



**To:** New York State Department of Health  
**From:** AHI PPS (ID #23)  
**Subject:** DSRIP Mid-Point Assessment: AHI PPS Response  
**Date:** December 21, 2016

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On behalf of our AHI PPS partner organizations and colleagues, I'd like to thank you for the opportunity to participate in the recent DSRIP Mid-Point Assessment (MPA) process. The report and recommendations provided by the Independent Assessor (IA) for the period ending DY2Q1 have proven quite valuable as we continue to assess and implement strategies to meet and exceed our goals.

We are pleased to report the AHI PPS is well underway in addressing issues and recommendations contained in the report and accompanying documents. We have made tremendous progress in a number of areas since the time encompassed by the report, including:

- **Master Participation Agreements (MPAs)**
  - 92 percent of MPAs have been executed as of December 2016, compared to 60 percent in July.
  - 114 total addendums to date have been sent to partners with similar contract execution trends.
- **Fund Distribution**
  - PPS fund distribution through December 2016 increased from 45 to 57 percent of total earned funds facilitating partner engagement.
- **Patient Engagement**
  - Patient engagement continues to be an area of concentrated focus as we strive to better serve vulnerable populations.
- **Recruitment**
  - AHI recently completed an organizational restructuring and is now implementing a more vertically-integrated, collaborative working model to tackle DSRIP projects and goals.
  - 16 percent of new positions created were filled from within AHI.
  - New hires have brought new dimensions in talent, including individuals with strong clinical backgrounds in nursing, behavioral health and physician practice engagement.

One new hire is Lean Six Sigma Black Belt-certified and will help train staff and partners to implement Lean practices and processes.

- **Population Health Networks (PHNs)**

- AHI PPS recently adopted a new design of the DSRIP operating model that coordinates activities in regional hubs called Population Health Networks (PHN). Each PHN is led by an Executive Leadership Triad comprised of a regional physician champion, a regional community based organization administrator and a hospital administrator with support from an AHI administrator. The PHN Management Triad is responsible for the collective quality and cost outcomes for the region as a whole. At any given time, there may be multiple work teams throughout the region, comprised of partner hospitals, CBO's and area physicians, focused on specific objectives leading to achievement of DSRIP quality outcome goals.

### 360° Survey

We have reviewed the results from the 360° survey and extend our appreciation to partners who provided valuable feedback. The survey was sent to 26 organizations. We received 14 responses (46 percent). Although the small sample size may not completely reflect the opinions of our entire partner network, the feedback has been well taken. With the establishment of the PHNs and improvement of communication processes, including a weekly newsletter to partners, we are confident partner satisfaction will continue to grow.

### 2<sup>nd</sup> Tier Funds Flow

We have not yet begun to require partners to report any secondary flow of funds. We will begin using 2<sup>nd</sup> tier funds flow reporting in subsequent quarters.

In closing, we accept and concur with all IA recommendations as presented. As we move more deeply into the performance phase of DSRIP, we are in the process of setting up workgroups to address recommendations and create action plans that we'll look forward to providing to you by **March 3, 2017**.

Sincerely,

*Kate Clark*

Kate Clark  
Chief Administrative Officer  
AHI – Adirondack Health Institute



Adirondack Health Institute

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