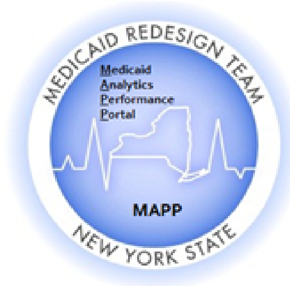

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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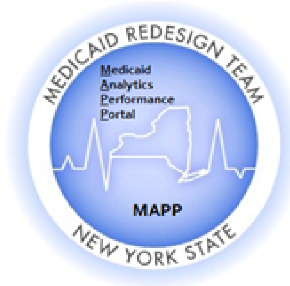

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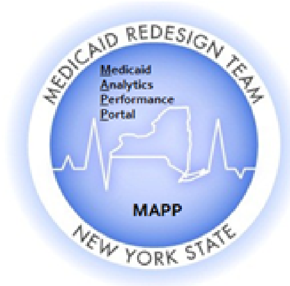

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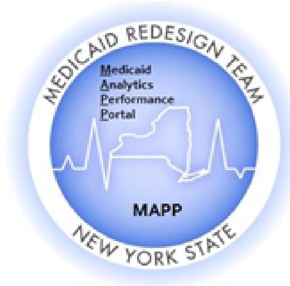

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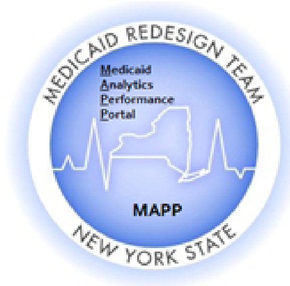

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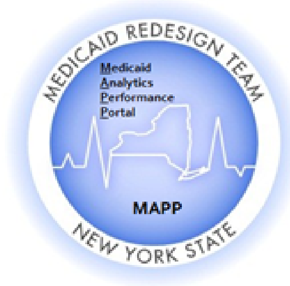

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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Quarterly Report - Implementation Plan for Adirondack Health Institute, Inc.

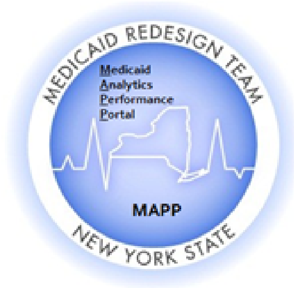
Year and Quarter: DY1, Q1 **Application Status:** Submitted

Status By Section

Section	Description	Status
Section 01	Budget	Completed
Section 02	Governance	Completed
Section 03	Financial Stability	Completed
Section 04	Cultural Competency & Health Literacy	Completed
Section 05	IT Systems and Processes	Completed
Section 06	Performance Reporting	Completed
Section 07	Practitioner Engagement	Completed
Section 08	Population Health Management	Completed
Section 09	Clinical Integration	Completed
Section 10	General Project Reporting	Completed

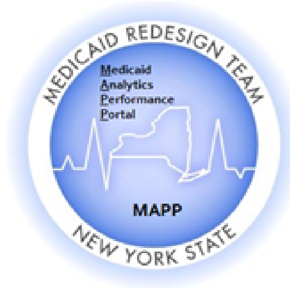
Status By Project

Project ID	Project Title	Status
2.a.i	Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management	Completed
2.a.ii	Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))	Completed
2.a.iv	Create a medical village using existing hospital infrastructure	Completed
2.b.viii	Hospital-Home Care Collaboration Solutions	Completed
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	Completed
3.a.i	Integration of primary care and behavioral health services	Completed
3.a.ii	Behavioral health community crisis stabilization services	Completed
3.a.iv	Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs	Completed
3.g.i	Integration of palliative care into the PCMH Model	Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets	Completed



Status By Project

Project ID	Project Title	Status
	chronic diseases that are not included in domain 3, such as cancer	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget Report

Instructions :

This table contains five budget categories. Please add rows to this table as necessary in order to add your own additional categories and sub-categories. The budget categories used in this table should reflect the budget categories you used in your application. If budget entered varies from PPS application or previous implementation plan submission, please describe changes and justifications in box provided.

Budget Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,188
Cost of Project Implementation & Administration	10,235,673	12,371,985	15,585,991	9,884,472	5,340,351	53,418,472
Revenue Loss	1,335,088	4,005,319	13,359,421	15,583,627	10,235,673	44,519,128
Internal PPS Provider Bonus Payments	2,670,175	6,764,538	8,460,967	10,418,768	10,858,714	39,173,162
Cost of non-covered services	890,059	1,780,142	5,343,768	5,788,204	4,005,263	17,807,436
Other	13,066,059	5,126,808	5,842,520	1,353,550	2,242,947	27,631,884
Total Expenditures	28,197,054	30,048,792	48,592,667	43,028,621	32,682,948	182,550,082
Undistributed Revenue	0	0	0	0	0	0

Current File Uploads

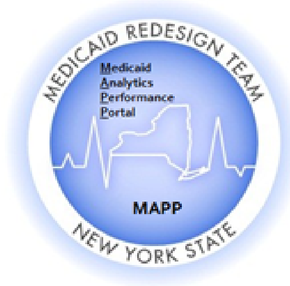
User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

"The budget below does not vary in total from the application submission. We have provided further breakdown by providing additional subcategories in the 06012015 submission. We have included a line titled ""hold back for timing of funds flow"" to reflect the actual cash flow timing. As the PPS develops detailed project plans as outlined in this implementation plan, we anticipate that there will be modifications to the timing of the budget costs across the 5 year period and also modifications the budget costs category amounts.

The MAPP tool did not allow entry of negative values - the value in DY5 row labeled "other" in the amount of 2,242,947 is a negative amount.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.2 - PPS Flow of Funds

Instructions :

In the table below, please detail your PPS's projected flow of DSRIP funds for the next five years, splitting out the flow of funds by provider type. The provider types match the categories used for the Speed & Scale portion of your Project Plan Application.
- This table requires your funds flow projections on an annual basis. Subsequent quarterly reports will require you to submit your actual distribution of funds to these provider categories on a quarterly basis.
- These quarterly submissions of actual funds distribution will ultimately be required at the provider level (as opposed to the provider type level required here)

Funds Flow Items	DY1 ($)	DY2 ($)	DY3 ($)	DY4 ($)	DY5 ($)	Total ($)
Waiver Revenue	28,197,054	30,048,792	48,592,667	43,028,621	28,197,054	178,064,188
Primary Care Physicians	2,286,680	3,684,147	5,879,258	5,465,291	3,864,066	21,179,442
Non-PCP Practitioners	748,887	1,206,558	1,925,457	1,789,883	1,265,482	6,936,267
Hospitals	5,859,618	9,440,627	15,065,597	14,004,809	9,901,670	54,272,321
Clinics	823,205	1,326,293	2,116,532	1,967,505	1,391,064	7,624,599
Health Home / Care Management	271,543	437,493	698,162	649,003	458,858	2,515,059
Behavioral Health	2,629,683	4,236,769	6,761,146	6,285,085	4,443,676	24,356,359
Substance Abuse	943,256	1,519,710	2,425,194	2,254,433	1,593,927	8,736,520
Skilled Nursing Facilities / Nursing Homes	1,000,423	1,611,814	2,572,175	2,391,065	1,690,529	9,266,006
Pharmacies	17,150	27,631	44,094	40,990	28,981	158,846
Hospice	0	0	0	0	0	0
Community Based Organizations	1,029,006	1,657,866	2,645,666	2,459,381	1,738,830	9,530,749
All Other	12,587,603	4,899,884	8,459,386	5,721,176	1,819,971	33,488,020
Total Funds Distributed	**28,197,054**	**30,048,792**	**48,592,667**	**43,028,621**	**28,197,054**	**178,064,188**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

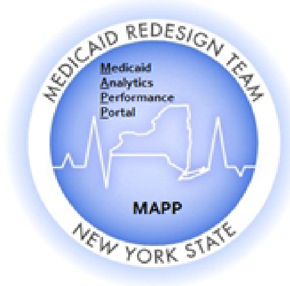
Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

The PPS and PPS Lead Administration costs from the Project Plan Application are shown in the "All Other" Item below.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

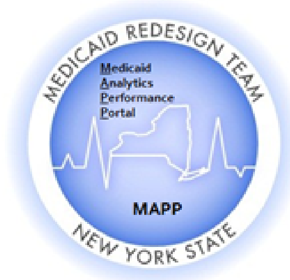
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.3 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Complete funds flow budget and distribution plan and communicate with network	In Progress	Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	In Progress	1. Distribute the Project Impact Assessment and Matrix (prepared as part of current state financial stability assessment) to network provider partners with explanation of the purpose of the matrix and how it will be used to finalize funds flow in determining expected impact of DSRIP projects and expectations of costs they will incur. Provide instructions and examples.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	In Progress	2. Complete a preliminary PPS Level budget for Administration, Implementation, Revenue Loss, Cost of Services not Covered budget categories (Excludes Bonus, Contingency and High Performance categories).	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	In Progress	3. Review the provider level projections of DSRIP impacts and costs submitted by network providers. During provider specific budget processes, develop provider level budgets including completion of Provider Specific funds flow plan.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.	In Progress	4. Develop the funds flow approach and distribution plan with drivers and requirements for each of the funds flow budget categories.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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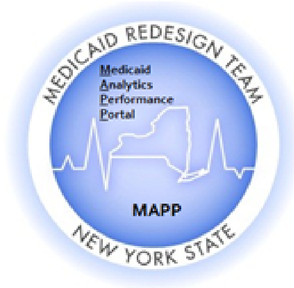
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	In Progress	5. Distribute funds flow approach and distribution plan to Finance Committee and network participating providers for review and input.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Revise plan based on consultation and finalize; obtain approval from Finance Committee.	In Progress	6. Revise plan based on consultation and finalize; obtain approval from Finance Committee .	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	In Progress	7. Prepare PPS, Provider and Project level funds flow budgets based upon final budget review sessions with network providers for review and approval by Finance Committee.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	In Progress	8. Communicate approved Provider Level Funds Flow plan to each network provider. Incorporate agreed upon funds flow plan and requirements to receive funds into the PPS Provider Partner Operating Agreements.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	In Progress	9. Distribute Funds Flow policy and procedure, and schedule DSRIP period close requirements, along with expected Funds distribution schedule, to PPS network provider partners.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	In Progress	10. Develop communication and training program for providers on funds flow, the administrative requirements related to the plan, and related schedules for reporting and distribution of funds.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found



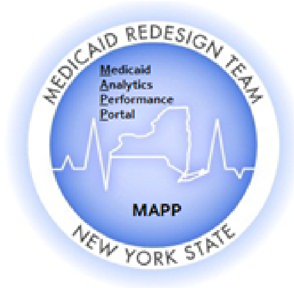
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Complete funds flow budget and distribution plan and communicate with network	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 1.4 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

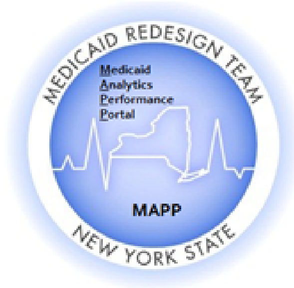
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

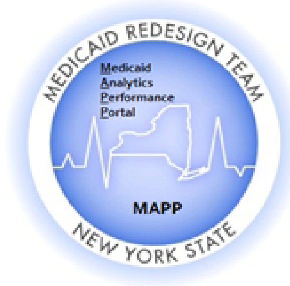
Milestone Name	Narrative Text

No Records Found



IPQR Module 1.5 - IA Monitoring

Instructions :



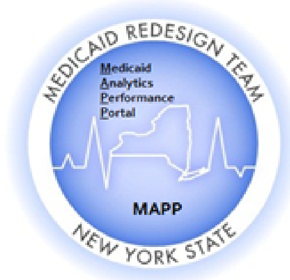
Section 02 – Governance

IPQR Module 2.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize governance structure and sub-committee structure	In Progress	This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 8. Communications are issued to PPS partners and stakeholders to announce final Governance.	Completed	Announce final Governance	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. Members of the PPS Executive Governing Body are installed.	Completed	Install members of Executive Governing Body	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Members of the PPS Committees are installed.	Completed	Members installed to PPS Committees	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 1. Adirondack Health Institute (AHI) convenes key stakeholders including Adirondacks ACO, Adirondack Medical Home Initiative, OneCare Vermont, and others to develop regional strategy for Population Health Management governance & capabilities.	Completed	Convene key stakeholders	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Adirondack Health Institute (AHI) works with NYS DOH to secure approval of AHI as a Safety Net under DSRIP	Completed	Safety Net approval	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Review AHI governance structure & by-laws to determine adequacy for DSRIP governing	Completed	Review Governance structure and by-laws	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



New York State Department Of Health
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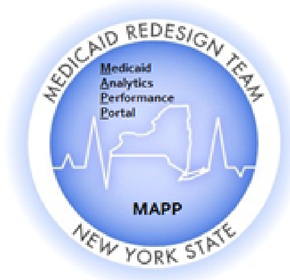
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
purposes.							
Task 4. Subsequent to the release of Funds Flow/Governance Requirements/Guidance from NYS DOH, AHI obtains legal consult to determine what Governance options remain feasible.	Completed	Obtain legal consult	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Tools/resources are prepared to support decision-making on Governance: visual representations, slides, pros/cons. Materials include descriptions of sub-committees: name, size, function. Materials depict overlap with existing organizations, such as the Adirondacks ACO and Adirondack Medical Home Initiative, and opportunities for integration and/or alignment.	Completed	Tools and resources to support Governance	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. AHI PPS Interim Steering Committee & Regional Health Innovation Team leaders take part in facilitated discussion of Governance options, including ownership, authority, and sub-committee structure, and provide feedback for consideration by AHI Members and Board.	Completed	Discuss Governance with Steering Committee and Regional Health Innovation Teams	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. AHI Board endorses the Governance Model; AHI Members provide final approval of the selected Governance model.	Completed	Final approval	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Charter is drafted for the Clinical Governance & Quality Committee.	In Progress	governance and quality charter draft	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Clinical Governance & Quality Committee is	In Progress	convene governance and quality committees	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	

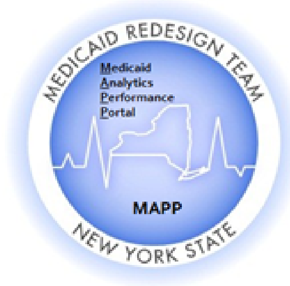


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
convened; members review draft charter and proposed structure for clinical quality oversight of all projects.							
Task 3. Clinical Governance & Quality Committee members review current Project Team and Regional Health Innovation Team structure and determine how to communicate with, and utilize, these structures to support Quality Committee functions.	In Progress	Review project team and RHIT structures	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Clinical Governance & Quality Committee charter and project level structure is finalized.	In Progress	finalize charter and project level structure	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Clinical Governance & Quality Committee endorses workplan (prepared by PMO) for the identification & adoption of standard evidence-based protocols for each Domain 3 project and others as needed.	In Progress	endorse workplan for standard protocols for projects	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Communication plan is put in place to engage staff in the process of identifying & adopting evidence-based protocols; and to ensure protocls (once adopted) are disseminated throughout the PPS.	In Progress	Communication plan for protocols	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Plan is established to monitor implementation of evidence-based protocols, including methods of measuring adherence to protocols and providing feedback to persons responsible for oversight at each partner organization.	In Progress	plan established to monitor implementation of protocols	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. On-going meeting schedule is issued to meet workplan deliverables.	In Progress	meeting schedule issued for workplan deliverables	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Clinical Governance & Quality Committee reviews established metrics for monitoring	In Progress	develop final measures for monitoring quality	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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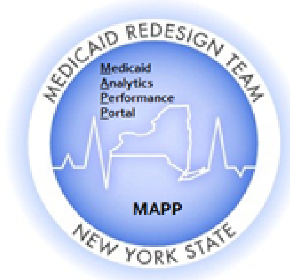
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
performance & quality and develops final measures set.							
Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable	In Progress	This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Obtain legal consult and develop the PPS Governance Bylaws.	In Progress	disseminate policies and procedures	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Executive Governance Body Meets: adopts bylaws and identifies key policies necessary for PPS	In Progress	review and adopt policies	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Policies are drafted, include: compliance, dispute resolution, and policies regarding partner participation in the PPS.	In Progress	develop by-laws	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. PPS Executive Governance Body meets to review & adopt policies.	In Progress	identify key policies	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Policies and procedures are disseminated and communicated across the PPS.	In Progress	draft policies	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #4 Establish governance structure reporting and monitoring processes	In Progress	This milestone must be completed by 12/31/2015. Governance and committee structure document, including description of two-way reporting processes and governance monitoring processes	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. PPS recruits Director of the Project Management Office & project management staff.	In Progress	recruit director of PMO	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. PPS Contracts with vendor for Project Management tool to support monitoring and reporting of progress at the workstream, and project, levels.	In Progress	Contract with vendor for PM tool	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Workplan & Timeline for Project Management Tool Implementation is established.	In Progress	timeline and workplan for PM tool established	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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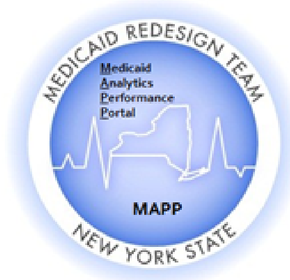
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 4. Monitoring and Reporting flowchart is developed, depicting the flow of information from reports/dashboards to PPS Sub-Committees and Board.	In Progress	Information flow chart developed	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Director of PMO works with Project Management Tool vendor to coordinate alignment with DOH reporting requirements.	In Progress	Align Reporting Requirements	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 6. There will be a need to monitor and report on progress in advance of Project Management Tool implementation, as such, the PMO will put in place an interim plan (and the necessary tools) for monitoring & reporting.	In Progress	Monitoring/Reporting	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. PPS Partners and stakeholders are provided with "role-appropriate" access to dashboards & reports.	In Progress	Dashboards	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Governance Communications flowchart is developed, depicting the flow of information amongst the various PPS Committees and Executive Governance Body.	In Progress	Flowchart	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. Committee standing agendas are established, with each receiving regular reports from other committees as relevant.	In Progress	Agendas	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. Governance Communications Strategy is developed, including use of a secure electronic platform for sharing of agendas and minutes among various governance bodies as appropriate to their functions & authorities.	In Progress	Governance Communications Strategy	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches,	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	NO



