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DSRIP Independent Assessor

Mid-Point Assessment Report

Redline (following 1st Public Comment)

Westchester Medical Center

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Prepared by the DSRIP Independent Assessor

Westchester Medical Center (WMC)

Contents

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I. Introduction

Westchester Medical Center (WMC) PPS serves eight counties in Eastern New York: Delaware, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester. The Medicaid population attributed to this PPS for performance totals 144,456. The Medicaid population attributed to this PPS for valuation was 573,393. WMC PPS was awarded a total valuation of $273,923,615 in available DSRIP Performance Funds over the five year DSRIP project.

WMC PPS selected the following 11 projects from the DSRIP Toolkit:

Figure 1: WMC DSRIP Project Selection

Project	Project Description
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services
2.a.iv.	Crate a medical village using existing hospital infrastructure
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions
2.d.i.	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care
3.a.i.	Integration of primary care and behavioral health services
3.a.ii.	Behavioral health community crisis stabilization services
3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults only)
3.d.iii.	Implementation of evidence-based medicine guidelines for asthma management
4.b.i.	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.
4.b.ii.	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer)

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

Survey Methodology and Overall PPS Average Results

The Independent Assessor (IA) developed a 360 survey to solicit feedback from the partners of each PPS regarding engagement, communication, and effectiveness. The survey consisted of 12 questions across four PPS organizational areas: Governance, Performance Management, Information Systems, and Contracting/Funds Flow. The Independent Assessor selected a sample of PPS network partners to participate via a sample generator from the PPS Provider Import/Export Tool (PIT)[1] report. A stratified sampling methodology was used to ensure that each category of network partner was included in the surveyed population. This was done to ensure a cross-section of the partner types in the PPS network. The IA used 95% confidence interval and 5% error rate to pull each sample. For the 25 PPS the IA sent out a total of 1,010 surveys, for an average of 40 surveys per PPS partner. The response rate overall was 52%, or 523 total respondents, for an average of approximately 21 responses per PPS.

360 Survey by Partner Category for All PPS

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

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

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

Partner Type	*Average Score*		Governance	Performance Management	IT Solutions	Funds Flow
Hospital	*3.32*		3.42	3.39	3.04	3.28
Nursing Home	*3.06*		3.15	2.93	2.93	2.79
Community Based Organization	*3.00*		3.17	3.04	2.73	2.97
Case Management / Health Home	*2.93*		2.98	2.87	2.81	2.75
Practitioner - Non-PCP	*2.93*		3.03	2.80	2.64	2.40
Clinic	*2.92*		2.96	3.03	2.75	2.66
Substance Abuse	*2.91*		3.08	2.96	2.78	2.82
Pharmacy	*2.87*		3.00	2.84	2.31	2.25
All Other	*2.84*		2.92	2.83	2.63	2.69
Mental Health	*2.81*		2.94	2.85	2.56	2.75
Hospice	*2.74*		2.93	2.75	2.41	2.41
Practitioner - PCP	*2.66*		2.68	2.66	2.61	2.31
Average by Organizational Area	***2.90***		**3.00**	**2.89**	**2.70**	**2.67**

