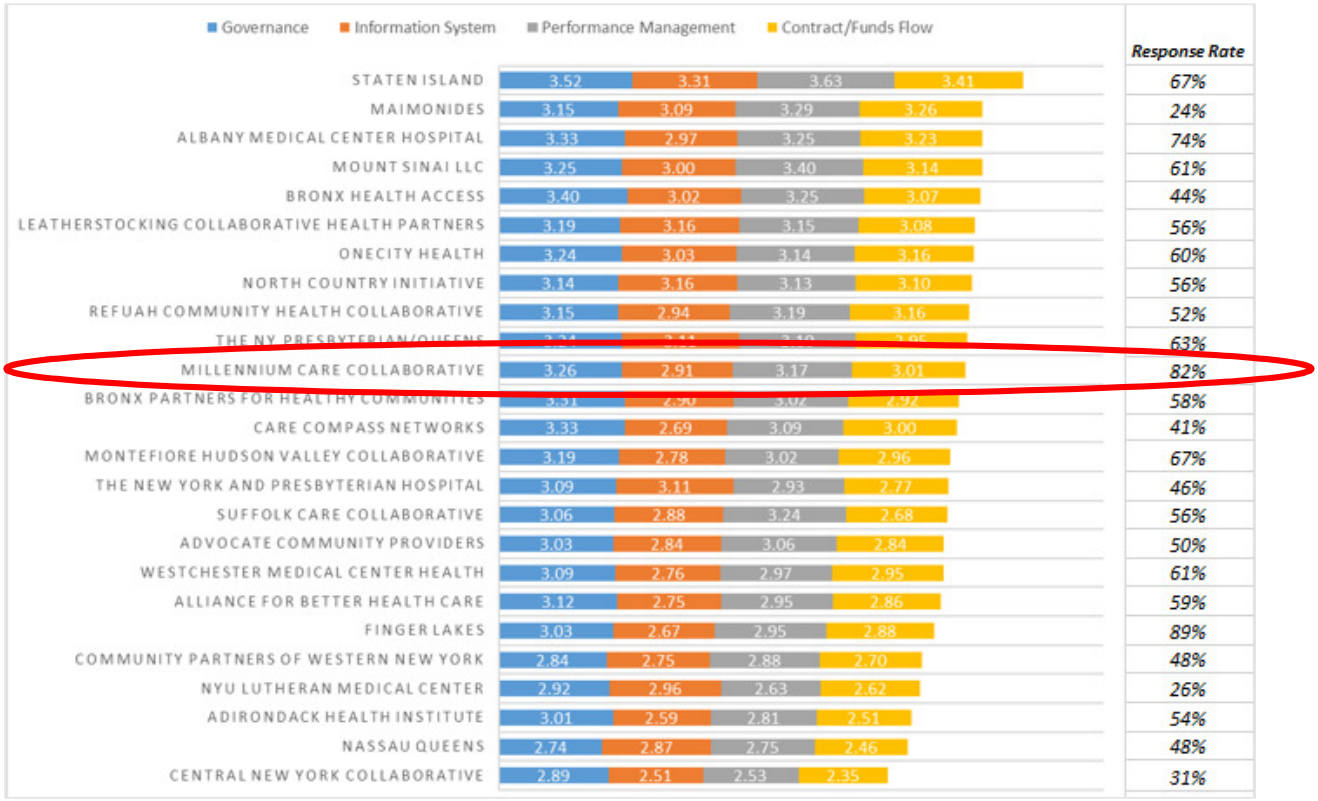
All Other	*2.84*		2.92	2.83	2.63	2.69
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

Millennium Collaborative Care 360 Survey Results[2]

The Millennium 360 survey sample included 34 participating network partner organizations identified in the PIT; 28 of those sampled (82%) returned a completed survey. This response rate was significantly higher than the PPS average (52% completed). The Millennium aggregate 360 survey score ranked 11th out of 25 PPS (Figure 3).

Figure 3: PPS 360 Survey Results by Organizational Area



Data Source: 360 Survey Data for all 25 PPS

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

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Millennium 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. For most of the partner types, Millennium has scored very close to the All PPS average. Millennium, however, has done exceptionally well in the Mental Health, Nursing Home, and Hospice partner types, scoring 16%, 13% and 13% above the All PPS average respectively.