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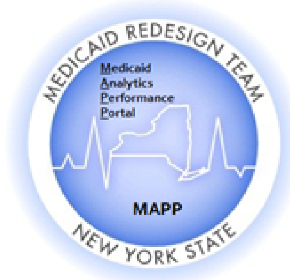
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
homeless services, housing providers, law enforcement)							
Task 1. Develop position description & recruit Community Engagement Manager. This position is responsible for CBO outreach and engagement, overall and specifically in relation to Project 2di.	Completed	Community Engagement Manager (Jessica Chanese) hired 6/22/2015.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task 2. Identify community based organizations that address the social determinants of health (employment, transportation, housing, legal, etc.)	In Progress	Identify CBOs	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Invite CBOs to participate in Regional Health Innovation Team meetings and project teams.	In Progress	Invite to Meetings	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop schedule of communications and events to stimulate CBO participation in DSRIP projects/activities AND to promote relationship building between health care provider organizations and CBOs. Coordinate these events in conjunction with the Adirondack Rural Health Network and the Population Health Improvement Program.	In Progress	Communications Schedule	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Provide resources (including speakers) to CBOs to educate them on Medicaid redesign and DSRIP and the role CBOs can play in improving population health.	In Progress	Provide Resources	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 1. Identify appropriate committees for CBO representation, including Finance	In Progress	Identify committees	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will host planning meetings and invite	In Progress	Planning meetings	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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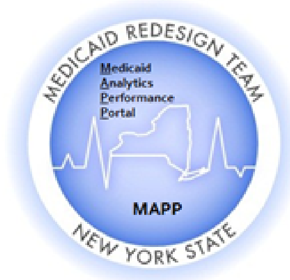
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
CBOs from the nine county area to engage them in the PPS							
Task 3. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process	In Progress	Distribution list	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Determine a path for funds flow to CBOs as most are not safety net providers.	In Progress	Fund Flow	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Work with CBOs providing services that support DSRIP projects including Healthy Heart Network (tobacco cessation), Adirondacks ACO, Hospices, county mental health associations, prevention councils, churches, homeless shelters, and others to determine desired participation level.	In Progress	Work with CBOs	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Negotiate and draft partnership agreements with key CBOs	In Progress	Partnership Agreements	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Sign partnership agreements	In Progress	Sign Agreements	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	In Progress	Agency Coordination Plan.	04/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO
Task 1. Building on existing partnerships and relationships, AHI will identify all appropriate agencies in the AHI PPS service area	In Progress	Identify Agencies	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will host planning meetings and invite agencies from the nine county area to engage them in the PPS	In Progress	Host Meetings	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	In Progress	Distribution List	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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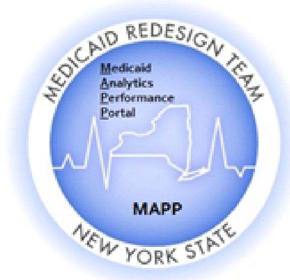
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
3. AHI will create a DSRIP information distribution list that will include all public sector agencies such as Community Service Boards, Offices for the Aging, Public Health, disability agencies, and others to engage and inform them							
Task 4. Recruit participants from the various public agencies to be part of, and possibly take a leadership role in, the PPS planning and leadership structure including AHI's Regional Health Innovation Teams (RHITs) and the PPS Steering Committee	In Progress	Recruit Participants	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop an action plan for coordinating agency activities with the AHI PPS for discussion, review, and adoption by the Agencies and Municipal Authorities	In Progress	Action Plan	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Inclusion of CBOs in PPS Implementation.	In Progress	Explain your plans for contracting with CBOs and their continuing role as your PPS develops over time; detail how many CBOs you will be contracting with and by when; explain how they will be included in project delivery and in the development of your PPS network.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task 6. Sign partnership agreements.	In Progress	Sign Agreements	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 1. AHI will host planning meetings and invite CBOs from the nine county area to engage them in the PPS.	In Progress	Planning meetings	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. AHI will create a DSRIP information distribution list that will include CBOs and others to engage and inform all entities about the DSRIP process.	In Progress	Distribution list	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Determine a path for funds flow to CBOs as most are not safety net providers.	In Progress	Funds Flow	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Work with CBOs providing services that	In Progress	Work with CBOs	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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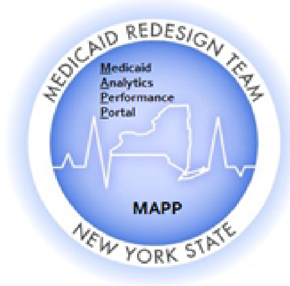
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
support DSRIP projects including Health Heart Network (tobacco cessation), Adirondacks ACO, Hospices, community mental health associations, prevention councils, homeless shelters, and others to determine appropriate participation level.							
Task 5. Negotiate and draft partnership agreements with key CBOs	In Progress	Partnership Agreements	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #9 Finalize workforce communication and engagement plan	In Progress	Workforce communication & engagement plan, including plans for two-way communication with all levels of the workforce, signed off by PPS workforce governance body (e.g. workforce transformation committee).	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Employee Engagement Work Group will utilize information on the key stakeholder organizations and ask organizations to identify one key contact person whose responsibility it will be to receive updates and communications regarding DSRIP and determine the best mode of dissemination to their organization.	In Progress	Key Contact	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Employee Engagement Work Group will identify communication needs and required key messages to employee groups, as well as the available communication channels that can be utilized for stakeholder engagement.	In Progress	Identify Needs	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Employee Engagement Work Group will develop Workforce Communication and Engagement Strategy: Establish the vision, objectives and guiding principles as a means to engage key stakeholders, reviewed by Workforce Committee leadership and signed off by the executive body of the PPS.	In Progress	Develop Strategy	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Employee Engagement Work Group will develop Workforce Communication &	In Progress	Develop Plan	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Engagement Plan: Outline objectives, principles, target audience, channel, barriers and risks, milestones, and measuring effectiveness; reviewed by the Workforce Committee leadership and signed off by the executive body of the PPS.							

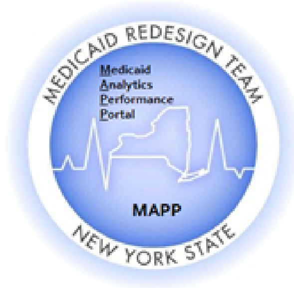
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services,	NARRATIVE: The AHI PPS service area extends into the northern portion of Saratoga County but does NOT include the entirety of Saratoga County. The service area is built to reflect existing utilization patterns. Persons who reside in northern Saratoga tend to utilize providers in southern Warren County. The PPS will include public agencies and others in Saratoga County as needed to meet the needs of the attributed population.



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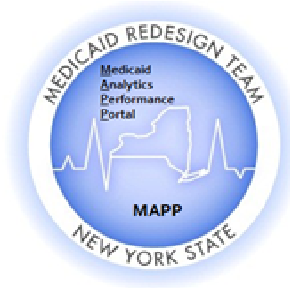
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Corrections, etc.)	
Finalize workforce communication and engagement plan	
Inclusion of CBOs in PPS Implementation.	



IPQR Module 2.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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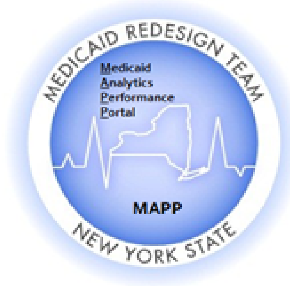


IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your governance structure and processes and achieving the milestones described above, as well as potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

With more than 100 partners, AHI faces challenges with developing an effective governance structure that ensures excellence in stewardship, oversight, and representation.
The three risks to governance are:
• Loss of participation of safety net leaders in governing the PPS network due to increased demands on them to lead their own organizations in addition to the region's ACO, Medical Home Initiative, and Health Home.
• Active participation of key stakeholders including hospital, physician, behavioral health, long-term/home health and community benefit leadership.
• Trust by key stakeholders.

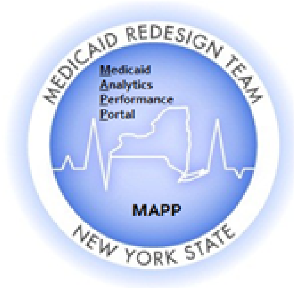
These risks will be mitigated by:
• Working collaboratively with leadership of the Adirondack ACO, Adirondack Medical Home, and other stakeholders to develop a governance structure that meets the needs of AHI's Health Home and Population Health Improvement Program that aligns with the ACO, Medical Home, and PPS initiative.
• Compensating clinical leaders' time.
• Ensuring meetings are warranted and time is used efficiently.
• Development and execution of a network communication strategy to include open forums, the MIX platform, and website.

IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

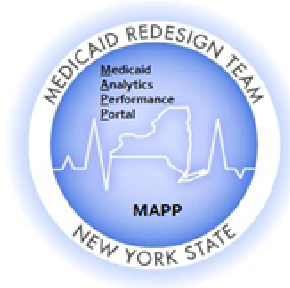
Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The Governance Workstream is perhaps the most dependent on other Workstreams, each of which supports the overarching responsibility of the Governance to lead the PPS. The PPS will be successful to the extent that governing bodies can rely on high quality data and analytics made available through a well-designed IT infrastructure. This infrastructure will produce information necessary to perform cost/benefit analyses and estimates of ROI, which the Board can rely on to make important decisions on the allocation of resources and strategic direction of the PPS. The Finance Workstream supports Governance through effective and credible funds flow management. This Workstream is key to partner engagement in the PPS, as the commitment funds serves both as an incentive and a tool to ameliorate negative impacts of healthcare transformation on some types of provider organizations. Workforce development is also central: no plan or model can succeed without strong relationships with unions and



workers, and a workforce that has the skills and capacity to meet the needs of the changing healthcare delivery system. Finally, provider/partner engagement is vital, as the leadership resources that partners bring to the table will be the driving forces in the development of and compliance with evidence-based protocols. Without provider leadership, the PPS will be hampered in efforts to achieve the high levels of coordination and clinical integration that are necessary for the system to operate under new models of care and achieve quality goals.

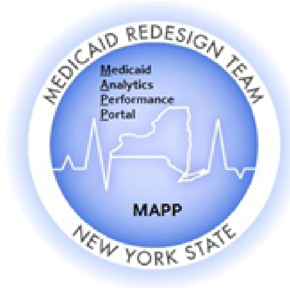


IPQR Module 2.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for the development of your governance structure and processes and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
PPS Lead Applicant/Entity	AHI, Cathy Homkey CEO	Fiduciary responsibility; provide funding and staff resources; develop governance structure, bylaws, and policies; establish the project management office (staff, tools, processes)
Population Health Management Partner	ADK ACO, Karen Ashline	Board & Committee members. Partner with the PPS in Governance and IT Development; partner to align Clinical Governance & Quality with related initiatives (Medical Home, Health Home, MSSP, etc.); partner in development of regional PHM capabilities
Major hospital partners	Glens Falls Hospital, Adirondack Health, Champlain Valley Physician Hospital, St Lawrence Health System, Nathan Littauer Hospital (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, clinical leadership
Physician organizations and large practices	Hudson Headwaters Health Network, Plattsburgh Physician Group, North Country Physicians Organization (CEOs and Senior Administrators, Clinical Leaders, take part in a variety of forums)	Board and Committee members, project implementations, EBM protocol development, physician leadership
County Mental Health Departments	Rob York, DCS Warren-Washington County; Peter Trout, DCS Clinton County; Steve Valley, DCS Essex County, are the most active, all 9 County DCS are involved to varying degrees.	Board and Committee members, project implementations, EBM protocol development, behavioral health leadership

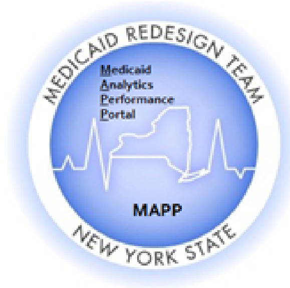


Module 2.6 - IPQR Module 2.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS with regard to your governance structure and processes.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Health Home Care Management Agencies (AHI is Lead Health Home; care management agencies listed are downstream providers of Health Home services)	Alliance for Positive Health Behavioral Health Services North Citizen Advocates/ Northstar Behavioral Health Essex County Mental Health Services Glens Falls Hospital HCR Home Care Hudson Headwaters Health Network Mental Health Association in Essex County UVM Health Network- Champlain Valley Health Network Warren-Washington Association for Mental Health Community Maternity Services United Helpers/Mosaic United Helpers/ACT Hamilton County Community Services	Care Management Protocols and Procedures, Project Implementations
Community-Based Organizations	Offices for the Aging, NYConnects, Mental Health Associations & Alliances, Consumer and Peer Groups, Churches, YMCAs, Civic groups	Align projects with county plans and initiatives; participate in some project implementations
External Stakeholders		
Key advisors, counselors, attorneys, consultants	Manatt, Phelps & Phillips, LLP, The Advisory Group, The Chartis Group, CohnReznick	Drafts governance documents, provider agreements, policies and procedures, contracts, etc.



IPQR Module 2.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream and your ability to achieve the milestones described above.

The AHI PPS is putting in place the shared IT infrastructure that will support communication and decision-making across the PPS Board and sub-committees. The Governance will rely on a secure electronic platform for sharing of meeting agendas and minutes, with the appropriate role-based access to such documents. Additionally, all PPS partners will have ready access to a tool for sharing information on project progress. This IT infrastructure will enable the PPS to readily produce progress reports and make visible the PPS' progress against milestones, thus allowing the PPS to achieve a level of transparency with key stakeholders that is necessary for on-going trust and support of the providers and communities served. Overall, the expectation is that IT will support the necessary two-way communication across committees, partners, and teams.

IPQR Module 2.8 - Progress Reporting

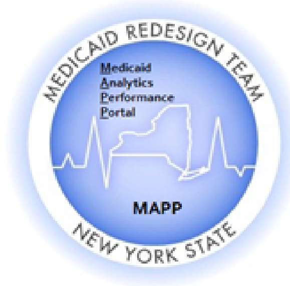
Instructions :

Please describe how you will measure the success of this organizational workstream.

The success of Governance Workstream is measured by progress against a set of required milestones, including the timely creation of the structures (BOD and Committees), populating such structures with the appropriate members, the formal adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow the PPS to begin operation. Progress is also measured by the successful implementation of project management and performance monitoring systems (including data collection, analyses and reporting) to support decision-making.