Data Source: 360 Survey Results

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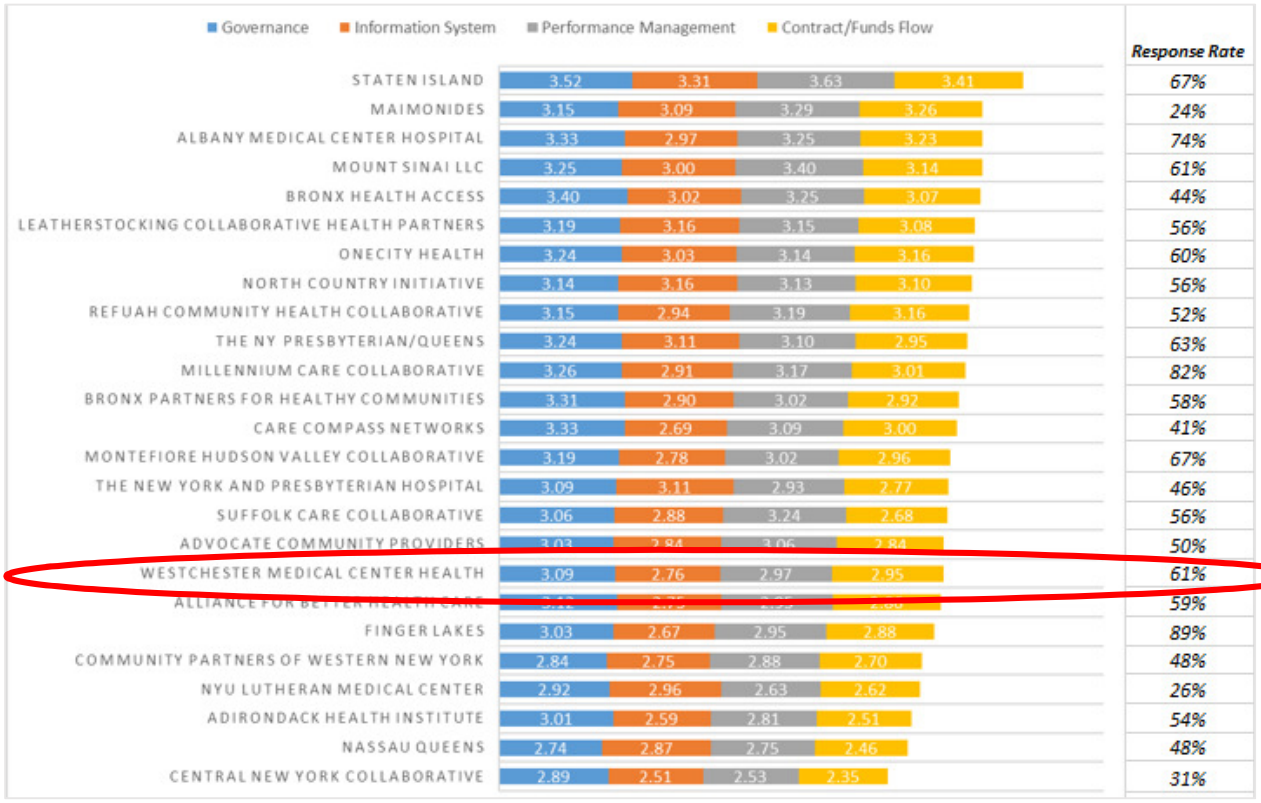
Westchester Medical Center 360 Survey Results[2]

The WMC 360 survey sample included 33 participating network partner organizations identified in the PIT; 20 of those sampled (61%) returned a completed survey. This response rate was fairly consistent with the average across all PPS (52% completed). The WMC 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".

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Westchester 360 Survey Results by Partner Type

The IA analyzed the survey response by partner category to identify any trends by partner type. Figure 4 below identifies and ranks the average survey responses. The Nursing Home survey result was low (10th out of 12), which was unusual compared to all PPS' (2nd out of 12). The Practitioner – Primary Care Provider category was 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: WCMC 360 Survey Results by Partner Type[3]

PPS	Partner Type		Respondents over Total Surveyed
Westchester Medical Center Health	Hospital	3.96	2/2
	Practitioner - Non-Primary Care Provider (PCP)	3.38	2/6
	Substance Abuse	3.21	3/3
	Hospice	3.00	2/2
	Pharmacy	2.92	1/2
	Case Management / Health Home	2.77	2/3
	Clinic	2.74	3/4
	All Other	2.39	2/3
	Practitioner - Primary Care Provider (PCP)	2.25	1/2
	Nursing Home	2.13	2/3
	Community Based Organization	0.00	0/1
	Mental Health	0.00	0/2
Grand Total			20/33

Data Source: WMC 360 Survey Results

While the data from the 360 Survey alone does not substantiate any specific recommendations at this time, it serves as an important data element in the overall assessment of the PPS through the first five quarters of the DSRIP program and may guide the PPS in its efforts to engage its partners.

[3] For the survey results, while the CBO category appears to have returned zero results, the IA found that CBO entities may have also been identified as part of the All Other partner category.