Figure 4: Millennium 360 Survey Results by Partner Type

PPS	Partner Type		Respondents over Total Surveyed
Millennium Collaborative Care	Nursing Home	3.53	3/4
	Mental Health	3.35	4/5
	Hospital	3.21	2/3
	Hospice	3.14	2/2
	Substance Abuse	3.08	4/4
	All Other	3.00	1/2
	Community Based Organization	3.00	1/1
	Clinic	2.89	3/4
	Practitioner - Non-Primary Care Provider (PCP)	2.87	4/4
	Case Management / Health Home	2.78	3/4
	Pharmacy	0.00	0/0
	Practitioner - Primary Care Provider (PCP)	0.00	1/1
Grand Total			28/34

Data Source: Millennium 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.

III. Independent Assessor Analysis

The Independent Assessor (IA) has reviewed every Quarterly Report submitted by the PPS covering DY1, Q1 through DY2, Q2[3] and awarded the Achievement Values (AVs) for the successful completion of milestones, as appropriate.

- In DY1, Q2, Millennium **earned all available Organizational AVs and earned seven of a possible eight Patient Engagement Speed AVs.**
- In DY1, Q4, Millennium **earned four of five available Organizational AVs and earned eight of a possible eight Patient Engagement Speed AVs.** The PPS failed the Cultural Competency and Health Literacy (CCHL) organizational AV due to a failure to provide evidence of Board Approval of their CCHL plan.

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 provide 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

[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.

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

PPS Governance

The PPS Governance structure includes an 18-member Board of Managers chaired by a representative from a community based organization, that is supported by the following steering committees: Finance, IT Data, Compliance, Governance, Project Advisory Committee, and the Physician Steering Committee. Reporting to the steering committees are Advisory Entities including: 1. Community Based Organization Task Force, 2. "Voice of the Consumer" Subcommittee, 3. Workforce Development Workgroup.

During the IA On-site visit, the PPS discussed proposed modifications to its governance structure designed to strengthen communication between committees and the PPS, as well as to develop consistent policies across the various committees.

The Project Management Office (PMO), is organized into five core teams reporting to the Chief Clinical Integration Officer: 1. Ambulatory services, 2. Behavioral Health, 3. Community Engagement, 4. Post-Acute Care, and 5. Acute Care. The PPS believes this design takes a universal approach to DSRIP, rather than focusing solely on 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 Millennium had reported spending of $~~6,487,040.00~~4,634,457 on administrative costs compared to an average spend of $~~3,758,965.56~~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[4], relying on the PPS Attribution for Performance figures[5]. The IA found that Millennium spends $~~25.67~~18.34 per attributed life on administrative costs compared to a statewide average spend of $~~24.23~~23.93 per attributed life on administrative costs.

[4] Attribution for Performance was used as a measure of the relative size of each PPS to normalize the administrative spending across all 25 PPS.

[5] 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, Millennium distributed $6,838[8]7,028.51 to the PPS PMO out of a total of $16,916,710.23 in funds distributed across the PPS network, accounting for 37.76% 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 DY2, Q1 PPS Quarterly Report, Millennium included a list of all Community Based Organizations (CBOs) in its organization, and whether they had completed contracts. The IA found that the PPS has contracted with 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.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received $1,793,897.75 or 10.6% of funds distributed to date by the PPS. While the PPS indicated that it would be contracting with and compensating 21 Community Based Organization partners, the funds distributed to date have been primarily paid to six organizations. 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 Millennium approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA) which was conducted collaboratively with the CPWNY PPS. Additionally, the PPS stated that it was using surveillance data to review health outcomes by race and zip code. In September, 2015, the PPS, in association with P2 Collaborative and CPWNY PPS, conducted a Culturally and Linguistically Appropriate Services (CLAS) survey of providers, organizations, and community based organizations. The IA notes that the PPS, in an effort to highlight their commitment to DSRIP and the members it serves, has located their PPS site in one of the hotspots identified in its region.