IPQR Module 2.9 - IA Monitoring

Instructions :



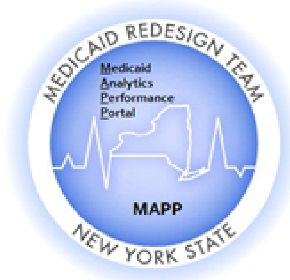
Section 03 – Financial Stability

IPQR Module 3.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize PPS finance structure, including reporting structure	In Progress	This milestone must be completed by 12/31/2015. PPS finance structure chart / document, signed off by PPS Board.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task 1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	In Progress	1. Establish the financial structure of the Governance organization and the roles and responsibilities of the Finance Committee in compliance with DSRIP governance guidelines and other applicable NYS or Federal rules.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	In Progress	2. Develop charter for the PPS finance function and establish schedule for Finance Committee meetings. Includes coordination with other PPS functions and governance.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	In Progress	3. Develop PPS Org chart that depicts the complete finance function with reporting structure to Executive Body and any oversight committees.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	In Progress	4. Obtain PPS Executive Body approval of PPS Finance Function charter and organization structure chart and populate finance committee.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document	In Progress	5. Define the Roles and Responsibilities of the PPS Lead and Finance function and document in a Business Office Plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



New York State Department Of Health
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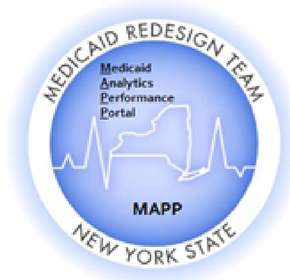
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
in a Business Office Plan.							
Task 6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	In Progress	6. Develop policies and procedures for oversight and accountability of the accounting function, funds flow, budgeting, and reporting as required by GAAP, DSRIP, and all required external compliance. Includes documentation of the internal controls environment.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Recruit and populate open positions and train members of the Finance Office.	In Progress	7. Recruit and populate open positions and train members of the Finance Office.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	In Progress	8. Incorporate finance structure and governance into operating agreements and PPS lead entity agreement as necessary.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	In Progress	This milestone must be completed by 3/31/2016. Network financial health current state assessment (to be performed at least annually). The PPS must: - identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers; -- define their approach for monitoring those financially fragile providers, which must include an analysis of provider performance on the following financial indicators: days cash on hand, debt ratio, operating margin and current ratio; -- include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task 1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	In Progress	1. Develop matrix of DSRIP Projects and identify expected impact on provider cost, patient volumes, revenue, loss of services or other based upon project goals and expected participation levels. Includes both quantitative and qualitative Impacts. Engage consultants as necessary and collaborate with other PPS lead entities to optimize knowledge base.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	In Progress	2. Review DRAFT of Project Impact matrix with Finance Committee and Executive Committee.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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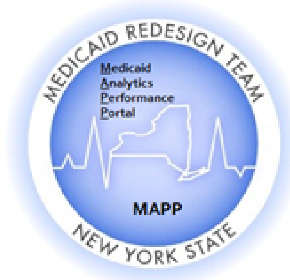
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	In Progress	3. Finalize Project Impact Matrix identifying project participation, expected impact of projects and provider specific view.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	In Progress	4. Review and obtain approval of Project Impact Matrix from Finance Committee and Executive Body as basis for Sustainability and applicable portions of funds flow plan.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	In Progress	5. Develop a communication strategy for PPS providers and partners in advance of conducting assessment to improve transparency and improve overall quality of input into the matrix.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	In Progress	6. Operating agreements for PPS participants to outline the required compliance with providing information for project matrix and protocol for addressing any compliance issues.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	In Progress	7. Update the Financial Assessment and Project Impact Assessment documents that were used for the Preliminary Financial assessment conducted in Nov 2014. Update for added metrics and provider specific metrics.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	In Progress	8. Distribute Current State Financial Assessment and Project Impact Assessment documents to providers using the communication plan developed.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Accumulate and review results of Current State Financial Assessment and Project Impact Assessment returned from providers. Reach	In Progress	9. Accumulate and review results of Current State Financial Assessment and Project Impact Assessment returned from providers. Reach out to providers that did not respond and follow up on any information that does not appear to	10/01/2015	03/30/2016	03/31/2016	DY1 Q4	



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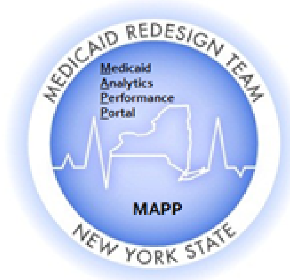
out to providers that did not respond and follow up on any information that does not appear to be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.		be consistent with the instructions or varies significantly from the initial assessment data from Nov 2014.					
Task 10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	In Progress	10. Prepare report of PPS Current State Financial Status which highlights any areas of concern and includes publicly available information in addition to data provided by participants. Report to be reviewed by Finance Committee and then presented to the Executive Committee.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	In Progress	11. Define procedure for ongoing monitoring of financial stability and obtain approval from Executive Body. Monitoring and reporting requirements to be incorporated into the operating agreements with participants of the PPS including protocol for handling non conformance issues.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive Committee.	In Progress	12. Based upon Financial Assessment and Project Impact Assessment – identify providers (a) not meeting Financial Stability Plan metrics, (b) that are under current or planned restructuring efforts, or that will be financially challenged due to DSRIP projects or (c) that will otherwise be financially challenged and, with consideration of their role in projects, prepare initial Financially Fragile Watch List and obtain approval of Finance Committee. Communication plan for fragile watch list to be developed and documented and approved by the Executive Committee.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 13. Develop PPS Financial Stability plan. The	In Progress	13. Develop PPS Financial Stability plan. The plan will include metrics, ongoing monitoring process, and other requirements as part of progressive	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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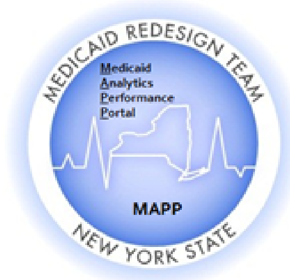
plan will include metrics, ongoing monitoring process, and other requirements as part of progressive sanctions by the PPS.		sanctions by the PPS.					
Task 14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	In Progress	14. Define process for evaluating metrics and implementing a Financial Stability Plan for the initial Fragile Watch List as any partners that subsequently are determined to be at risk.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	In Progress	15. Obtain approval of Finance Committee and other oversight as documented in governance documents.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	In Progress	16. Define role of project oversight for the Financial Stability Plan and Distressed Provider Plan. Document the process, including required monitoring and reporting for current and future plans.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	In Progress	17. Implement PMO oversight for FSP and Distressed Provider Plans – for any active plans identified at during DSRIP implementation phase.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	In Progress	18. Outline reporting requirements for initial plan and ongoing monitoring of for Distressed Provider Plan(s) which will include additional metrics and narrative for the provider.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	In Progress	19. Define process for evaluating metrics and implementing a DPP for Financially Fragile providers. Include process for progressive sanctions as documented in governance materials.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d	In Progress	This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead).	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES



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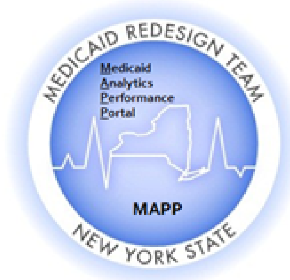
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	In Progress	1. Assess NY Social Services Law 363-d, determine scope and requirements of compliance program and plan based upon the DSRIP related requirements that are within the scope of responsibilities of the PPS Lead.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	In Progress	2. Develop or augment existing written policies and procedures that define and implement the code of conduct and other required elements of the PPS Lead compliance plan that are within the scope of responsibilities of the PPS Lead.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	In Progress	3. Develop process to ensure PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d as required for the entire DSRIP contract period.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	In Progress	4. Include a provision in the PPS Provider Operating Agreement that the network providers will maintain a current compliance plan to meet NY State Social Services Law 363-d requirements for a provider.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	In Progress	5. Put in place a process to required any new policy and procedure added after the initial PPS financial structure is established for DSRIP are reviewed for NY State Social Services Law 363-d.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	In Progress	6. Obtain Executive Body approval of the Compliance Plan (for the PPS Lead) and Implement.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment,	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES



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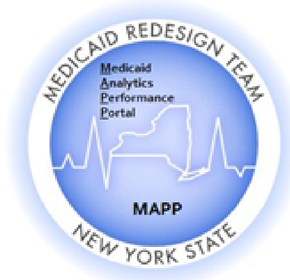
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
preferred compensation modalities for different provider-types and functions, and MCO strategy.							
Task 1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	In Progress	1. Develop a VBP Work Group which includes representatives from across the care continuum of PPS system. Provide training on VBP core concepts with experts from region of engaged consultants - see step 3.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	In Progress	2. Develop VBP Work Group Charter with the primary goal of the AHI PPS VBP Work Group to coordinate outreach and educational initiatives that support VBP arrangements throughout our system.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	In Progress	3. Engage consultants or identify SME (Subject Matter Experts) in PPS region to assist the VBP workgroup as necessary.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	In Progress	3A. Develop education and communication plan for providers to facilitate understanding of value based payment (VBP), to include levels of VBP, risk sharing, and provider/MCO contracting options.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	In Progress	4. Develop training materials to be used for provider and PPS stakeholder outreach and educational campaign. Engage consultants as necessary based on expertise and coordinate with other DSRIP work stream leads.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated	In Progress	5. Conduct education and outreach campaign for PPS stakeholders, specifically providers, to increase knowledge among the PPS network of the various VBP models and to enable the PPS to employ those models in a coordinated approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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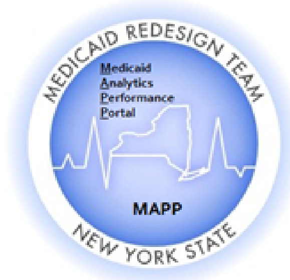
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
approach. Existing DSRIP communication channels and best practices for training using various media will be employed and documented to optimize resources.							
Task 6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	In Progress	6. Develop a stakeholder engagement survey to establish a baseline assessment of the PPS's regional experience and readiness for VBP concepts and contracting. Key areas to assess include the following: degree of experience operating in VBP models and preferred compensation modalities; degree of sophistication in ability to negotiate plan contracts, monitor and report on service types; estimated volume of Medicaid Managed Care spending received by the network, estimate of total cost of care for specific services, provider ability and willingness to take downside risk in a risk sharing arrangement and existing systems in place to support new payment models. This will also be used to evaluate the preferred method of negotiating plan options with Medicaid Managed Care organization and the level of assistance needed to negotiate plan options with Medicaid Managed Care.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	In Progress	7. Develop detailed plan to perform stakeholder engagement survey to the provider population to determine PPS baseline demographics. Includes developing instructions for survey with examples where possible.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	In Progress	8. Conduct provider outreach sessions to in conjunction with the survey to supplement the stakeholder engagement survey and engage stakeholders in open discussion.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	9. Compile stakeholder engagement survey results and findings from provider	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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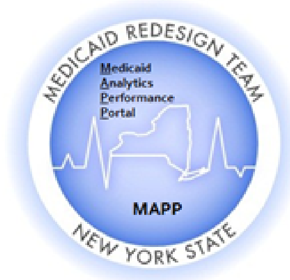
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
9. Compile stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.		engagement sessions and analyze findings.					
Task 10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	In Progress	10. Develop strategy to engage MCOs in VBP assessment. Legal counsel to be engaged in advance to ensue compliance with regulations throughout discussions and planning.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	In Progress	10A. Conduct stakeholder engagement sessions with MCOs to understand potential for contracting with the PPS and discuss potential options and planning process.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10B. Review results of MCO discussions and assess need to modify strategy from step 10.	In Progress	10B. Review results of MCO discussions and assess need to modify strategy from step 10.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	In Progress	11. AHI PPS PPS Board to sign off on preference for PPS central role in contracting.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	In Progress	12. Develop initial PPS VBP Baseline Assessment, based on feedback from provider and MCO stakeholder engagement sessions and survey results. Summarize the findings and identify trends and any risks or unexpected issues that arose during the assessment process. Evaluate the responses to ensure the results are representative of regional providers. Review with Finance Committee.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	In Progress	13. Circulate the AHI PPS VBP Baseline Assessment for open comment among network providers to help ensure accuracy and understanding.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 14. Update, revise and finalize AHI PPS VBP	In Progress	14. Update, revise and finalize AHI PPS VBP Baseline Assessment.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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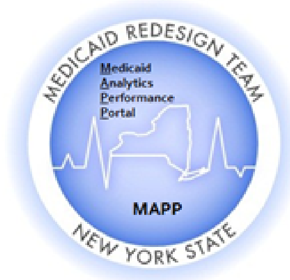
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Baseline Assessment.							
Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	In Progress	This milestone must be completed by 12/31/2016. Value-based payment plan, signed off by PPS board	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	YES
Task 1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	In Progress	1. Analyze health care bundle populations and total cost of care data provided by the Department of Health (DOH) to identify VBP opportunities that are more easily attainable and prioritize services moving into VBP along with survey results obtained during PPS VPB assessment.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	In Progress	2. Identify VBP accelerators and challenges within AHI PPS related to the implementation of the VBP model, including existing ACO and MCO models with current VBP arrangements, existing bundled payments, or shared savings arrangements.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	In Progress	3. Align providers and PCMHs to potential VBP accelerators and challenges to identify which providers and PCMHs are best aligned to expeditiously engage in VBP arrangements.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	In Progress	4. Identify providers and PCMHs within the PPS with the ability to negotiate VBP arrangements and operate in a VBP model. Providers and PCMHs will be divided into three categories (Advanced, Moderate and Low) based on 1) findings derived from the VBP Baseline Assessment, 2) their alignment with VBP accelerators and challenges, and 3) their ability to implement VBP arrangements for more easily attainable bundles of care based on DOH provided data.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	



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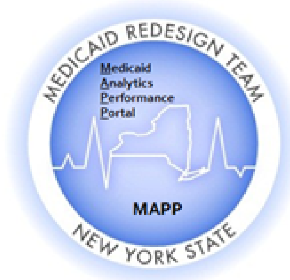
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	In Progress	5. Conduct engagement sessions between 'advanced' providers/PCMHs and MCOs to discuss the process and requirements necessary for engaging in VBP arrangements.	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	In Progress	6. Re-assess capability and infrastructure of providers and PCMHs that have been identified as 'advanced,' in order to assess for strengths and weaknesses in ability to continue as early adopters of VBP arrangements.	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	In Progress	7. Develop a realistic and achievable timeline for "Advanced" providers and PCMHs to become early adopters of VBP arrangements, taking into account the ability to engage in VBP arrangements for the care bundles deemed more attainable and which are supported by DOH data.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	In Progress	8. Develop an implementation plan for VPB that includes the infrastructure and processes across the PPS to support the related VPB contract terms.	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	In Progress	9. Develop phases 2 and 3 for "Moderate" and "Low" providers and PCMHs to adopt VBP arrangements using lessons learned, and develop early planning states for advanced providers to move into Level 2 arrangements when appropriate.	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance,	In Progress	10. Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow. Key elements of this step will include effectively analyzing provider and PPS performance, methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	



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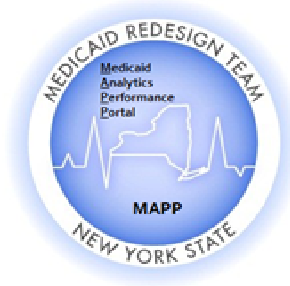
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
methods of dispersing shared savings and infrastructure required to support performance monitoring and reporting.							
Task 11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	In Progress	11. Prepare a VBP Adoption Plan for the PPS outlining the timelines, milestones and risk mitigation plan.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	In Progress	12. VPB Adoption Plan to be reviewed by key stakeholders and governing body of the PPS.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Plan to be communicated to PPS participants for input and review.	In Progress	13. Plan to be communicated to PPS participants for input and review.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	In Progress	14. Update, modify and finalize VBP Adoption plan with appropriate approvals.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	In Progress		01/01/2017	12/31/2017	12/31/2017	DY3 Q3	YES
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	In Progress		01/01/2018	12/31/2018	12/31/2018	DY4 Q3	YES
Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	In Progress		01/01/2019	12/31/2019	12/31/2019	DY5 Q3	YES



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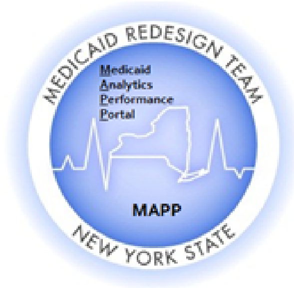
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	
>=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher	



IPQR Module 3.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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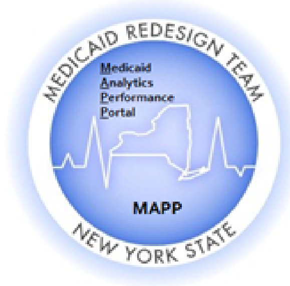


IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

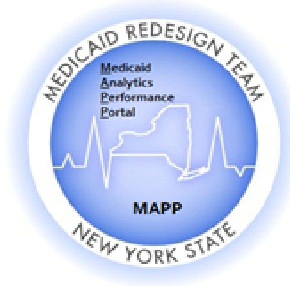
Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

There are challenges to implementing the organizational strategies required for the financial sustainability work stream that could impact the AHI PPSs efforts to assess and monitor the financial health of the PPS providers and to establish the role of the AHI PPS as the PPS Lead responsible for the administrative and operational aspects of the PPSs finance function. These challenges include the following:

• obtaining buy-in of the AHI PPSs DSRIP project and funds plans from key stakeholders;
• inability to access data to perform or validate analytics related to project performance;
• inability to engage providers in DSRIP or resistance to participation;
• inability to foresee or anticipate financial distress of a critical provider of services;
• financially fragile provider elects to withdraw from PPS;
• transition to value base payment is not accepted as the pace required to meet DSRIP timelines;
• smaller entities limitations on financial systems available/or lack of resources to provide timely/adequate financial information;
• failure of PPS providers to meet the DSRIP reporting requirements;
• ineffective organizational communication; and
• expertise on components of the DSRIP strategy, in particular VBP methods, not readily available or attainable to meet DSRIP timeline.

The challenges listed above will be mitigated in the following ways:

• AHI will leverage the systems that will be used to measure and monitor DSRIP project performance and incorporate financial metrics in agreements with providers to monitor the financial health of the PPS providers.
• Developing tools that will be used to disseminate information, collaborate with participants, collect data, provide transparency and timely quarterly reporting on the DSRIP projects internally to PPS and to NYSDOH.
• AHI is developing a communications strategy to provide timely and clear information flow to PPS providers to garner support and active participation in meeting DSRIP project requirements and earning the full DSRIP payment.
• The AHI funds distribution plan will be transparent to the providers and ensure that all plan requirements and related processes and payment schedules are clearly understood and communicated regularly.
• Through educational campaigns, AHI will address the objectives of value based payment models, as well as the possible implications of engaging in value based payment arrangements, so providers can make informed decisions.
• AHI will engage partners to develop a flexible, multi-phased approach to contracting on a VBP basis that also allows for AHI PPS providers with longstanding relationships to contract directly with the regions MCOs.
• AHI PPS will examine opportunities to facilitate and support contract negotiations between AHI PPS providers and MCOs to the greatest extent



possible. AHI will identify opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the PPS partners' ability to establish VBP arrangements.
• AHI will identify opportunities for standardization in contracting methodologies among MCOs, ultimately streamlining the PPS partners' abilities to establish VBP arrangements.
• AHI is developing a compliance plan applicable to the PPS Lead functions to ensure compliance with New York State funds administration which will include documented policies and procedures that are approved by the finance governance structure.