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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, WMC **earned all available Organizational AVs and earned seven of a possible eight Patient Engagement Speed AVs.**
- In DY1, Q4, WMC **earned all available Organizational AVs and earned seven of a possible eight 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 Committee which reports to the PPS Lead, Westchester Medical Center, and is supported by the Financial Committee, Quality Steering, IT Committee, Workforce Committee and Ad Hoc Committees. Subcommittees include the Clinical Integration Standardization Group, and Patient Quality and Safety. Each of these committees and workgroups are comprised of a diverse blend of community-based providers (CBPs), local government units (LGUs), behavioral health providers, hospitals and primary care network partners.

During the IA's on-site visit, WMC explained its engagement and collaboration with regional PPS partners. The PPS participated in five Hudson Region cross-PPS and one statewide committee. These are: Hudson Region DSRIP Public Health Council, Hudson Region DSRIP Behavioral Health Crisis Leadership Group, Hudson Region DSRIP Clinical Council, Hudson Region DSRIP Partner Engagement Subcommittee, Hudson Valley Health Regional Officers Network (HVHRON) Meeting and the New York Diabetes Coalition.

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 WMC had reported spending of $833,394.00 on administrative costs compared to an average spend of $~~3,758,965.563~~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 WMC spends $5.77 per attributed life on administrative costs compared to a statewide average spend of $~~24.23~~23.93 per attributed life on administrative costs.

Looking further at the PPS fund distributions to the PPS PMO, WMC distributed $30,878,680.76 to the PPS PMO out of a total of $37,884,118.76 in funds distributed across the PPS network, accounting for 81.51% 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, WMC 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 all of them will be compensated for services rendered.

As indicated in the analysis of the funds flow distributions through DY2, Q2, CBOs received 0.10% or $37,070.00 of funds distributed to date by the PPS. The PPS should identify opportunities to distribute DSRIP funds to these partners to ensure their continued engagement in the implementation efforts of the PPS.

Cultural Competency and Health Literacy

The WMC approach to Cultural Competency and Health Literacy (CCHL) was informed by their Community Needs Assessment (CNA). Within the governance structure of WMC a Workforce Committee and the Community Engagement Quality Committee, comprised of leadership from Community Based Providers, Training and Education Fund of 1199SEIU, Catskill Hudson Area Health Education Center, 1199SEIU, NYSNA, and CSEA labor unions to drive the CCHL and Workforce efforts for the PPS.

The PPS community engagement focus groups, literature review, CNA and current state assessment survey of PPS partners, specific population needs and effective patient engagement approaches were and will continue to be incorporated in training and education development. The PPS training commenced with an introductory "Achieving Equitable Health Outcomes" and the "Lunch and Learn" series which is the companion training workshop to the e-course. "Achieving Equitable Health Outcomes" addresses subjects such as how to adapt to the diversity of serviced populations, behaviors and communications, workplace application of best practices, implications of best practices and protocols in achieving improved health outcomes and finally the ways in which Cultural Competency and Health Literacy are connected

Financial Sustainability and Value Based Purchasing (VBP)

WMC created a Financial Sustainability Workgroup and Finance Committee who meet regularly to monitor, measure and manage financial and operational risk. One of the major efforts undertaken to date was the PPS' Financial Health Current State Assessment and Financial Sustainability Strategy. Financial Assessment Surveys were distributed to partners in both 2014 and 2015. In total 130 organizations responded to the 2014 Financial Assessment and to date 112

organizations (as of February 24, 2016) have responded to the 2015 Financial Assessment. The 2015 Compliance and Financial Assessment Survey is comprised of 30 questions and requested an attestation from an authorized office. The surveys included questions on provider fiscal metrics and also included questions on the current state of Value Based Payments (VBP).

Pursuant to its submitted Financial Sustainability Strategy, WMC has developed a process for any provider who is identified as fragile. Those entities (providers) identified as having metrics that may present a financially fragile or potentially fragile situation will be instructed to submit or requests will be made to submit quarterly fiscal reports for WMC monitoring. Based on submitted financial metrics, the Financial Sustainability workgroup will measure the results of analyses in order to decide next steps of action. These next steps may include providing guidance or offering strategies for those identified as financially fragile PPS Partners as well as opening lines of communications between Partners.