The PPS indicated that their CBO partners identified the cultural diversity training topics to be included in their CCHL strategy. In DY1 Q3, the PPS stated they would be issuing an RFP from qualified agencies to spearhead Millennium's Cultural Competency and Health Literacy Program. During the IA's on-site visit, the PPS confirmed that they had selected the Erie Niagara Area Health Education Centers (EN-AHEC) as this contractor. They indicated that EN-AHEC has conducted training to its staff, and Board of Directors, a number of partners, and plans for future trainings. In addition to the trainings, the PPS has included CCHL in the Master Participation

Agreements with their partners, and detailed expectations in reference guides provided to each partner.

Within the governance structure of Millennium, the strategy developed by their CCHL Workgroup was reviewed by the Clinical Quality Committee, the CBO Task Force, "Voice of the Consumer" Subcommittee, and the Board of Managers. The "Voice of the Consumer" Subcommittee membership is comprised of 51% Medicaid members.

In addition to these efforts, the PPS reaches out to its members through a number of approaches such as a weekly radio show, conducting health fairs at faith based organizations, working with the Homeless Alliance of Western New York, and funding 78 community health workers who are employed by CBOs.

Financial Sustainability and Value Based Purchasing (VBP)

The Financial Committee created a plan to identify and assist financially fragile partners. They performed an initial assessment in DY1 and created a "watch-list" that included 4 partners who were all identified as VAPAP, and all had corrective action plans in place. They meet with these partners quarterly. The PPS is currently preparing a second annual assessment to be conducted in the Fall of 2016.

The IA encourages the PPS to continue monitoring its partners and develop creative solutions to address its financially fragile partners.

The PPS has established a VBP Subcommittee within the Finance Committee. This subcommittee has 4 workgroups to address: 1. MCO strategy, 2. Education, 3. Payment Models/Partner Readiness, 4. Communication. At this time, the PPS indicated that it has two partners that are exploring participation in a VBP Pilot, however the IA could not confirm that these partners had moved forward in that process based on the information available. Millennium has noted that they continue to actively wok with partners and the state to facilitate the participation of their partners in the VBP pilots and other VBP programs. Additionally, Millennium stated that it intends to incorporate VBP requirements in to their Master Participation Agreements with partners. ~~Likewise, the IA was not able to confirm the inclusion of these requirements in the Master Participation Agreements.~~

Funds Flow

Through DY2, Q2 PPS Quarterly Report, Millennium's funds flow reporting indicates they have distributed 56.86% ($16,916,710.23) of the DSRIP funding it has earned ($29,750,561.09) to date. In comparison to other PPS, the distribution of 56.86% of the funds earned ranks ~~13th~~ 14th compared to all 25 PPS and places Millennium above the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	$30,317,365.68		
Total Funds Earned (through DY1)	$29,750,561.09 (98.13% of Available Funds)		
Total Funds Distributed (through DY2, Q2)	$16,916,710.23 (56.86% of Earned Funds)		
Partner Type	**Funds Distributed**	**Millennium (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$0.00	0.00%	3.9%
Practitioner - Non-Primary Care Physician (PCP)	$0.00	0.00%	0.7%
Hospital	$2,223,245.36	13.14%	30.4%
Clinic	$1,339,456.00	7.92%	7.5%
Case Management/Health Home	$81,364.88	0.48%	1.3%
Mental Health	$1,580,343.00	9.34%	2.4%
Substance Abuse	$343,246.00	2.03%	1.0%
Nursing Home	$889,118.00	5.26%	1.2%
Pharmacy	$0.00	0.00%	0.0%
Hospice	$0.00	0.00%	0.2%
Community Based Organizations[6]	$1,793,897.75	10.60%	2.3%
All Other	$1,268,553.00	7.50%	5.8%
Uncategorized	$62.50	0.00%	0.5%
Non-PIT Partners	$1,010,395.23	5.97%	0.6%
PMO	$6,387,028.51	37.76%	42.0%

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

In further reviewing the Millennium funds flow distributions, the distributions are largely directed towards the PPS PMO, Hospital, and CBO partner categories, with 61.50% of the funds being directed to those three partner categories. While the PPS has distributed funds to most partner categories, the limited amount of funds distributed to PCP partners is an area the PPS could improve upon in future funding distributions. It will be important that these key partners remain engaged to ensure the successful implementation of the DSRIP projects.

Primary Care Plans

[6] 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.

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 while the plan describes many approaches that could be successful, the limited baseline data on capacity, HPSA clarity and workforce needs to support gaps in care may present challenges to significant primary care plan efforts.