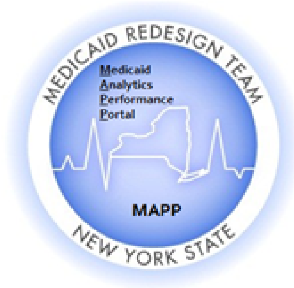
IPQR Module 3.4 - Major Dependencies on Organizational Workstreams

Instructions :

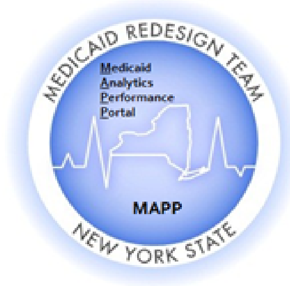
Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"During our preliminary assessment of the finance function for the AHI PPS PPSs DSRIP application we identified a number of interdependencies with other work streams in key areas which we have outlined below.

• Governance – A fully supportive governance process is essential to establishing the role of the AHI PPS as a the PPS Lead. In addition, fully established roles within the governance structure for Finance, Compliance and Audit will inform and drive the finance committee charter, its oversight of the finance function and approach to funds flow. There will be specific situations that will require board communications and/or approvals when significant risk is involved. We anticipate that our PPS governance may need to be modified based on the results of VBP planning activities.
• DSRIP Network Capabilities and Project Implementation - The successful implementation of the AHI PPS value based reform strategy, and execution of value based contracts, will require a developed and functioning integrated delivery network and buy-in of the network partners to the value based payment strategy. Transparency and strong communication strategies will be important at all phases on the DSRIP program.
• Reporting Requirements – The DSRIP process has extensive reporting requirements linked to DSRIP payments – such as the quarterly reporting is a dependency for receiving DSRIP Process Payments. This reporting is dependent upon input and submission of reports and data from the individual network providers as well as other sources of data that will require the PPSs IT function to access.
• DSRIP Projects – The AHI PPS finance function must have an understanding of projects selected and participation level of providers for each (Provider Participation Matrix) in order to develop a meaningful funds plan for the PPS. In addition, the PPS and the providers must understand project costs, impacts and other needs as part of their process of evaluating financial stability and impact going forward.
• HIT – This work stream will be essential to providing technology to access data, including a financial reporting system, as well as the technology for reporting project level performance data that is closely linked to the payments received for DSRIP projects. The extent of the role of IT for the PPS Lead and the PPS itself is expected to evolve throughout the DSRIP period which will require adaptive strategies throughout the work streams, including the finance areas of funds flow, budgeting and value based payment initiatives.
• Workforce – The impact of the DSRIP projects is still being reviewed as is the costs related to those impacts and the strategies of the PPS and each provider to mitigate that impact. We plan to work closely with the workforce work stream to ensure that the appropriate data related to the workforce strategy and impact is being gather and reported to meet the DSRIP requirements. The AHI PPS is responsible for communicating these



requirements for tracking and reporting to all PPS providers to ensure that the PPS meets its requirement to report this information to DOH.
• Communication - clear and regular messaging to the PPS participants, potential participants and the regional stakeholders is imperative to the success of our DSRIP plan and has been incorporated into the work stream plans. "



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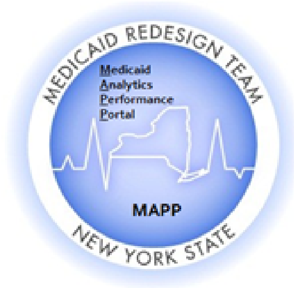
IPQR Module 3.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Financial Officer	Lynn Wadleigh, CPA	Responsible for development and management of the Finance Office and its specific functions. The individual will provide guidance and oversight around the Funds Flow Plan, the Financial Stability Plan, and other relevant processes. The responsibilities include ensuring that funds are managed and distributed according to the approved plan, that reporting requirements are met and that communication regarding the Finance related functions is timely and accurate.
Accounting Manager	New Hire	Responsible for the daily operation of the Finance Office, including programmatic development of the infrastructure tools critical to the Funds Flow Plan and the related banking, accounts payable and general ledger functions.
Financial Analyst	New Hire	Responsible for assisting in the continuity of operations of the data aspects of the Finance Office and providing assistance to the Finance Office as it relates to data analysis, acquisition and reporting. This position will be responsible for developing and distributing the defined report data set(s) to the designated stakeholders.
Accounts Payable Staff	New Hire	Responsible for the day-to-day operations of the Accounts Payable function, including updating policies and procedures, monitoring the accounts payable system, and developing protocols around reporting and AP check write related to the DSRIP funds distribution.
Reporting Analysts	New Hire	This position(s) will be responsible for working with the CFO to determine and monitor the reporting protocols/requirements for the PPS providers, the governing body, and DOH.
Accounts Receivable Staff	New Hire	Responsible for the day-to-day operations of the Banking function, including the processing of the DSRIP funds received from DOH and reporting of the status of funds expected and received as well as reconciliation of bank related statements.
Compliance Director	Lottie Jameson - Interim	Will oversee the development and implementation of the



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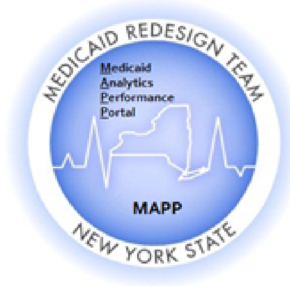
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		compliance plan of the PPS Lead and related compliance requirements of the PPS as they are defined. Scope would include the PPS Lead compliance plan related to DSRIP. The compliance role should report to the Executive Body.
Audit	Cohn Reznick	External auditors reporting to the Finance Committee. The firm will perform the audit of the PPS and PPS Lead related to DSRIP services according to the audit plan approved by the Finance Committee and Executive Body
VBP Project Manager	New Hire	Coordinate overall development of VBP baseline assessment and plan for achieving value based payments.
VBP Baseline Functional Lead	New Hire	Coordinate approach and engagement of process to develop PPS VBP Baseline Assessment and Adoption Plan. Ultimately responsible for the development of the PPS VBP Baseline Assessment and Adoption Plan. Will report to the VBP Project Manager.



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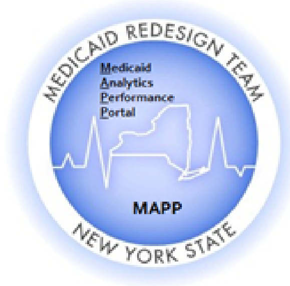
IPQR Module 3.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Colleen Florio, PhD	PPS DSRIP Project Director	The DSRIP Project Director has overarching responsibility for oversight of the DSRIP initiative for the PPS
Colleen Florio, PhD	Project Management Office	PMO oversight and leadership for finance related projects, VBR strategy, and for the overall implementation plan deliverables that affect finance function reporting
Project Champions	DSRIP Project Leads	Collaboration with finance re: PPS Project Implementation, status of project, reporting required to meet DOH requirements,
Lottie Jameson PPS Compliance Officer	PPS Compliance Committee PPS Compliance Officer	Oversight of PPS Compliance Plan and related training, education, and reporting requirements of the plan
Finance Committee Chair	PPS Finance Committee	Board level oversight and responsibility for the PPS Finance function; Review and approval of finance related policies and procedures; oversight of PPS Lead role, responsibilities and deliverables; oversight of audit and compliance related processes
Lottie Jameson Human Resources	PPS Human Resources	HR related functions of PPS for its employees and guidance related to the PPS workforce strategies
StoredTech	PPS IT Consultants	Information Technology related requirements for the finance function; access to data for the finance function reporting requirements
CEOs of PPS Network Partners	Network Finance Partners	PPS Network Provider partners' CEOs are responsible for their organization's' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
CFO/Finance Team of PPS Network Partner	Network Finance Partners	Primary contact for the PPS Lead finance function for conducting DSRIP related business and responsible for their organization's execution of their DSRIP related finance responsibilities and participation in finance related strategies
Boards of Directors for PPS Network Partners	Governance	PPS Network Provider partners' BOD have overall responsibility for



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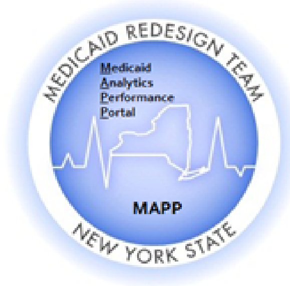
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		their organizations' execution of their DSRIP responsibilities, they will contribute to the success of the finance function and finance related strategies
External Stakeholders		
Stephen Schwartz, CohnReznick External Audit Function	External Audit Function	External Audit Function
MCOs and other payers	MCOs and other payers identified by PPS for pursuit of PPS Value based reform strategies	The PPS Lead and PPS will have responsibilities related to implementing the PPSs value based strategy, the contracting process, and implementation / administration of executed value based agreements.
NY DOH	NY DOH defines the DSRIP requirements	The PPS Lead and PPS finance function has responsibility for the overall administration of DSRIP reporting to DOH and the funds flow process
Community Representatives	Community Representatives	Community needs and interests are significant influencers of DSRIP projects and will contribute to the adoption and buy-in across the network. Communication regarding DSRIP status, results, and future strategies will be important to maintain their contribution and influence.
Government Agencies / Regulators	Government Agencies / Regulators	County and State agencies and regulatory bodies will have oversight and influence in a number of DSRIP related areas - including the importance of waivers or regulatory relief, construction / renovation projects, and other items related to DSRIP. Communication with them regarding DSRIP status, results, future strategies and their role in DSRIP success will be important.
Medicaid Managed care Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.
HIV Special Needs Plans	Responsible for contracting with AHI PPS and individual providers on a VBP basis for the HIV population specialty chronic population.	These will be determined pursuant to the development of AHI PPS's Baseline Assessment and VBP Adoption Plan.



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IPQR Module 3.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

"The development of shared IT infrastructure and data communications strategy across AHI PPS PPS will support the AHI PPS Finance Office and our work on the financial sustainability of the network by providing the network partners with capability for sharing and submitting reports and data pertaining to project performance and other DSRIP related business in a secure and compliant manner. We intend to link to the performance reporting mechanisms that will be utilized across the PPS to provide our finance team with current data that may be utilized to track project performance levels and expected DSRIP payments.

Other shared IT infrastructure and functionality across the PPS that will support or contribute to the success of the AHI PPS Finance Office includes:
• Population Health systems or technology that will support the need to access and report on data related to clinical services and outcomes – for DSRIP required metrics and to meet the needs under value based payment arrangements.
• Care Coordination technology and systems that supports broad network integration of services and health management capabilities.
• Communications platform to disseminate and accumulate information with our partners
• Leveraging existing medical home infrastructures
• Reporting and project management tool to collaborate and maintain transparency with our network partner

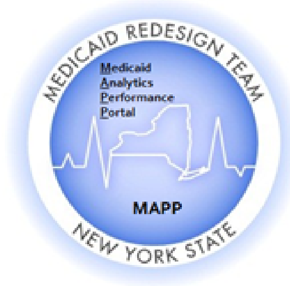
As DSRIP PPS plans develop, certain components of the IT infrastructure will be developed to be centralized with the PPS lead, some with will decentralized across providers or groups of providers and some may be centralized with the DOH and other third parties. The outcome of these decisions will impact significantly several facets of the AHI PPS DSRIP implementation plans.

The NYS CRFP initiated in conjunction with DSRIP will impact the IT infrastructure for the various work streams as funding for IT capital was requested by multiple AHI PPS providers and the AHI PPS. A population health management platform, EHR systems, tele health and other health data management software are among the capital requests. The results of the CRFP awards will impact the related DSRIP projects in terms of both funding and planning."

IPQR Module 3.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

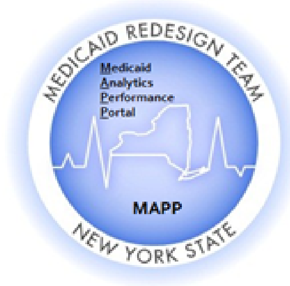


"We will align our PPS financial management and sustainability progress reporting with the reporting and oversight structures in place for the DSRIP projects, through the AHI PPS PMO. The PMO will be responsible for monitoring progress against project requirements and process measures at a provider level, and the preparation of status reports for the quarterly reporting process for DOH. We will leverage this process an integrate where feasible, the financial reporting that we require in order to be able to monitor and manage the financial health of the network over the course of the DSRIP program. The AHI PPS Finance Office will be responsible for consolidating all of the specific financial elements of this project reporting into specific financial dashboards for the AHI PPS Board and for the tracking of the specific financial indicators we are required to report on as part of the financial sustainability assessments and the ongoing monitoring of the financial impacts of DSRIP on the providers. Through ongoing reporting, if a partner trends negatively or if the financial impacts are not in line with expectations, the AHI PPS Finance Office will work with the provider in question to understand the financial impact and develop plans for corrective action.

The AHI PPS Finance Office will provide regular reporting to the Finance Committee, Executive Body and network partners as applicable regarding the financial health of the FHPP and updates regarding the Financially Fragile Watch List and the Distressed Provider Plans currently in place.
"

IPQR Module 3.9 - IA Monitoring

Instructions :



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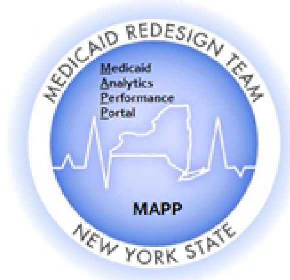
Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement. Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation. Note some milestones include minimum expected completion dates.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Finalize cultural competency / health literacy strategy.	In Progress	This milestone must be completed by 12/31/2015. Cultural competency / health literacy strategy signed off by PPS Board. The strategy should: -- Identify priority groups experiencing health disparities (based on your CNA and other analyses); -- Identify key factors to improve access to quality primary, behavioral health, and preventive health care -- Define plans for two-way communication with the population and community groups through specific community forums -- Identify assessments and tools to assist patients with self-management of conditions (considering cultural, linguistic and literacy factors); and -- Identify community-based interventions to reduce health disparities and improve outcomes.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Develop metrics to evaluate and monitor ongoing impact of cultural competency / health literacy initiatives. Progress against these metrics will be evaluated on a semi-annual basis and results will be published.	In Progress	Evaluate	07/01/2015	10/30/2015	12/31/2015	DY1 Q3	
Task By utilizing the 2.d.i. Project Team [consisting of providers and CBOs], that was convened before April 1, 2015 and the Workforce Committee [approximately 75 representatives] that met via webinar twice in March 2015, the AHI PPS will ensure representation from a diverse group of stakeholders (providers, CBO,	In Progress	Diverse Representation	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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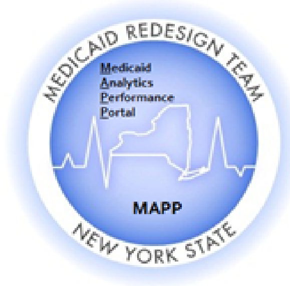
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
behavioral health, education, local organizations) overseeing cultural competency and health literacy strategy.							
Task Building on the Community Needs Assessment, conduct analysis to confirm key priorities for the AHI PPS in terms of health disparities between different cultural, socioeconomic and age groups. This will include an analysis of the driving factors behind these poorer outcomes, and the drivers of inappropriate or under-use of services by specific populations. The focus groups and survey conducted with beneficiaries in the 2. d. i. project will be shared to inform cultural differences across the region and health literacy needs of the Medicaid population to be served.	In Progress	Conduct Analysis	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Building on the initial assessment carried out for the DSRIP application, assess cultural competency needs at the provider level. This gap analysis will compare the priority patient groups and health disparities with the facilities and services available at a provider / site level, as well as the linguistic capabilities of individuals at those providers. The analysis will also consider the role of CBOs and the capabilities available through our CBO partners. This analysis will be used to identify key targets (i.e. providers and/or geographic areas where the cultural competency of providers is in need of additional supports and resources). The assessment will cover: the patient environment; the simplicity / accessibility of services; and the extent to which existing community groups are actively promoting and/or providing services.	In Progress	Assess Cultural	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Determine Standards	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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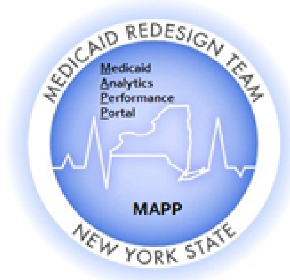
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
The Project Team for Patient Activation and the Workforce Committee will determine the AHI PPS standards for culturally and linguistically appropriate services (building on national standards). These two groups will consider relevant evidence-based clinical and/or programmatic approaches for target communities, such as disease risk factors for specific ethnic/racial groups, cultural issues that impact adherence rates, psycho-social stressors, nutritional regimens that match ethnic traditions and/or financial affordability, and implicit biases in assessing patients. These standards will be approved by other PPS committees as deemed appropriate and by the Leadership Board.							
Task Develop communications and engagement approach to build provider/partner buy-in to improve cultural competency and accessibility of services/facilities.	In Progress	Develop approach	11/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task The Project Team for Patient Activation and the Workforce Committee will share the Cultural Competency / Health Literacy Strategy with patient groups, CBOs, and PPS provider network.	In Progress	Share Strategy	11/15/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop literature / material designed to improve health literacy of target populations of attributed members, with specific reference to the availability of services and the most appropriate ways to access / navigate the health system; develop plan to disseminate this material in PPS learning collaborative with providers within the network identified as having best practices in in cultural competency.	In Progress	Develop Materials	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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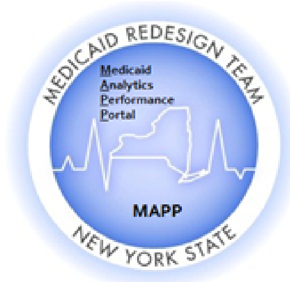
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In Progress	This milestone must be completed by 6/30/2016. Cultural competency training strategy, signed off by PPS Board. The strategy should include: -- Training plans for clinicians, focused on available evidence-based research addressing health disparities for particular groups identified in your cultural competency strategy -- Training plans for other segments of your workforce (and others as appropriate) regarding specific population needs and effective patient engagement approaches	10/01/2015	05/31/2016	06/30/2016	DY2 Q1	YES
Task Based on gap assessment and the adopted standards/approaches/strategies, develop a plan for competency/health literacy trainings that addresses needs, scope and goals including targeted sites, potential for telemedicine utilization and preferred mode of training dissemination such as a learning management system (Moodle).	In Progress	Develop Plan	02/01/2016	05/31/2016	06/30/2016	DY2 Q1	
Task Identify cultural competency 'champions' throughout the AHI PPS network and corresponding points of contact with CBO partners; identify organizations/individuals interested in Train the Trainer approach.	In Progress	Identify Champions	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task In collaboration with CBOs, and PPS partners, the Project Team for Patient Activation and the Workforce Committee will review evidenced based training interventions that are effective in improving cultural competency, with a particular focus on the specific cultural / socio-demographic groups identified above.	In Progress	Review Trainings	11/01/2015	02/28/2016	03/31/2016	DY1 Q4	
Task Utilizing the evidence base, the Project Team for Patient Activation and the Workforce Project Team will oversee training development for front-line practitioners focused on the core competencies and skills required to deliver	In Progress	Oversee Training	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
culturally competent, health-literate care (with specific reference to the patient populations identified as priorities above).							
Task In conjunction with Step 4, the Project Team for Patient Activation and the Workforce Project Team will incorporate trainings into Workforce Training Strategy. In Workforce Implementation Plan Milestone "Develop Training Strategy" Steps 3, 4 and 5 outline how the strategy will be developed and how the effectiveness will be measured.	In Progress	Incorporate Training	02/01/2016	03/31/2016	03/31/2016	DY1 Q4	