It will be important for WMC 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).

In its Organizational Narrative, WMC explains its VBP approach. The PPS has also established a VBP Task Force which reports to the Financial Governance Committee. The VBP Task Force, comprised of key executives of network partner organizations and Medicaid managed care plan representatives, meets routinely to discuss and systematically implement steps in the PPS' VBP timeline. WMC has developed and administered a baseline assessment to determine the current structure and capacity for value-based contracting for key network partners. The PPS has received recognition for its creation of a VBP Learning Lab aimed at educating leadership staff at CBOs and their Board of Directors on understanding VBP, how to demonstrate value for essential services they offer, and defining appropriate outcome measures for those services.

Funds Flow

Through DY2, Q2 PPS Quarterly Report, WMC's funds flow reporting indicates they have distributed 90.92% ($37,884,118.76) of the DSRIP funding it has earned ($41,669,647.57) to date. In comparison to other PPS, the distribution of 90.92% of the funds earned ranks 4th and places WMC above the statewide average of 56.20%.

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

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

Total Funds Available (DY1)	**$41,832,853.56**		
Total Funds Earned (through DY1)	**$41,669,647.57 (99.61% of Available Funds)**		
Total Funds Distributed (through DY2, Q2)	**$37,884,118.76 (90.92% of Earned Funds)**		
Partner Type	**Funds Distributed**	**Westchester (% of Funds Distributed)**	**Statewide (% of Funds Distributed)**
Practitioner - Primary Care Physician (PCP)	$90,356.77	0.24%	3.89%
Practitioner - Non-Primary Care Physician (PCP)	$756,718.23	2.00%	0.74%
Hospital	$435,984.35	1.15%	30.41%
Clinic	$347,676.18	0.92%	7.54%
Case Management/Health Home	$219,161.76	0.58%	1.31%
Mental Health	$346,268.05	0.91%	2.43%
Substance Abuse	$317,956.29	0.84%	1.04%
Nursing Home	$27,989.75	0.07%	1.23%
Pharmacy	$4,852.50	0.01%	0.04%
Hospice	$9,023.75	0.02%	0.16%
Community Based Organizations[7]	$37,070.00	0.10%	2.30%
All Other	$4,238,603.24	11.19%	5.82%
Uncategorized	$12,457.14	0.03%	0.53%
Non-PIT Partners	$161,320.00	0.43%	0.58%
PMO	$30,878,680.76	81.51%	41.99%

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

In further reviewing the WMC funds flow distributions, it is notable that the distributions are heavily directed towards the PMO and the All Other categories, with 92.7% of the funds being directed to those two partner categories. All other partner categories each received 2% or less of the remaining available funds. The limited funding distributed to the PCPs through DY2, Q2 illustrates an area where WMC could improve upon in future funding distributions.

Primary Care Plans

The IA reviewed the executive summaries of the Primary Care Plan submitted by DOH during the public comment period. The IA review focused on the completeness and the progress demonstrated by the PPS in the Primary Care Plan. The IA agrees with the assessment that the

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

Westchester Medical Center Primary Care Plan describes "a strong commitment to PCMH model/practice transformation, medical villages, medical neighborhoods, and behavioral health integration." It will be important for the PPS to focus on how it will support the VBP contracting efforts of its Primary Care practices as DSRIP progresses.