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

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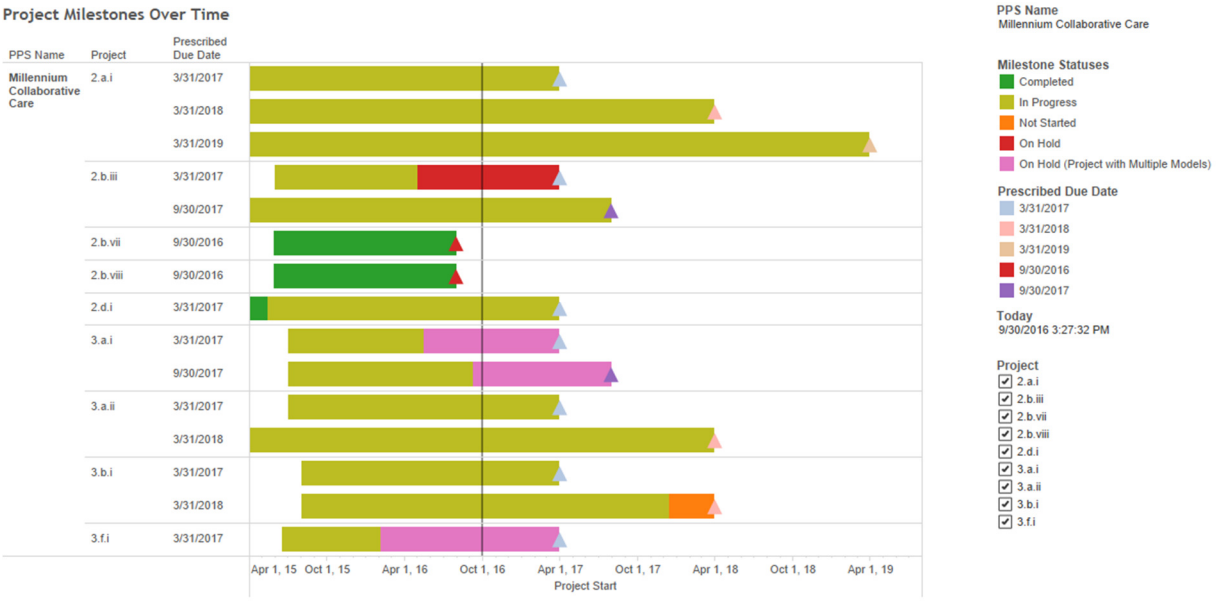
Figure 6: Millennium Project Milestone Status (through DY2, Q2)[7]



Data Source: Millennium 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.

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. 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 pursuing, 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 3 and all milestones that have a current status of 'On Hold' are associated with Models 1 and 2. As such, the IA has not identified any risks of project implementation meeting the required completion dates at this time.

Following the IA's review of the two projects scheduled for completion by Millennium by the end of DY2, Q2, the IA determined that the PPS completed all project milestones for project 2.b.viii, however the PPS failed to complete one out of ten project milestones for project 2.b.vii. The IA does not believe this missed project milestone should not impact the ability of the PPS to meet

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

the performance goals of this project however, the PPS should continue its efforts to successfully complete this requirement to fully implement the project.

Patient Engagement AVs

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

Figure 7: 3.b.i. (Evidence-based strategies for disease management in high risk/affected populations (adult only)) Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	1,875	1,399	74.61%
DY1, Q4	3,853	6,730	174.67%
DY2, Q2[8]	3,375	14,359	425.45%

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

While the PPS missed the Patient Engagement target for project 3.b.i. during DY1, Q2, the PPS successfully met their Patient Engagement target during DY1, Q4 and appears to have met their target based on the as reported figures for DY2, Q2. Based on the data for the last two periods, it would appear that the PPS has addressed any issues it encountered with early Patient Engagement efforts.

[8] ~~The DY2, Q2 Patient Engagement figures reflect 'As Submitted' data by the PPS and have not been validated by the IA at the time of this report.~~

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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 8 through 14 illustrate the level of partner engagement against the Speed & Scale commitments for all projects where the PPS made Partner Engagement commitments through the DSRIP Project Plan Application.