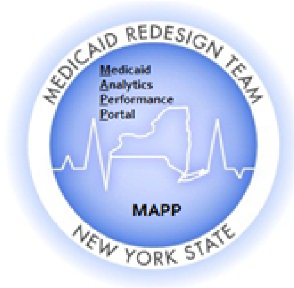
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	



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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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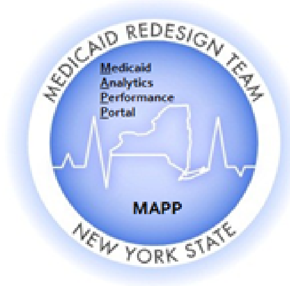


IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing your cultural competency / health literacy strategy and addressing the specific health disparities you are targeting (based on your CNA), and achieving the milestones described above - including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

A component of success of many of the work streams is dependent upon effective communication and active engagement by the participants.

The risks associated with cultural competency are:
• Ineffective communication by providers and lack of comprehension by the patient, coupled in some cases by cultural barriers, can create miscommunication and have a negative impact on health outcomes.
• Large geographic region makes in-person training and education prohibitive.
• Limited provider and staff time availability for training to carry out the Cultural Competency and Health Literacy Initiatives.
• Sustaining active participation in health literacy and cultural competency trainings

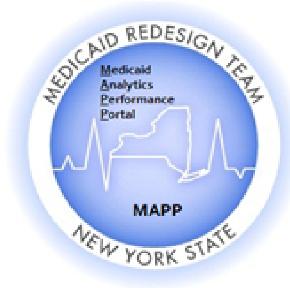
These risks will be mitigated by:
• Dissemination of gap assessment results to the Regional Health Improvement Team Leaders, the project Team Leaders, and to the Leadership Board, along with general media public service announcements will heighten awareness about the importance of clear understanding and communication between providers and patients and the potential impact on outcomes. The AHI PPS will undertake a comprehensive training program for providers through champions and trainers in their own organizations to increase their knowledge and efficacy related to Cultural Competency and Health Literacy. Resources, literature and materials will be made available to providers to ensure accurate, timely health literate, culturally sensitive information is provided to patients.
• Using on-demand web based learning platforms and other methods that bring training to the provider will make it easier for providers to access training at their convenience in their offices or at home eliminating travel time and expense.
• Creating a regional, systemic approach for small practices with frequent staff turnover for ongoing training support to ensure health literacy and cultural competency principles are incorporated in the practice.

IPQR Module 4.4 - Major Dependencies on Organizational Workstreams

Instructions :

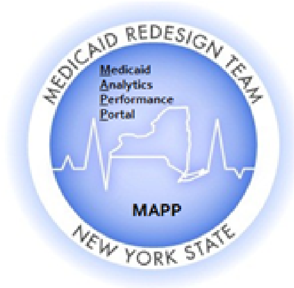
Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

"Cultural Competency and Health Literacy is woven throughout several workstreams. As the core of this initiative is training, thereby requiring efficient planning and implementation with the Workforce workstream as well as the Practitioner Engagement workstream.



This initiative is also interdependent with Project 2.d.i - Patient Activation. As patients become informed, activated and engaged in their health, their confidence and efficacy in communicating their needs to their providers will increase. The PPS will prepare providers with skills and techniques through training and education, along with resources and materials to meet the needs of their patients. Patients will be completing PAM [Patient Activation Measure] tools and will receive referral to providers and CBOs for services.

There is also an interdependency with the development of the Population Health Management system. Demographic and community health data will drive the direction for trainings to be sure that providers and CBOs can be effective and serve patient need."



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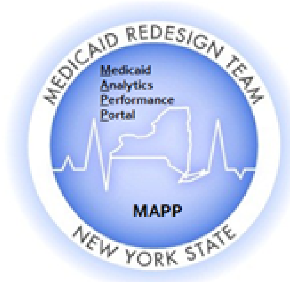
IPQR Module 4.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Project 2 d i Team Lead	Crystal Carter, Clinton County Office for the Aging	Responsible for review and approval of strategy and deliverables
Workforce Committee Chair	Mike Lee, Adirondack Health	Responsible for review and approval of strategy and deliverables
AHI Workforce Manger	Kelly Owens, AHI	Responsible for incorporating Cultural Competency and Health Literacy into Workforce initiatives
AHI Community Engagement Manager	Jessica Chanese, AHI	Responsible for 2.d.i implementation and assuring that Health Literacy principles are integrated into the project implementation

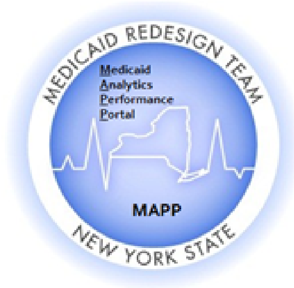


IPQR Module 4.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
PPS Providers & staff: Including but not limited to HHHN; Plattsburgh Physician Group; North Country Physicians Org; Hospitals/OP clinics: Glens Falls, Nathan Littauer, Adirondack Health, CVPH, St. Lawrence Health System; Alliance for Positive Health; Behavioral Health Services North; Northstar Behavioral Health; Essex Cty Mental Health; HCR Home Care; County Mental Health Assocs: Essex, Warren-Washington; Community Maternity Services; United Helpers Mosaic & ACT; Hamilton Cty Community Services	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS Community Based Organizations: Including but not limited to North Country Healthy Heart Network, Adirondacks ACO, Mercy Care for the Adirondacks, Open Door, United Way, Prevention Councils for all counties, and Catholic Charities	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
PPS public sector Agencies at state and local levels: Including but not limited to Clinton County: OFA, DSS, CSB, Mental Health; Essex County CSB, Mental Health, Public Health; Franklin County CSB, Public Health, OFA; Hamilton County CSB, Mental Health, Public Health; Fulton County Public Health, Mental Health; Saratoga County Mental Health; Warren County CSB, Mental Health; Washington County CSB, Mental Health, Public Health	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
External Stakeholders		
Providers and staff: Including but not limited to	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative



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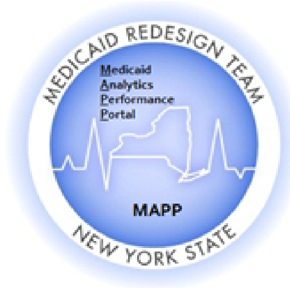
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Community Based Organizations	Help develop and execute workstream; recipients of educational programs	Subject matter expert, patient liaison; commit to and continually improve cultural competency initiative
Patients and caregivers	Recipient of information/improved services, participate in focus groups and other contributions to design initiative	Participate in surveys, focus groups or other opportunities to contribute feedback



IPQR Module 4.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support the development and implementation of your cultural competency / health literacy strategy and the achievement of the milestones described above.

Interoperable IT infrastructure will support the Cultural Competency and Health Literacy initiative. The PPS will be able to monitor, review and analyze the demographics for the people that are being served to be sure that appropriate interventions are being developed. If demographics shift, the Project Team and Workforce Committee will be able to develop appropriate training and education materials to address the changes. The interoperable systems will enable collecting utilization data and tracking outcomes for our target population.

IPQR Module 4.8 - Progress Reporting

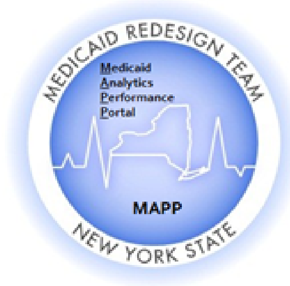
Instructions :

Please describe how you will measure the success of this organizational workstream.

"The AHI PPS will update the demographic information for the PPS region annually, including specific health disparities identified in the CNA and the gap analysis, to track any potential changes in the population over time. The Project Team and Workforce Committee will develop metrics to track the effectiveness of the initiatives. These will include patient outcomes, evaluation results from trainings, and results from the focus groups and surveys as well as patient satisfaction results."

IPQR Module 4.9 - IA Monitoring

Instructions :



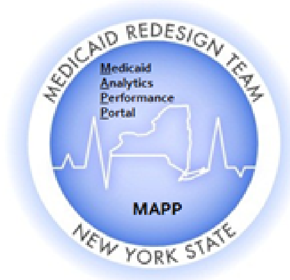
Section 05 – IT Systems and Processes

IPQR Module 5.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	In Progress	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 5. Map future state needs articulated in IT Strategic Plan against readiness assessment in order to identify key gaps in IT infrastructure, data sharing and provider capabilities	In Progress	Identify key gaps	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 1. Establish IT Governance Structure	In Progress	Establish structure	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Conduct IT Readiness Survey and analyze results (survey to include readiness for data sharing at the provider level and a mapping of the various systems in use throughout the network and their potential interoperability)	In Progress	Readiness Survey	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Share results of IT readiness assessment with network partners and discuss implications in provider IT leads' forum	In Progress	Share results	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Update and approve IT Strategic Plan	In Progress	Strategic Plan	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop an IT Change Management Strategy.	In Progress	IT change management strategy, signed off by PPS Board. The strategy should include:	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO



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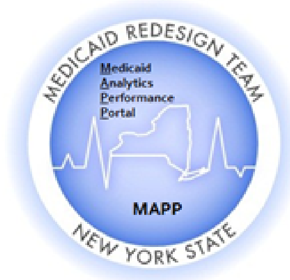
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		-- Your approach to governance of the change process; -- A communication plan to manage communication and involvement of all stakeholders, including users; -- An education and training plan; -- An impact / risk assessment for the entire IT change process; and -- Defined workflows for authorizing and implementing IT changes					
Task 1. Define IT Change Approval Process by Change Advisory Board (IT & DS Sub-Committee)	In Progress	Define Process	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Catalogue, define, and publish Standard/Non-Standard change scenarios	In Progress	Change scenarios	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Establish roles, responsibilities, and performance metrics for change process	In Progress	Establish metrics	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify, communicate, and escalate pathways for Change Advisory Board (IT & DS Sub-Committee), representing multiple entities	In Progress	Pathways for Change Advisory Board	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Approve and publish IT Change Strategy (including risk management), signed off by the AHI PPS Executive Body	In Progress	Change Strategy	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO



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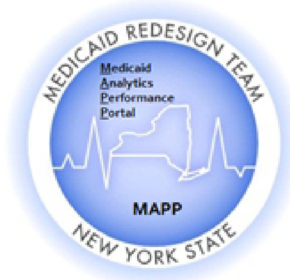
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		shared and the purpose of this sharing).					
Task 1. Define data exchange needs based on the planning for the 11 DSRIP Projects and engagement with the network providers (as part of the current state assessment) *IT & DS Committee to create Sub Committee responsible for development of clinical data sharing and interoperability roadmap.	In Progress	Define Needs	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define system interoperability requirements, using HIE/RHIO Protocols (Performance, Privacy, Security, etc.)	In Progress	Define requirements	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Map current state assessment against data exchange and system interoperability requirements	In Progress	Comparision	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Incorporate Data Sharing Consent Agreements and Consent Change Protocols into partner agreements, including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs	In Progress	Agreements	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Evaluation of business continuity, and data privacy controls by IT & DS Committee	In Progress	Evaluation by Committee	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Develop transition plan for providers currently using paper-based data exchange	In Progress	Transition plan	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Develop training plan for front-line and support staff, targeting capability gaps identified in current state assessment	In Progress	Develop training plan	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. Finalize clinical data sharing and interoperability roadmap	In Progress	Finalize roadmap	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Approval of clinical data sharing and	In Progress	Approve roadmap	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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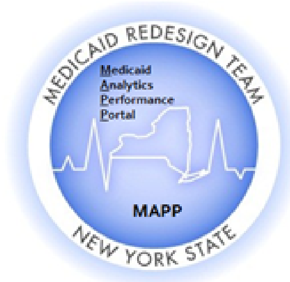
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
interoperability roadmap by IT & DS Committee.							
Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities	In Progress	PPS plan for engaging attributed members in Qualifying Entities, signed off by PPS Board. The plan should include your approach to outreach into culturally and linguistically isolated communities.	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Identify system needs, interfaces, and Action Plans for Existing/New Attributed Members	In Progress	Identify needs	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Perform a Gap analysis of existing communication channels used to engage with patients (call, text, mail etc.), comparing this to demographic information about member population (using CNA)	In Progress	Gap analysis	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Establish new patient engagement channels, potentially including new infrastructure (portal, call center, interfaces)	In Progress	Establish new channels	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Incorporate patient engagement metrics (including numbers signing up to QEs) into performance monitoring for the AHI PPS IT & DS Committee and establish reporting relationship (focused on this metric) with the AHI PPS PMO - DY2, Q1S	In Progress	Incorporate metircs	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Establish patient engagement progress reporting to the AHI PPS PMO	In Progress	Establish process	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop a data security and confidentiality plan.	In Progress	Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Define data needs for PPS to access and establish protocols for Protected Data *Sub Committee to be set up by IT & DS Committee responsible for developing data security and confidentiality plan	In Progress	Define needs	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task 2. Establish Data Collection, Data Use, and Data Exchange Policies in conformance with HIPAA/HITECH, NYS rules & regulations and industry standard information security practices.	In Progress	Establish policies	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Data Security Audit or Monitoring Plan Established	In Progress	Audit/Monitoring Plan	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify Vulnerability Data Security Gap Assessment including physical systems and building security, employee responsibilities, identification and authentication, security of cloud-based systems, RHIO/SHIN-NY and telecommunication systems and implement mitigation strategies	In Progress	Gap Assessment	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Approval of Data Security and Confidentiality plan by IT & DS Committee	In Progress	Approval by Committee	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Create on-going Data Security Progress Reporting to IT & DS Committee	In Progress	Progress Reporting	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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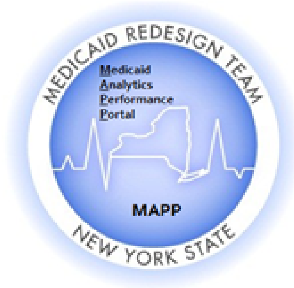
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s).	AHI PPS acknowledges that all persons and organizations in the table of roles and responsibilities need to be named. Once the AHI PPS governance structure is finalized, persons and organizations will be identified in the second quarterly report.



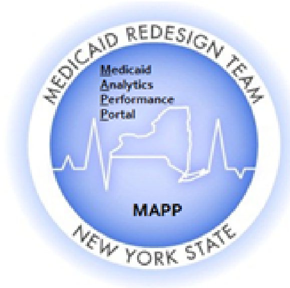
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	



IPQR Module 5.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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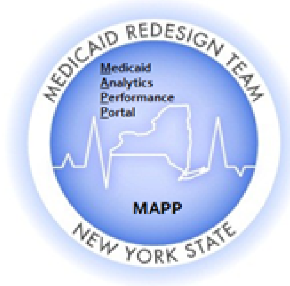
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in creating and implementing your IT governance structure, your plans for data sharing across your network, your approach to data security and confidentiality, and the achievement of the milestones described above, including the potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

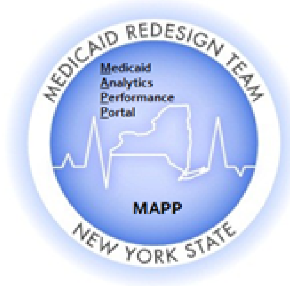
A preliminary assessment has identified a number of IT systems risks and challenges that impact most, if not all, of the AHI PPS projects, specifically 2.a.i, 2.a.ii, 2.a.iv, 2.d.i, 3.a.i and 4.b.ii. . IT risks and challenges include:

• Variation in data collection, sharing and security capabilities among partner organizations.
• Inconsistent implementation of data sharing standards by eHR vendors.
• DOH restrictions on the use of Medicaid claims data critical to the success of the AHI PPS.
• Competing initiatives among AHI PPS partners that have individualized metrics and requirements.
• Limited RHIO resources available to implement connectivity
• Competing obligations, priorities and time constraints to the AHI PPS and partners' employers.
• AHI PPS partners engaged with multiple RHIOs.