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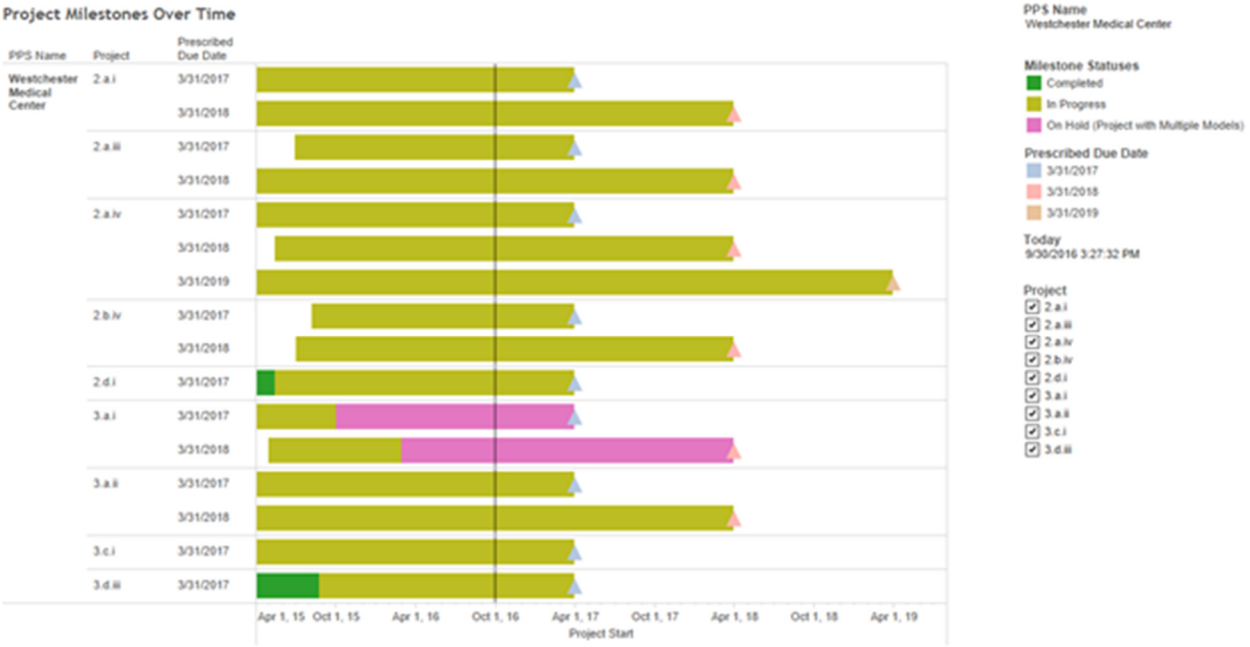
Figure 6: WMC Project Milestone Status (through DY2, Q2)[8]



Data Source: WMC DY2, Q2 PPS Quarterly Report

Based on the data in Figure 6 above, the IA identified Project 3.a.i as at risk due to the current status of project implementation efforts. The Project has milestones with required completion dates of DY2, Q4 that are currently in a status of 'On Hold'. This status indicates that the PPS has not begun efforts to complete these milestones by the required completion date and as such are at risk of losing a portion of the Project Implementation Speed AV for each project. There are additional risks associated with Project 3.a.i which the PPS has committed to a completion date of DY3, Q4 that have a status of 'On Hold'.

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 Models 2 and 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.

Patient Engagement AVs

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

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

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Figure 7: 2.d.i. Patient Engagement

Quarter	Committed Amount	Engaged Amount	Percent Engaged
DY1, Q2	5,000	176	3.52%
DY1, Q4	12,000	0	0.00%
DY2, Q2[9]	10,000	~~2,231~~0	~~22.31%~~0.00%

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

For project 2.d.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 3 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 15 illustrate the level of partner engagement against the Speed & Scale commitments 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.

[9] ~~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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Figure 8: 2.a.iii (Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	280	4
	Safety Net	280	4
Case Management / Health Home	Total	25	1
	Safety Net	16	1
Clinic	Total	23	4
	Safety Net	25	4
Community Based Organizations	Total	68	0
	Safety Net	0	0
Hospital	Total	0	1
	Safety Net	0	1
Mental Health	Total	71	0
	Safety Net	26	0
Pharmacy	Total	3	0
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	950	0
	Safety Net	243	0
Practitioner - Primary Care Provider (PCP)	Total	497	0
	Safety Net	132	0
Substance Abuse	Total	8	1
	Safety Net	7	1