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	1,723	208
	Safety Net	305	202
Case Management / Health Home	Total	26	4
	Safety Net	16	3
Clinic	Total	34	11
	Safety Net	30	10
Community Based Organizations	Total	19	9
	Safety Net	0	0
Hospice	Total	4	0
	Safety Net	0	0
Hospital	Total	10	10
	Safety Net	10	9
Mental Health	Total	107	37
	Safety Net	36	36
Nursing Home	Total	45	48
	Safety Net	50	47
Pharmacy	Total	4	16
	Safety Net	7	3
Practitioner - Non-Primary Care Provider (PCP)	Total	1,999	67
	Safety Net	132	63
Practitioner - Primary Care Provider (PCP)	Total	620	115
	Safety Net	137	115
Substance Abuse	Total	13	16
	Safety Net	17	16
Uncategorized	Total	0	2
	Safety Net	0	0

Data Source: Millennium DY2, Q2 PPS Quarterly Report

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Figure 9: Project 2.b.iii (ED care triage for at-risk populations) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	3
	Safety Net	0	3
Case Management / Health Home	Total	0	1
	Safety Net	15	0
Clinic	Total	0	8
	Safety Net	26	7
Community Based Organizations	Total	0	2
	Safety Net	0	0
Hospital	Total	0	5
	Safety Net	7	4
Mental Health	Total	0	1
	Safety Net	0	1
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	119	0

Data Source: Millennium DY2, Q2 PPS Quarterly Report

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Figure 10: 2.d.i (Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	5
	Safety Net	237	4
Case Management / Health Home	Total	0	3
	Safety Net	0	2
Clinic	Total	0	7
	Safety Net	22	7
Community Based Organizations	Total	0	7
	Safety Net	0	0
Hospital	Total	0	4
	Safety Net	10	3
Mental Health	Total	0	1
	Safety Net	0	1
Pharmacy	Total	0	0
	Safety Net	7	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	76	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	119	0

Data Source: Millennium DY2, Q2 PPS Quarterly Report

Millennium Collaborative Care

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

Partner Type		Committed Amount	Engaged Amount
All Other	Total	1,377	5
	Safety Net	199	5
Case Management / Health Home	Total	0	2
	Safety Net	0	1
Clinic	Total	27	11
	Safety Net	26	10
Community Based Organizations	Total	12	2
	Safety Net	0	0
Hospital	Total	0	3
	Safety Net	0	2
Mental Health	Total	107	8
	Safety Net	36	8
Practitioner - Non-Primary Care Provider (PCP)	Total	245	0
	Safety Net	76	0
Practitioner - Primary Care Provider (PCP)	Total	571	0
	Safety Net	119	0
Substance Abuse	Total	13	5
	Safety Net	13	5

Data Source: Millennium DY2, Q2 PPS Quarterly Report

Millennium Collaborative Care

Figure 12: Project 3.a.ii (Behavioral health community crisis stabilization services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	6
	Safety Net	199	6
Case Management / Health Home	Total	0	1
	Safety Net	16	0
Clinic	Total	0	9
	Safety Net	26	8
Community Based Organizations	Total	0	3
	Safety Net	0	0
Hospital	Total	0	2
	Safety Net	10	1
Mental Health	Total	0	10
	Safety Net	36	9
Practitioner - Non-Primary Care Provider (PCP)	Total	0	3
	Safety Net	76	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	119	0
Substance Abuse	Total	0	4
	Safety Net	17	4

Data Source: Millennium DY2, Q2 PPS Quarterly Report

Millennium Collaborative Care

Figure 13: 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	1,377	121
	Safety Net	199	118
Case Management / Health Home	Total	26	1
	Safety Net	16	0
Clinic	Total	27	8
	Safety Net	26	7
Community Based Organizations	Total	12	2
	Safety Net	0	0
Hospital	Total	0	10
	Safety Net	0	9
Mental Health	Total	107	3
	Safety Net	36	3
Pharmacy	Total	4	16
	Safety Net	7	3
Practitioner - Non-Primary Care Provider (PCP)	Total	346	11
	Safety Net	40	11
Practitioner - Primary Care Provider (PCP)	Total	570	86
	Safety Net	119	86
Substance Abuse	Total	13	0
	Safety Net	13	0