The IT & DS Governance Committee working with the PMO, Quality Committee and others, as needed, will be responsible for finalizing and implementing mitigation plans. The AHI PPS strategies for mitigating the risks and challenges listed above include:

• Assisting partners with researching and obtaining the appropriate technology – messaging capability, eHR-lite or fully functioning eHR.
• Assisting practices with Transition Coaches to incorporate technology into their workflow.
• Working with eHR vendors, provider practices, and Hixny to develop standardization in the data elements included in CCD-A and other transactions.
• Contracting with Hixny for dedicated resources to support AHI PPS partners.
• Collaborating with other PPSs and HANYS to work with DOH to find an appropriate compromise that will protect beneficiaries while allowing all PPSs to use the data to achieve DSRIP goals.
• Utilization of the MAPP and Salient tools even with the inherent risk of siloing data that will make practice transformation and achievement of AHI PPS goals more difficult.
• Align metrics and processes where possible with other initiatives and deploy PHM and performance reporting solutions that support multiple metric sets using the same practice based sources to reduce impact on PPS partners.
• Transition coaches, data analysts, and human capital from larger PPS partners to assist smaller PPS organizations with implementation of appropriate technology and processes to support goals and deliverables.
• AHI PPS will provide staff support to PPS committees, work groups, and project teams through PMO and other resources.
• Advocating for AHI PPS members to join a single RHIO and reliance on SHIN-NY development to provide adequate data sharing between RHIOs.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams



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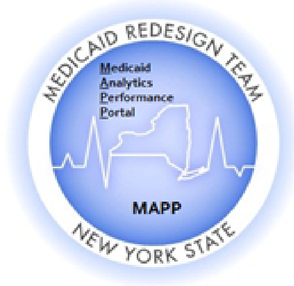
Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure is a crucial factor underpinning many other workstreams including, in particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, the AHI PPS IT & DS Committee will not be able to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT & DS and the PPS's clinical governance structure (especially the Practitioner Champions) will be vital to ensure that the IT infrastructure that we develop meets the needs of individual practitioners, providers and – particularly when it comes to population health management – the whole PPS network. During our development of the IT future state, we will work closely with the AHI PPS Finance Team to review available capital and DSRIP funding resources. Adding new technologies, interfaces, reporting and monitoring solutions, and other engagement channels within our PPS will also require additional IT staffing, which will depend heavily on the AHI PPS Workforce Strategy team. We will look to gain additional resources for IT call centers, support, analysis, and reporting. We will also look to other alternate means of staffing. Along with the need for new IT staff and systems, training the workforce to use new and expanded systems effectively will be crucial. To facilitate appropriate cooperation and communication, we recommend that members of the IT & DS Committee be embedded in the other relevant AHI PPS governance committees. The IT & DS Committee should also receive regular updates from the PMO, Regional Health Innovation Teams (RHIT) and Project Champions or teams.

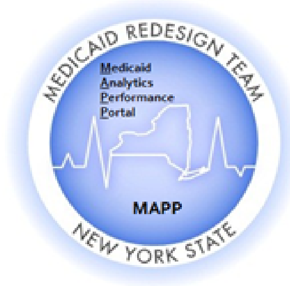


IPQR Module 5.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Chief Information Officer	TBD	IT Governance, Change Management, IT Architecture
Data, Infrastructure, and Security Lead	TBD	Data security and confidentiality plan, Data Exchange Plan
Project Management Lead	TBD	Project Portfolio, Risk Register, Vendor Contracts, Progress Reports
Analytics and Reporting Lead	TBD	Business Analytics, Metrics Implementation and Reporting
Application Lead	TBD	Application Strategy and Data Architecture

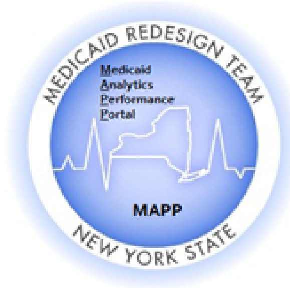


IPQR Module 5.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioner Champions	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy
Regional Health Innovation Teams (RHITs)	Interface between IT Transformation Group and front-line end users	Input into system design / testing and training strategy/integration of IT & DS priorities into projects
PMO Manager	Responsible for designing and managing EHR interfaces, and interoperability	Patient Engagement Plan
Chief Compliance Officer	Approver	Data Security Plan
External Stakeholders		
Hixny	RHIO Platform Lead	Roadmap for delivering new capabilities
Consumers & Families	Recipients of care delivered by PPS partners, Partners in developing processes and systems	Roadmap for delivering new capabilities
Registries	Providers and Consumers of PPS data	Roadmap for delivering new capabilities
Public Health Departments	Providers and Consumers of PPS data, Partners in developing Community Health Needs Assessments and Plans	Roadmap for delivering new capabilities
EHR Vendors	Developing PPS Participant Data Collection and Sharing Capabilities	Roadmap for delivering new capabilities



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 5.7 - Progress Reporting

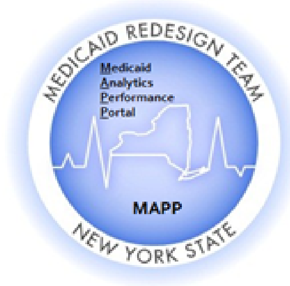
Instructions :

Please describe how you will measure the success of this organizational workstream.

Our IT & Data Sharing Governance Committee will establish expectations with all partners to supply key artifacts and monthly reports on key performance metrics. We will monitor the development and acquisition of key data sharing capabilities across the network and perform ongoing use and performance reports. These will be necessary to ensure continuing progress against our IT change management strategy. Follow-up specific IT questionnaires and surveys will be used periodically to identify any additional gaps, under/non-utilization, or the need for re-training.
Our AHI PPS IT Transformation Group will be responsible for engaging attributed members in QEs and will report on this to the AHI PPS PMO.
The FITG will also report to the Clinical Quality Committee on the level of engagement of providers in new / expanded IT systems and processes, including data sharing and the use of shared IT platforms.
In addition, the FITG will use the following ongoing performance reports to measure continuous performance of all partners:
1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual refresh of IT Strategic Plan
3. Annual Data Security Audit Findings and Mitigation Plan
4. Monthly workforce training compliance report
5. Monthly Project Portfolio 'Earned Value' report for all IT related projects within DSRIP project portfolio
6. Monthly HIE usage report depicting turnaround time for various data elements
7. Weekly shared services performance report
8. Weekly Performance report on vendor agreed SLAs
AHI PPS IT Transformation Group will also conduct a quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

IPQR Module 5.8 - IA Monitoring

Instructions :



New York State Department Of Health
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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

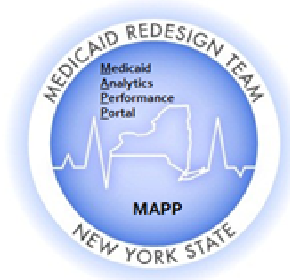
Section 06 – Performance Reporting

IPQR Module 6.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication.	In Progress	Performance reporting and communications strategy, signed off by PPS Board. This should include: -- The identification of individuals responsible for clinical and financial outcomes of specific patient pathways; -- Your plans for the creation and use of clinical quality & performance dashboards -- Your approach to Rapid Cycle Evaluation	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. The Clinical Quality Committee and the Financial Governance Committee, in coordination with the Regional Health Innovation Team Leaders and the PPS Project Teams, identifies the individuals accountable for clinical and financial outcomes for patient care pathways. These individuals lead continuous improvement processes for the patient care pathways underlying their respective projects. As per the PPS Governance Implementation Plan, Clinical governance will be finalized by DY1, Q3, as such, this step will take place in DY1, Q4.	In Progress	Identify individuals	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2. The Leaders identified in task #1 are convened, receive information on their role and engage in dialogue to contribute to the development of the role, and needs for training /	In Progress	Leaders Convene	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	



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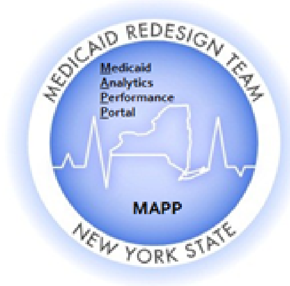
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
professional development are identified. Any needs identified are communicated to Workforce Committee(s).							
Task 3. Establish a process for communicating performance related data (including, at minimum, the data provided to the PPS by NYS DOH) to leaders, teams, and providers, as needed for their specific role. Establish interim mechanism/tools for reporting (utilizing existing templates, dashboards, etc.), while building the PPS-wide Performance Measurement system.	In Progress	Process for communicating	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Perform a current state assessment of existing reporting processes across the PPS and define target state outcomes. Assessment will include focus on Behavioral Health and other provider types that may not have eHRs or similar systems with readily available reporting capability. A. Identify work arounds for practices that do not possess advanced data collection and reporting capabilities. B. Develop Remediation Plans for practices that do not possess advanced data collection and reporting capabilities.	In Progress	Assessment	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Develop initial PPS-wide Performance Measurement system for medical record-based outcome measures, as well as for those process measures that our project development groups are identifying as driving the outcomes we aim to realize. The initial system will likely consist of a set of manual reports that will need to be aggregated by AHI PPS, combined with reports from the MAPP tool until a more robust reporting process can be put in place. The final	In Progress	Develop system	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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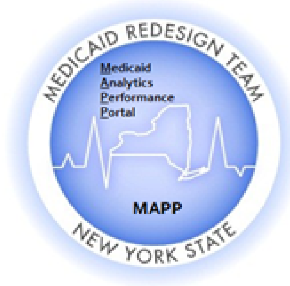
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
state solution will be dependent on establishing robust, consistent connectivity with all of the practices and implementation of a robust PHM solution. This will be defined in the Target State Outcomes.							
Task 6. Reach agreement with at least one MCO to exchange key information (including additional quality metrics). AHI PPS will leverage the payor relationships developed through the Adirondack Medical Home Initiative (AMHI), an all payor Medical Home program in operation since 2010, as well as AHI's Health Home program which has been in operation since 2012.	In Progress	MCO agreement	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 7. In consultation with the Finance Committee, the Clinical Quality Committee will establish PPS-wide standardized care practices. These standards will be monitored and updated on a regular basis.	In Progress	Standardized care practice	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Establish regular two-way reporting structure to govern the monitoring of performance based on both claims-based, non-hospital CAHPS DSRIP metrics and DSRIP population health metrics (using AHI PPS' MAPP PPS-specific Performance Measurement Portal).	In Progress	Two-way reporting	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Finalize layered PPS-wide reporting structure: from the individual providers, through their associated projects' metrics and the Project Leadership Teams, up to the AHI PPS PMO. Performance and improvement information made available by the state (MAPP but also the further evolving Salient SIM tool) will be appropriately integrated into this	In Progress	Finalize reporting structure	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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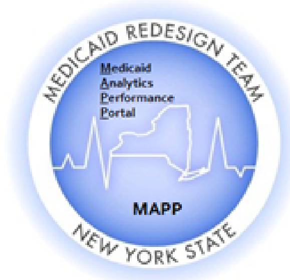
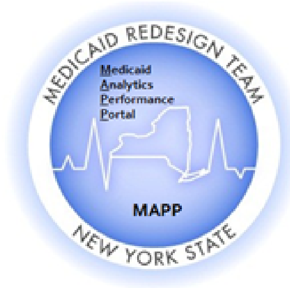
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
reporting structure. This reporting structure will define how providers are to be held accountable for their performance against PPS-wide, statewide and national benchmarks.							
Task 10. Develop performance reports for PMO, Clinical Quaity, Finance and other Governing Committees as appropriate. Establish roadmap for development of reporting dashboards, with different levels of detail for reports depending on the audience. Once developed, the monthly Executive Body dashboard reports will show on one (digital) page the overall performance of the PPS. The various dashboards will be linked and will have drill-down capabilities.	In Progress	Roadmap	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. After performing current state analyses and designing workflows, the AHI PPS Workforce Strategy Team will create a dedicated training team to integrate new reporting processes and clinical metric monitoring workflows into retraining curriculum. This curriculum will be coordinated with NCQA recognition efforts as much as possible.	In Progress	Form training team	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. This dedicated training team will develop a framework for a performance reporting/ rapid cycle evaluation training regime. Initially, this regime will be dependent on availability of local reporting from the practice her. Ultimately, the PHM a performance Management system will be utilized.	In Progress	Develop framework	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	Send model to be refined	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
3. Deliver training module to practitioner champions and AHI PPS' Regional Health Innovation Teams (RHITs); use their feedback to refine training program for practitioners throughout the network, including specific program for new hires A. Identify potential training needs that are specific to different provider types and settings, including Behavioral Health. B. Develop Training Plans to address training needs. Plan will include follow up to assess effectiveness of training and identify remediation needs.							
Task 4. Validate schedule to roll out training to all provider sites across the PPS network, using training at central hubs for smaller providers; specific thresholds will also be defined for minimum numbers to undertake training, Due to the expansive geography of AHI PPS, we expect not only to hold regional in-person trainings but to utilize tele, video and web-conferencing when appropriate.	In Progress	Schedule	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. In collaboration with the PPS PMO, the training team will identify decision-making practitioners and staff at each site / provider to train in advance of PPS-wide training; these individuals will become performance management champions in their individual providers / sites and will work alongside the practitioner champions for those sites	In Progress	Identify staff at sites	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Initiate training at provider sites.	In Progress	Training	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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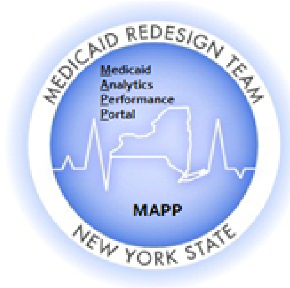
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	



IPQR Module 6.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

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PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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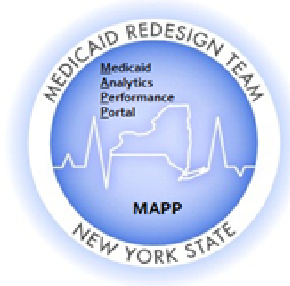


IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

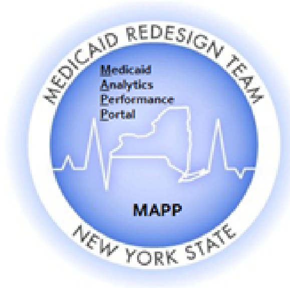
Please describe the key challenges or risks that you foresee in implementing performance reporting structures and processes and effective performance management within your network, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

AHI's cornerstones of effective performance reporting are:
• a culture devoted to optimizing outcomes for patients;
• clear responsibilities and accountability of staff for these outcomes;
• optimizing and standardizing processes; and,
• continuous measurement of outcomes and the process-metrics that drive them.
To achieve performance excellence, AHI will employ the following strategies to achieve performance excellence.
• Practice Champions will be engaged to assist the wide range of PPS participants with reaching consensus on the adoption of appropriate practices and standards across the PPS. Since many of the practices are engaged in other programs with their own set of goals, metrics, and standards, Practice Champions will also work with the participants to achieve appropriate alignment and consensus on the DSRIP standards.
• Performance management is at risk since AHI will rely on eHRs for initial clinical quality performance reporting. AHI PPS practice coaches and analysts will support the practices by leveraging experience and tools from practices with similar systems and characteristics.
• The board, quality committee, and practitioner champions will form a structure that requires adherence to performance reporting processes, and clearly identified accountability for specific outcomes, either on a project basis or across the whole PPS. Accountability will be designed to ensure front-line practitioners have the autonomy to determine the performance measures requiring greater emphasis. Reporting of performance measures will inform PPS leadership to the extent of improvement and areas of opportunity in patient care delivery.
Designing and implementing a standard reporting workflow that will functionally work for the entire PPS will be a significant challenge due to:
• the geographic spread of the AHI PPS network - nine counties over 11,000 square miles;
• Relatively small median practice size diminishes confidence in metrics at an operational level
• the diversity of the AHI provider network; and,
• long-standing professional independence with differing reporting cultures and workflows.
In addition to improved quality of care, AHI Practitioner Champions will be responsible for encouraging practitioners throughout the network to participate in the PPS performance reporting systems. These professional incentives (improving quality of care) will be coupled with financial incentives, such as financial / personnel support for small practices to help them streamline their operations to support the increased reporting burden.