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 9: Project 2.a.iv (Create a medical village using existing hospital infrastructure) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	5
	Safety Net	216	5
Case Management / Health Home	Total	0	0
	Safety Net	1	0
Clinic	Total	0	4
	Safety Net	6	4
Hospital	Total	0	3
	Safety Net	4	3
Mental Health	Total	0	1
	Safety Net	3	1
Nursing Home	Total	0	2
	Safety Net	0	1
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	155	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	73	0
Substance Abuse	Total	0	3
	Safety Net	2	3

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 10: Project 2.b.iv (Care transitions intervention model to reduce 30 day readmissions for chronic health conditions) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	415	0
	Safety Net	294	0
Case Management / Health Home	Total	25	0
	Safety Net	16	0
Community Based Organizations	Total	64	0
	Safety Net	0	0
Hospital	Total	9	0
	Safety Net	7	0
Practitioner - Non-Primary Care Provider (PCP)	Total	950	0
	Safety Net	243	0
Practitioner - Primary Care Provider (PCP)	Total	497	0
	Safety Net	132	0

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 11: 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	24
	Safety Net	168	12
Case Management / Health Home	Total	0	2
	Safety Net	0	2
Clinic	Total	0	7
	Safety Net	8	7
Community Based Organizations	Total	0	2
	Safety Net	0	0
Hospital	Total	0	3
	Safety Net	6	3
Mental Health	Total	0	2
	Safety Net	0	2
Nursing Home	Total	0	2
	Safety Net	0	1
Pharmacy	Total	0	1
	Safety Net	0	1
Practitioner - Non-Primary Care Provider (PCP)	Total	0	35
	Safety Net	85	9
Practitioner - Primary Care Provider (PCP)	Total	0	3
	Safety Net	97	1
Substance Abuse	Total	0	6
	Safety Net	0	5

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 12: 3.a.i (Integration of primary care and behavioral health services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	190	3
	Safety Net	19	3
Case Management / Health Home	Total	0	1
	Safety Net	0	1
Clinic	Total	20	3
	Safety Net	20	3
Community Based Organizations	Total	20	0
	Safety Net	0	0
Mental Health	Total	109	0
	Safety Net	25	0
Practitioner - Non-Primary Care Provider (PCP)	Total	95	0
	Safety Net	32	0
Practitioner - Primary Care Provider (PCP)	Total	95	0
	Safety Net	45	0
Substance Abuse	Total	10	1
	Safety Net	9	1

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 13: 3.a.ii (Behavioral health community crisis stabilization services) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	0	0
	Safety Net	285	0
Case Management / Health Home	Total	0	0
	Safety Net	10	0
Clinic	Total	0	0
	Safety Net	36	0
Hospital	Total	0	0
	Safety Net	10	0
Mental Health	Total	0	0
	Safety Net	44	0
Practitioner - Non-Primary Care Provider (PCP)	Total	0	0
	Safety Net	81	0
Practitioner - Primary Care Provider (PCP)	Total	0	0
	Safety Net	177	0
Substance Abuse	Total	0	0
	Safety Net	25	0

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 14: 3.c.i (Evidence-based strategies for disease management in high risk/affected populations (adults only)) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	454	1
	Safety Net	33	0
Case Management / Health Home	Total	25	0
	Safety Net	16	0
Clinic	Total	10	0
	Safety Net	10	0
Community Based Organizations	Total	65	0
	Safety Net	0	0
Mental Health	Total	103	0
	Safety Net	38	0
Pharmacy	Total	3	0
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	760	0
	Safety Net	182	0
Practitioner - Primary Care Provider (PCP)	Total	497	0
	Safety Net	132	0
Substance Abuse	Total	10	0
	Safety Net	9	0

Data Source: WMC DY2, Q2 PPS Quarterly Report

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Figure 15: 3.d.iii (Implementation of evidence-based medicine guidelines for asthma management) Partner Engagement

Partner Type		Committed Amount	Engaged Amount
All Other	Total	432	5
	Safety Net	333	4
Case Management / Health Home	Total	25	1
	Safety Net	16	1
Clinic	Total	12	4
	Safety Net	12	4
Community Based Organizations	Total	35	0
	Safety Net	0	0
Hospital	Total	0	1
	Safety Net	0	1
Pharmacy	Total	3	0
	Safety Net	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	760	0
	Safety Net	182	0
Practitioner - Primary Care Provider (PCP)	Total	497	0
	Safety Net	132	0
Substance Abuse	Total	0	1
	Safety Net	0	1

Data Source: WMC DY2, Q2 PPS Quarterly Report

As the data in Figures 8 through 15 above indicate, the PPS has engaged network partners on a limited basis for each of the eight projects highlighted. Of these eight projects, Project 2.d.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 lagging Partner Engagement across the same projects indicates an elevated level of risk for the successful implementation of these projects.