Data Source: Millennium DY2, Q2 PPS Quarterly Report

Figure 14: 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	5
	Safety Net	199	4
Case Management / Health Home	Total	0	2
	Safety Net	16	1
Clinic	Total	0	8
	Safety Net	26	7
Community Based Organizations	Total	0	3
	Safety Net	0	0
Hospital	Total	0	3
	Safety Net	10	2
Mental Health	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	1
	Safety Net	75	0
Practitioner - Primary Care Provider (PCP)	Total	0	1
	Safety Net	95	1

Data Source: Millennium DY2, Q2 PPS Quarterly Report

As the data in Figures 8 through 14 above indicate, the PPS has engaged network partners on a limited basis for each of the projects highlighted. Of further concern is the limited engagement of PCPs across multiple projects. The PPS has made significant commitments to engage PCPs across each project, up to 620 PCPs for project 2.a.i., yet has only indicated the engagement of 115 PCPs for any project through the DY2, Q2 PPS Quarterly Report. For project 3.a.i., the PPS committed to engaging 107 Mental Health partners and 571 PCP partners to implement this significant project, however, through the DY2, Q2 PPS Quarterly Report, the PPS has indicated engagement of eight 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.

Of the projects highlighted in the tables above, only project 3.b.i. was 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 limited Partner Engagement across project 3.b.i indicates an elevated level of risk for the successful implementation of these projects.

PPS Narratives for Projects at Risk

For those projects that have been identified as at risk 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.b.i (Evidence-based strategies for disease management in high risk/affected populations (adult only): The PPS identified a number of challenges it has experienced in implementing this project to address cardiovascular disease. Among these challenges are changes to clinical metrics and care guidelines and confusion among the PCPs. The PPS has challenges with referrals to the NYS Quitline for Smoking Cessation as they are not automated in the physician's electronic health record. Additionally, data sharing between organizations is a challenge due to incomplete data sharing between practices and the RHIO.

IV. Overall Project Assessment

Figure 17 below summarizes the IA's overall assessment of the project implementation efforts of Millennium 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.b.iii.	ED care triage for at-risk patients			X
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)		X	
2.b.viii.	Hospital-Home Care Collaborative Solutions			
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate			X
3.a.i.	Integration of primary care and behavioral health services			X
3.a.ii.	Behavioral Health community crisis stabilization services			X
3.b.i.	Evidence-based strategies for disease management in high risk/affected populations (adult only)	X		X
3.f.i.	Increase support programs for maternal & child health (including high risk pregnancies) (Example: Nurse-Family Partnership)			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 patients	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.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	~~1~~2	This is a low risk score indicating the project is more than likely to meet intended goals however the PPS missed the completion of one out ten project milestones for this project by the committed completion date. ~~This the lowest risk score indicating the project is more than likely to meet intended goals~~
2.b.viii.	Hospital-Home Care Collaborative Solutions	1	This the lowest risk score indicating the project is more than likely to meet intended goals
2.d.i.	Implementation of Patient Activation activities to engage, educate, and integrate	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.	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.a.ii.	Behavioral Health community crisis stabilization services	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
3.b.i.	Evidence-based strategies for disease management in	2	This is a low risk score indicating the project is more than likely to meet

	high risk/affected populations (adult only)		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)	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.***

VI. IA Recommendations

The IA's review of Millennium Collaborative Care 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. While the review of the PPS organizational capacity to support the successful implementation of DSRIP found no fundamental issues that would indicate that the PPS cannot successfully meet the DSRIP goals, the review of the DSRIP projects being implemented by Millennium Collaborative Care indicated a general lack of partner engagement in the implementation of the PPS's DSRIP projects; a concern that must be addressed to ensure the ongoing success of Millennium Collaborative Care in meeting the DSRIP goals.

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

A. Organizational Recommendations

Partner Engagement

Recommendation 1: The PPS must develop a plan for more actively engaging its network partners across all projects to ensure the successful completion of project milestones and meeting all DSRIP performance 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.

Primary Care Plans

Recommendation 1: The IA recommends that the PPS develop a plan to address the limited data presented in the Primary Care Plan for baseline capacity, HPSA, and workforce needs to better understand and address any potential challenges to the primary care plan efforts resulting from limited primary care capacity.

B. Project Recommendations

Following a review of the Patient Engagement, Milestone Status, and Partner Engagement metrics for this PPS, the IA has determined that no projects are currently at risk. Therefore, the IA does not have any specific project recommendations at this time.