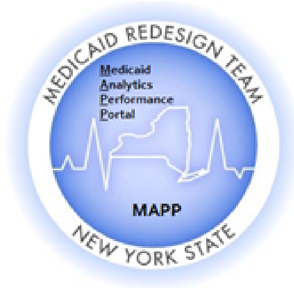
IPQR Module 6.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)



Our success with Performance Reporting has significant dependence on our Governance workstream. Without effective leadership and a clearly defined organizational structure, with clear responsibilities and lines of accountability, our ability to create a common culture and to embed performance reporting structures and processes will be severely hampered.
The Workforce Strategy workstream is also an important factor in our efforts to developing a consistent performance reporting culture and to embed the performance reporting framework we will establish. Training on the use of these systems – as well as the vision of Forestland PPS as an organization where practitioners don't accept less than excellent quality – will need to be a central part of our broader training strategy for all the staff who are impacted by our workforce transformation.
The success of performance reporting relies on quick and accurate transfers of vital performance information. If providers cannot gather the right information, or an oversight committee fails to gather and distribute the aggregated data in a timely manner, the data will not be reported in such a way that it can be acted upon to improve clinical outcomes and ultimately improve performance throughout the network. A crucial dependency for our successful implementation of a performance reporting culture and processes is the work of the AHI PPS IT & DS Committee to customize existing systems and implement the new IT systems that will be required to support our reporting on patient outcome metrics.
Practitioner Engagement and Clinical Integration will both be absolutely crucial to the success of our efforts to create a common performance culture throughout the PPS network, and to embed the new performance reporting practices within business-as-usual clinical practice.



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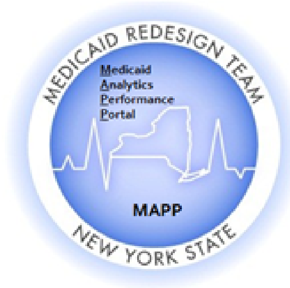
IPQR Module 6.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Project Leadership Teams	AHI PPS PMO, Practice Champions, RHITs	Responsible for project management of the 11 DSRIP projects, including their role in the performance reporting structures and processes in place across the PPS
Project-specific Finance / Clinical Performance Monitoring Leads	Project-specific Finance / Clinical Performance Monitoring Leads	Members of Project Leadership Teams Ultimately accountable for quality of patient care and financial outcomes per project Accountable for the realization and continuous improvement of the multi-disciplinary care pathways underlying their respective projects
Practitioner Champions	Adirondack Medical Home Physician Leaders and new Champions to be recruited.	Responsible for spreading and embedding common culture of continuous performance monitoring and improvement throughout Practitioner Professional Peer Groups Responsible to Clinical Quality Committee for practitioners' involvement in performance monitoring processes
AHI PPS IT & DS Committee	TBD. Please see Governance Workstream for discussion of Safety Net status and Governance timeline.	Responsible for ensuring the implementation, support, and updating of all IT and reporting systems to support performance monitoring framework. Also responsible for ensuring that the systems used provide valuable, accurate, and actionable measurement for providers and staff.

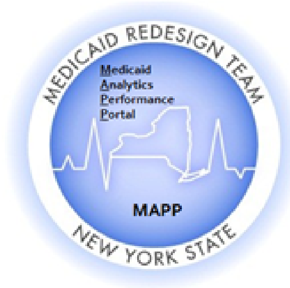


IPQR Module 6.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
IT Staff within individual provider organizations	Reporting and IT System maintenance	Monitor, tech support, upgrade of IT and reporting systems.
Providers	Organizations immediately responsible for delivering on the performance monitoring processes established across the PPS.	Promote culture of excellence Employ standardized care practices to improve patient care outcomes.
AHI PPS Steering Committee	Ultimately responsible for AHI PPS meeting or exceeding our targets	Prioritizing and improving patient care and financial outcomes for the entire AHI PPS. Act as a high-profile, organization-wide champion for a common culture, standardized reporting processes, care guidelines, and operating procedures. Hold monthly executive meetings with patient outcomes as the main agenda item and will review patient outcome reports prepared by the sub-Committees.
Forestland PPS Finance Committee	Responsible for collecting, analyzing, and handling financial outcomes from performance management system	Will elect key decision makers to champion the performance management cause within the DSRIP projects, and to interface with the Clinical Quality Committee.
AHI PPS Clinical Quality Committee	Ultimately responsible for all clinical quality improvement across the whole network	Monthly Executive Report for the Steering Committee which includes patient care metrics updates. Will elect several key decision makers to champion the performance management cause within the DSRIP projects, and will interface with the Finance Committee.
External Stakeholders		
Managed care organizations	Will provide key information to the Forestland PPS. Will also be necessary for arranging shared shavings agreements with the PPS in the later stages of DSRIP.	Provide data to PPS Shared savings
Patient representative organizations	Provide patient feedback to support performance monitoring and performance improvement	Input into performance monitoring and continuous performance improvement processes



IPQR Module 6.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support your approach to performance reporting.

Our PPS will be using a number of IT solutions to accurately measure, monitor, and report on DSRIP and non-DSRIP metrics. To this end, our IT & DS Committee will be responsible for interfacing with the clinical and finance leads of the DSRIP projects to ensure that dashboards, reports, and metrics-gathering software are accurate and have no usability issues.

Initially, existing performance reporting structures within the larger provider organizations in the PPS will be leveraged to provide the staff and IT infrastructure needed to build up the evolving PPS-wide Performance Measurement system as planned. In the interim, a system of Excel files transferred from the state's MAPP tool and Salient's SIM tool, to the leading workstream committee, through the project leads, and down to the individual providers will serve as a bridge before the robust final system is fully ready for deployment. We are currently considering several options for the procurement of PPS-wide performance reporting systems, including a collaborative buying solution with the region's ACO or our neighboring PPS, NCI. The final system will have to have the capabilities to aggregate information on projects & care processes from the providers to the workstream lead, and from the state to the providers, in a way that is accessible, while also sufficiently secure to protect patient information.

IPQR Module 6.8 - Progress Reporting

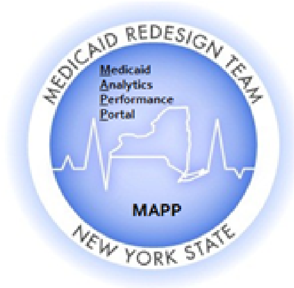
Instructions :

Please describe how you will measure the success of this organizational workstream.

This workstream's success will be measured by how our providers' understanding of their performance is improved by our implementation of performance measurement. We will continually measure the level of engagement and involvement of providers in the performance reporting systems and processes, we will define metrics to measure providers' involvement in the PPS performance reporting structure (e.g. active users of performance reporting IT systems, involvement in feedback discussions with Clinical Quality Committee about performance dashboards). We will also set targets for performance against these metrics. The Practitioner Champions and the Project-specific Performance Monitoring Leads will be held accountable for driving up these levels of involvement.

Our front-lines will measure the outcomes that matter most to patients, and use our reporting and IT systems to monitor, evaluate, and identify the contributing processes and intermediate outcomes. They will be surveyed and interviewed to determine the level at which they find that the performance reporting system provides them with the right information, and the level at which they find that the information is clear and – most importantly – actionable.

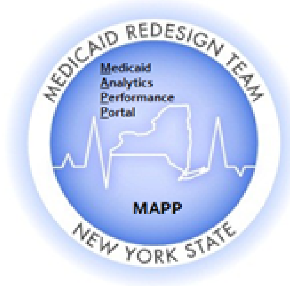
Performance reports will be compiled into the Executive Report, which will be the top item during the monthly Executive Body meetings. The



quarterly reports will show the variation in patient care outcomes between quarters, which will be easily accomplished using our monthly model. Tracking change in the metrics included on these dashboards over time will be the primary tool we use to evaluate the impact of our performance reporting systems and our efforts to embed a culture of continuous improvement.

IPQR Module 6.9 - IA Monitoring

Instructions :



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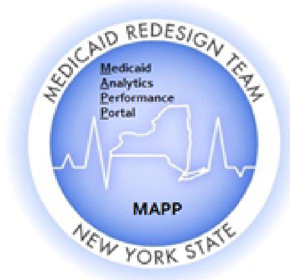
Section 07 – Practitioner Engagement

IPQR Module 7.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop Practitioners communication and engagement plan.	In Progress	Practitioner communication and engagement plan. This should include: -- Your plans for creating PPS-wide professional groups / communities and their role in the PPS structure -- The development of standard performance reports to professional groups --The identification of profession / peer-group representatives for relevant governing bodies, including (but not limited to) Clinical Quality Committee	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Identify and appoint 'Practitioner Champions' across the full continuum of care throughout the 9 county PPS region.	In Progress	Practitioner Champions	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Include Practitioner Champions on Clinical Quality Committee (to be established by DY1 Q3).	In Progress	Include	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provide Practitioner Champions with resources - including standard performance reports - that they can share with peers and professional groups as appropriate.	In Progress	Resources	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Establish a method to track when and how the Practitioner Champion's are disseminating information on PPS performance, or engaging in other communication activities, with their peer groups.	In Progress	Communication	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	Plan	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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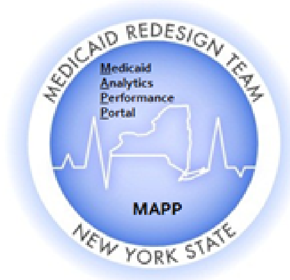
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
AHI PPS Communications resource will develop a communication and engagement plan for review by the Clinical Quality Committee. This draft plan will include: a. Structures and processes for two-way communication between front-line practitioners and the Governance of the PPS – using the Practitioner Champions as a key line for this communication b. Process for managing grievances rapidly and effectively c. High-level approach to creating learning collaboratives d. Other forums for practitioners to discuss, collaborate, and shape how DSRIP will affect their practices							
Task Identify existing resources & capabilities that can be leveraged to implement the practitioner communication & engagement plan. For example, leveraging professional networks, existing meetings/forums of practitioners, and communication tools - such as AHI webiste, and The MIX).	In Progress	Leverage Resources	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Determine what additional communication resources / capabilities are needed to augment the existing resources identified in step 6, and acquire or develop the additional resources needed to implement the plan.	In Progress	Additional Resources	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify the types of practitioner support services that are most needed to increase/maintain practitioner engagement (e.g., services designed to help practitioners and providers improve the efficiency of their operations, thereby freeing up time for the new	In Progress	Identify Supports	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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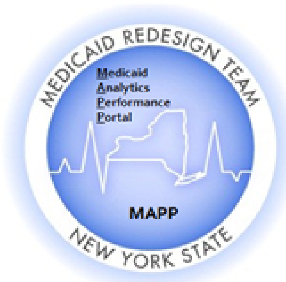
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
collaborative care practices; back-office shared services; support with streamlining work flows; group-purchasing services/plans, etc.)							
Task Determine which services identified above can be supplied via existing resources, and develop or build-out services (create additional capacity) where needed.	In Progress	Build-out	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Finalize the plan by obtaining endorsement from Champions & Clinical Quality Committee	In Progress	Finalize	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Develop content of training module(s) for practitioners & other professional groups, include: a. Core goals of DSRIP program b. AHI PPS projects & quality improvement goals c. Cross-PPS work streams underpinning the delivery of the DSRIP projects, including value-based payment, case management and clinical integration	In Progress	Training Modules	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Produce the content (developed in step1) in a variety of formats, including materials suitable for face to face meetings, web-based sessions, and brief memo or informational pieces for newsletters, etc.	In Progress	Content	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Leverage Practitioner Champions and HR/Communications resources at Partner	In Progress	Leverage Champions	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
organizations and professional groups, to assist in developping a plan for delivering the training modules / disseminating key messages. Utilize existing channels, such as conferences, annual meetings, etc. whenever possible. Coordinate with Workforce activities as appropriate.							
Task Finalize the training/education plan. Ensure it includes multiple opportunity for two-way communication, and that the steps are designed to reach a majority of the target audience.	In Progress	Finalize	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Establish a method to track Practitioner participation in training/educational activities. Using information obtained, modify the plan as needed to ensure a majority of practitioners rake part in the program(s).	In Progress	Tracking Method	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	
Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	

IPQR Module 7.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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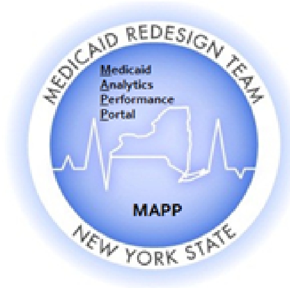

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IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the current level of engagement of your physician community in the DSRIP program and describe the key challenges or risks that you foresee in implementing your plans for physician engagement and achieving the milestones described above. Describe any potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

The success of any collaborative effort requires effective communication and active engagement by all participants. Practitioner communication and engagement for AHI will be challenging due to:
• The large rural geographic spread of the AHI PPS provider network.
• The degree and extent of demands on providers by numerous value-based programs currently underway in the region including, MSSP ACO, Adirondack Medical Home, and Health Homes in addition to commercial payor programs.
• Loss of institutional knowledge due to staff turnover during the duration of the DSRIP program.
• Clinical resistance to change and shift in organizational culture.

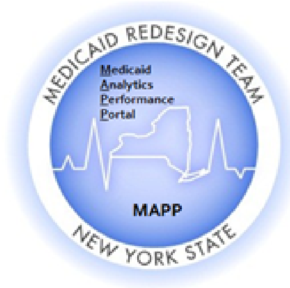
These challenges will be mitigated by:
• Adirondack Pods and the Regional Healthcare Innovation Teams (RHITs) will be a catalyst for training for smaller provider organizations.
• Practitioner Champions will play a central role in the group training and education sessions for smaller provider organizations.
• Transformation coaches and data and reporting analysts who will coordinate deployment of IT and data reporting infrastructure with the partners to minimize the duplication and impact on the practices and partner organizations.
• Train the trainer program to include electronic and printed training materials to promote easily accessible and convenient in-service opportunities to engage practitioners during onboarding and at any point during their partner-provider relationship.
• Practice champions will be the voice for evidence-based change which will be reinforced in all DSRIP communications.
• Utilization of the MIX platform to identify examples of best practice that will be shared with PPS partners.

IPQR Module 7.4 - Major Dependencies on Organizational Workstreams

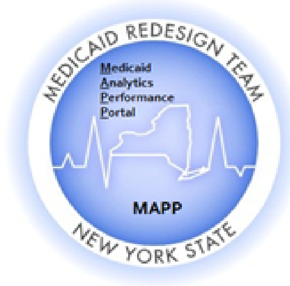
Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

Our plans for practitioner engagement depend on effective, rapid and easy-to-access communications tools. We intend to continue to use a combination of communication tools, inclusive of our Vertical Response Emails, Website Blog, Go To Meetings and Webinars, and we intend to utilize the MIX platform to facilitate communication and best practice sharing between practitioners working in different provider organizations.
The role of the Practitioner Champions is central to our plans for practitioner engagement. It is important that they are able to play the role we intend them to play in the governance structure – advocating to the AHI PPS Steering Committee on behalf of the practitioners they represent and communicating information back down to those practitioners effectively. To this end, our practitioner engagement is dependent on an effective



governance structure and processes. Additionally, the Clinical Integration, Population Health Management (PHM), Performance Reporting, and Financial Sustainability work streams are integral to practitioner engagement. Making sure the practitioners have a good understanding of these work stream relationships and how these will drive payment within a value-based payment model is integral to the financial sustainability of the PPS.

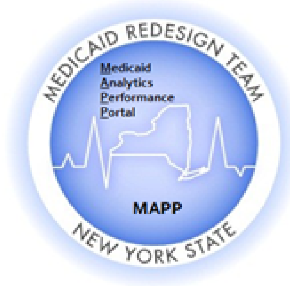


IPQR Module 7.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS Director of Communications	AHI Communications Manager filling this role on an interim basis (Currently Barbara Iverson)	Oversee the development and implementation of the communication aspects of the practitioner engagement strategy
AHI PPS Workforce Manager	Kelly Owens, AHI	Oversee the development and implementation of the practitioner training program
AHI Director of Health System Transformation	Bob Cawley, AHI	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Regaion Medical Home Initiative
Adirondacks ACO, Adirondack Region Medical Home Pilot	Karen Ashline, UVM Health Network	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative
Adirondack Region Medical Home Pilot, Hudson Headwaters Health Network	Cyndi Nassivera-Reynolds, Hudson Headwaters Health Network	Participate in development of the communication and engagement plan, ensuring it is coordinated with similar efforts under the Adirondack Region Medical Home Initiative & Hudson Headwaters Health Networks plans.
Physician Champion	Adirondack Medical Home Physician Leaders: Elizabeth Buck, David "Tucker" Slingerland, and additional Champions to be recruited.	Represent physicians on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Nursing Champion	Care Management and Practice Clinical Staff from AMHI and ADK ACO practices as well as representatives from other regions	Represent nurses on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Community Care Champion	TBD	Represent care coordinators and other community care workers on the Clinical Quality Committee; responsible for driving their engagement in the DSRIP program
Regional / Organization-specific Practitioner Champions	TBD	Act as liaison between the Clinical Quality Committee and the PPS's downstream providers



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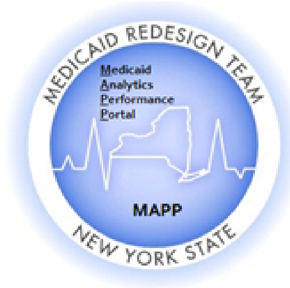
IPQR Module 7.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Practitioners throughout the network	Target of engagement activities	Attend training sessions; report to relevant Practitioner Champions
AHI PPS Workforce Transformation Group	Oversight of all training strategies, including practitioner education / training described above	Input into practitioner education / training plan
Clinical Quality Committee	Governance committee on which practitioner Champions sit	Monitor levels of practitioner engagement; forum for decision making about any changes to the practitioner engagement plan
External Stakeholders		
Chambers, local businesses, social and civic organizations	Education to members about the AHI PPS initiatives	Outreach
Rural Health Network	Ensure rural physicians' communication plans support the AHI PPS initiatives	Outreach
Patient and Families	Recipients of improved health care services can support PPS advocacy efforts	Advocacy/Outreach
Community Benefit Organizations	Content experts and patient liaison	Provide assistance in the development and execution of the work stream



IPQR Module 7.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

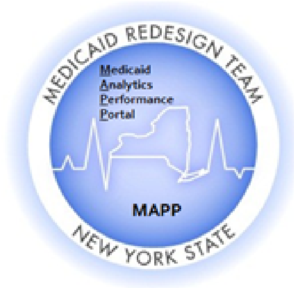
The development of a shared IT infrastructure across the AHI PPS will enable the PMO to better execute our practitioner engagement plan. The IT infrastructure requirements include the support of communication between practitioners, which will be important for engaging practitioners in DSRIP and for the sharing of best practice(s). This is true both within the AHI PPS and between PPSs throughout the state. We are currently using The MIX platform, several project teams have user groups, and additional ones will be formed.
The AHI PPS is also planning to utilize Performance Logic's DSRIP Tracker for managing the DSRIP projects selected and will utilize the functionality within this tool as part of the engagement plan. This web-based project management tool will enable transparency and collaboration among participating partners within each project.
The ability for providers to share clinical information easily will also be important, not just for the improvements in clinical integration but also for the ongoing buy-in of individual practitioners. Hence, this infrastructure will include the input of Practitioner Champions and will be critical to the delivery of our practitioner engagement education and training materials.