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

The PPS indicated in the Project Narrative that implementation proceeded at a slower pace to introduce PAM to partners and accommodate differences in work flow, staff functions, and IT support at each site. Furthermore, the PPS has worked with partners according to evidence-based practice that suggests that activated patients experience better health outcomes and are associated with lower costs and establishing these practices, focused on coaching and coordinating care, poses as a challenge and requires the PPS to work more slowly than was anticipated.

IV. Overall Project Assessment

Figure 16 below summarizes the IA's overall assessment of the project implementation efforts of WMC PPS 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 16: Overall Project Assessment

Project	Project Description	Patient Engagement	Project Milestone Status	Partner Engagement
2.a.i.	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management			
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services			X
2.a.iv.	Crate a medical village using existing hospital infrastructure			X
2.b.iv.	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions			X
2.d.i.	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care	X		X
3.a.i.	Integration of primary care and behavioral health services			X
3.a.ii.	Behavioral health community crisis stabilization services			X

3.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults only)			X
3.d.iii.	Implementation of evidence-based medicine guidelines for asthma management			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 17: 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. This score has been elevated due to Partner Engagement concerns across multiple projects.
2.a.iii.	Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services	2	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.a.iv.	Crate a medical village using existing hospital infrastructure	2	This is a low risk score indicating the project is more than likely to meet intended goals but has minor challenges to be overcome.
2.b.iv.	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.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	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.
3.a.i.	Integration of primary care and behavioral health services	3	This is a moderate risk score indicating the project could meet intended goals but requires some performance improvements and overcoming challenges.

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.c.i.	Evidence-based strategies for disease management in high risk/affected populations (adults 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.

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

VI. IA Recommendations

The IA's review of the Westchester Medical Center 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. Westchester Medical Center PPS has achieved many of the organizational and project milestones to date in DSRIP. The IA notes that the PPS has received recognition for its creation of a VBP Learning Lab aimed at educating leadership staff at CBOs and their Board of Directors on understanding VBP. This is an example of a great innovation model at this PPS.

The IA does have some concerns regarding WMC's project implementation however. For example, Westchester has done limited Partner Engagement throughout their network. This is illustrated in the Partner Engagement details presented in this assessment. This limited reporting of Partner Engagement, however, does not correlate with WMC's achievement of Patient Engagement in most of its projects through DY2, Q2. This may be the result of a reporting issue, but it represents a discrepancy that the IA urges WMC to address in future reporting. The IA believes it is important that WMC ensures DSRIP is successfully implemented, which includes the complete and accurate reporting of its efforts through the PPS Quarterly Reports.

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

A. Organizational Recommendations

Partner Engagement

Recommendation 1: The IA requires the PPS to develop an action plan to increase partner engagement. The plan needs to provide specific details by each project for partner engagement.

B. Project Recommendations

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)

Recommendation 1: The IA recommends the PPS develop a strategy to assist partners in better identifying the targeted population for this project.

Recommendation 2: The IA recommends the PPS develop plan to increase outreach and education materials to partners with respect to patient activation measures.

Project 3.a.i: Integration of primary care and behavioral health services

Recommendation 1: The IA recommends that the PPS develop an action plan to identify and introduce opportunities for mental health professionals to partner with primary care providers. It will be important to increase the engagement of PCP and Mental Health partners in this project

to ensure the project is implemented successfully and the PPS is positioned to meet the performance metrics for Domain 3a projects. The engagement of partners to successfully implement this project is further emphasized by the additional value associated with this project through the High Performance Fund, where six of the 10 eligible measures are tied to Domain 3a projects.