IPQR Module 7.8 - Progress Reporting

Instructions :

Please describe how you will measure the success of this organizational workstream.

Measuring the success of the PPS practitioner engagement plan will begin with identification of Practitioner Champions. Input from these champions will contribute toward the progress reporting that will include the attendance levels at the practitioner engagement training events. Additionally, questionnaires pre- and post-training will be designed to assess the impact of the DSRIP program training sessions. These will be designed in collaboration with our workforce transformation team. The results of these surveys will serve as an ongoing indicator of the success and required improvements to be made to our practitioner engagement plan. We anticipate setting a target of delivering in-person education & training to a majority of practitioners in our network. We will use this metric to monitor the progress of this work stream. In addition, we will monitor the attendance at practitioner training events. The design of these training events will involve specific targets being set for the number of attendees per training. Our Practitioner Champions will be responsible for generating interest and involvement in these training programs and will be held accountable against the participation targets set in the programs' design phase.
The use of our practitioner discussion forums on the MIX platform will be another indicator of the level of engagement of practitioners in the DSRIP program. It will also allow us to identify specific groups of practitioners that are less engaged.
The Practitioner and Regional Champions will report regularly to the PMO and Clinical Quality Committee on the levels of engagement (and coordination and integration) they see amongst the group they represent.



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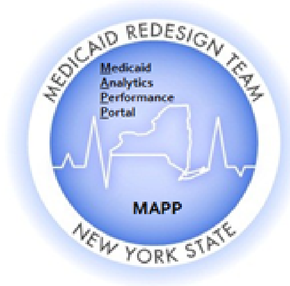
IPQR Module 7.9 - IA Monitoring

Instructions :



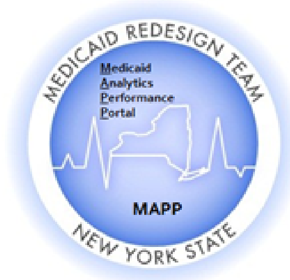
Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Develop population health management roadmap.	In Progress	Population health roadmap, signed off by PPS Board, including: -- The IT infrastructure required to support a population health management approach -- Your overarching plans for achieving PCMH 2014 Level 3 certification in relevant provider organizations --Defined priority target populations and define plans for addressing their health disparities.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The AHI PPS will work closely with the Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, Adirondack Rural Health Network (ARHN) and Population Health Improvement Program (PHIP) to develop the overall population health management approach and roadmap. This collaboration will continue beyond the planning phase and may include conducting an inventory of available data sets with individual demographic, health, and community status information, to supplement data available through the MAPP tool and/or other platforms.	In Progress	Collaborate with other initiatives to develop the overall population health management approach and roadmap.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. The AHI PPS will utilize consulting services to assist in developing a proposed IT infrastructure that will be required to support the population health management needs of the	In Progress	Utilize consulting services to develop IT infrastructure	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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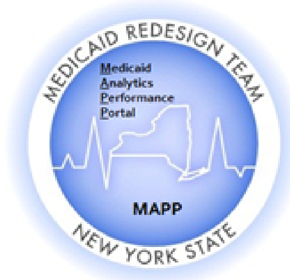
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
PPS. The scope of work will include capturing the PPS-wide PHM requirements via interviews with PPS partners.							
Task 3. The AHI PPS will build on the regional community health needs assessment and planning process (conducted by AHI's Adirondack Rural Health Network (ARHN) and/or AHI's Population Health Improvement Program (PHIP) to produce an annual update of the CNA.	In Progress	Build upon regional community health needs assessment to produce an annual update to CNA.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 4. The AHI PPS had members of their Healthcare Information Technology Work Group attend the Population Health Management vendor fair being hosted by DOH (DST) that is scheduled in June. The purpose of attending this fair is to explore the possible solutions that could meet the IT Infrastructure requirements of the PPS. Additional PHM Vendor scoping efforts will also be underway.	In Progress	HIT workgroup attended PHM vendor fair in June.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. In partnership with Adirondacks ACO, Adirondack Medical Home Initiative, AHI Health Home, ARHN and PHIP, the AHI PPS will work to identify priority practice groups to have access to registries; evaluate IT capacity and identify gaps in IT infrastructure at a provider level that need to be addressed to support effective access to these registries.	In Progress	Identify priority practice groups to have access to registries, evaluate IT process at provider level.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Complete workforce assessment for priority practice groups' care management capabilities, including staff skills and resources required to manage the targeted populations in each geographic area.	In Progress	Complete workforce assessment for priority practice groups' care management capabilities.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	In Progress	Recruit project management resources	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	



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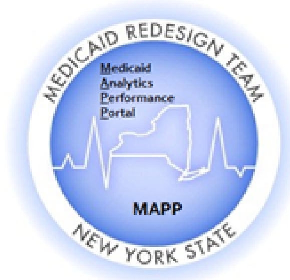
7. The AHI PPS will recruit project management resource(s) to work with the project 2.a.ii participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition. The scope of work for this project manager will be to assess current state with regard to PCMH 2014 Level 3 recognition, identifying key gaps and developing an overarching plan to achieve Level 3 recognition for all relevant providers.							
Task 8. Refine priority clinical issues from the Community Needs Assessment (at a whole-PPS level and also specific priorities for specific geographic areas) to ensure alignment between undertaken projects and clinical priorities, with particular focus on targeted population. Solicit participating provider feedback before finalization.	In Progress	refine priority clinical issues form CNA at a whole PPS level	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Develop care guidelines for providers on priority clinical issues; establish metrics for each clinical area to monitor progress in managing population health.	In Progress	Develop Care guidelines for providers on priority clinical issues	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. AHI PPS Practice Transformation Team (Project 2aii) to finalize PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant provider sites. The project management resource dedicated to project 2.a.ii will work with the participating partners to finalize the PPS-wide roadmap for achieving NCQA 2014 PCMH Level 3 recognition for all relevant providers.	In Progress	Practice Transformation Team to finalize roadmap for achieving NCQA 2014 PCMH Level 3 recognition	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 11. Deploy staff support at provider level (as part of practitioner engagement training plan) to	In Progress	Deploy staff support	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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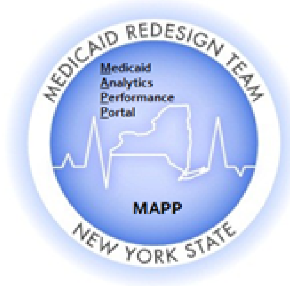
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
train providers to use and apply information learned from the registries; how to implement established care guidelines; develop disease pathways etc.							
Task 12. The AHI PPS Clinical Quality Committee to review and finalize the population health management roadmap for approval by the PPS Steering Committee.	In Progress	Clinical Quality Committee to review and finalize PHM roadmap	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	NO
Task 1. The AHI PPS will establish a process for monitoring service utilization, as needed. In doing so, the AHI PPS will leverage one of their committee's (i.e. Network Committee or Quality Committee) in performing this function. This committee will report into the Program Management Office (PMO) and will be responsible for monitoring and reporting on reductions in avoidable hospital use, as well as modeling the impact of all DSRIP projects on inpatient activity.	In Progress	Establish a process for monitoring service utilization	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. The AHI PPS will draft a model that forecasts the impact of all DSRIP projects on avoidable hospital use and utilization – both in terms of the impact on hospital services and in terms of the demand for community-based services (model will be established by DY1, Q4 and updated regularly with activity / utilization data to provide 'live' and 'forecast' pictures).	In Progress	Draft a model to forecast the impact of DSRIP projects	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Based on this modeling and in consultation with provider network, the AHI PPS will	In Progress	High level forecasts	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	



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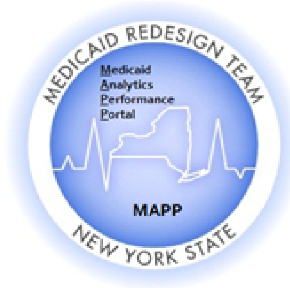
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
establish high-level forecasts of the following (this forecast capacity model will be updated on a regular basis throughout the 5 years). a. Reduced avoidable hospital use over time b. Changes in required inpatient capacity; and c. Resulting changes in required community / outpatient capacity							
Task 4. The AHI PPS will work with providers impacted by the forecast capacity change to determine their own 'first draft' capacity change plan.	In Progress	Forecast capacity change	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 5. The AHI PPS PMO to lead consultation on first draft capacity change plan. Consultation will include Hospitals, Nursing Homes and local county Directors of Community Services (DCSs), as well as the AHI PPS Quality and/or Network Committee. A. Distribute Draft Plan to key stakeholders and impacted providers. B. Collect feedback through various means including in-person and web-enabled work sessions. C. Document Feedback and proposed changes.	In Progress	First draft capacity change plan	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. The AHI PPS to finalize and publish final capacity change / bed reduction plan and schedule of annual updates on capacity changes across the network A. Obtain consensus on modifications to draft plan. B. Incorporate approved modifications into final plan. C. Gain approval from AHI PPS Quality and/or Finance Committees. D. Publish Final Plan using various means,	In Progress	Finalize and publish capacity change/bed reduction plan	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
including AHI website.							

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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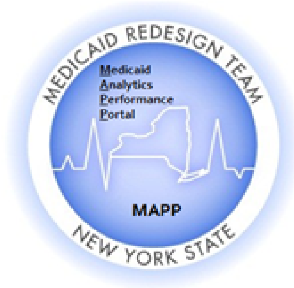
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	
Finalize PPS-wide bed reduction plan.	



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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 8.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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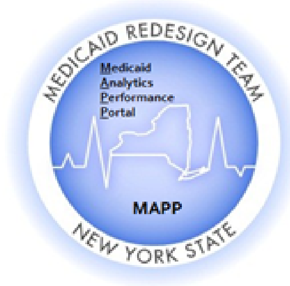

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IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in implementing these cross-cutting organizational strategies, including potential impacts on specific projects and, crucially, any risks that will undermine your ability to achieve outcome measure targets.

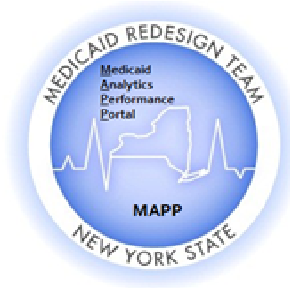
POPULATION HEALTH MANAGEMENT
The AHI PPS faces challenges to achieving a cohesive, integrated, and comprehensive approach to health care delivery that focuses on preventative care. The barriers to success are:
• Disconnect between population health management issues identified at the system level and care delivery at the practice/provider level. For example, insufficient access to cardiology providers in a geographic location where cardiovascular disease is a priority.
• Prolonged focus on analysis of a given population's health needs at the expense of responding quickly to developing new services or interventions.
• The risk that a population health management approach, described in provider training and education, will become reactive over time resulting in patient-facing care managers filling clinical care gaps for individual patients immediately which is inefficient and leads to provider fatigue.
AHI will mitigate the risks to achieving integrated health care in the following ways:
• Clinical integration and practitioner engagement will focus on integrating care management through the development of cross-disciplinary teams for multi-morbid patient groups.
• Care managers will assume an active role in the continuous management of patient pathways and have consistent engagement with the care management team.
• Utilize value stream mapping to identify clinical priorities with the greatest opportunity for eliminating waste and where the implementation of new, efficient support systems are likely to have the greatest effect at generating momentum amongst PPS partners.
• Reinforcement of the difference between population management-based care delivery and patient complaint-based delivery.

IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

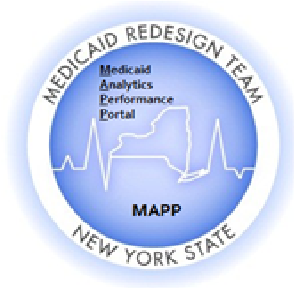
Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

The development of effective population health management across the AHI PPS is highly dependent on the successful implementation of the following other work streams.
Practitioner Engagement: The PPS needs a strong and well-executed practitioner engagement plan that is focused on getting all of the practitioners on board with achieving our collective DSRIP goals. The practitioner engagement training & education described in the Practitioner Engagement section will include both the high-level principles of an approach to population health management, as well as the specific skills and behaviors that practitioners will need to adopt. Team-based population health management will only be successful if all of the PPS practitioners



are fully committed to reforming their practices of care to align with our PPS objectives. The AHI PPS is focused on achieving strong buy-in from practitioners throughout the PPS, hence enabling our PPS to meet the goals of the DSRIP program.
Clinical Integration: Population Health Management is dependent on effective clinical integration across the full continuum of care. This requires a significant investment in Healthcare IT that allows for rapid communication and meaningful data sharing. A robust and functional set of data gathering and monitoring tools is required within a population health management solution in order to be successful. Our IT Systems and Processes work stream will utilize existing investments within our region and identify the additional IT needs that will provide the population-level health metrics required to monitor the impact and success of our population health management work stream within the AHI PPS.



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IPQR Module 8.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational work stream and describe what their responsibilities involve.

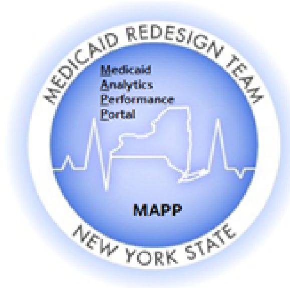
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Population Health Management Work stream Lead	AHI Director, Health Systems Transformation (Bob Cawley)	Oversee the implementation of the population health management strategy Report its progress to the PPS executive body
Program Management Office: Service Utilization Monitoring Team	AHI Data Analyst, Justine Mosher, and Partner-based resources	Monitor the impacts of DSRIP projects in terms of inpatient & community capacity; oversee the modeling and implementation of capacity change (including bed reductions) linked to improvements in population health management and the resulting reduction in the need for hospital-based services
AHI PPS Practice Transformation Project Team (Project 2aii)	AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Coaches (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service)	AHI Director, Health Systems Transformation (Bob Cawley), AHI Transformation Coaches (Ruth Ann Craven) and Partner-based resources (some PPS partners have internal supports for practice transformation, and/or established contracts for this service)

IPQR Module 8.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS PMO	Oversight of DSRIP projects	Jointly responsible for Bed Reduction Plan
Hospitals represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Nursing homes represented on the AHI PPS Bed Reduction Working Group	Stakeholder to bed reduction plan	Represented on the Bed Reduction Working Group; will sign off on any bed reduction goals set at an individual provider level
Professional Peer Groups	Key role in the adoption of population health management practices amongst their members	Active engagement in the development of training & education materials
CBOs, including organizations focused on crime reduction, housing, and transportation	Vital component of ensuring the success of the population health management strategy	Work with care management teams in adapting care to better serve target populations
External Stakeholders		
MCOs	Key partner in payment reform	Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across the AHI PPS



IPQR Module 8.7 - IT Expectations

Instructions :

Please describe the current Population Health Management IT capabilities in place throughout your PPS network and what your plans are at this stage for leveraging these capabilities and/or developing new IT infrastructure.

One of the key principles of our approach to population health management is that all care will become 'data-driven'. Our IT & Data Sharing Committee and team will be responsible for ensuring that practitioners have access to the data and tools required to allow them to develop interventions and services that will address the wider determinants of population health for their local population. This effort will be facilitated by the adoption of an AHI PPS Population Health Management solution that will help our team monitor performance of both clinical and claims-based metrics AND DSRIP population health metrics. The analysis of population-level outcome data will also be the basis for our assessment of the impact of population health management on the priority groups and clinical areas identified in our population health management roadmap (see above).

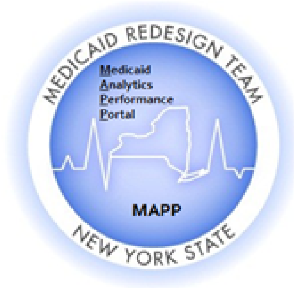
The AHI PPS IT & Data Sharing Committee will also select appropriate RHIO(s), and leadership will require all partners to connect with the selected RHIO(s) to service our attributed population. This effort will be conducted in tandem with the EHR platforms, care management, and population health management systems that we have already implemented, or are currently implementing.

IPQR Module 8.8 - Progress Reporting

Instructions :

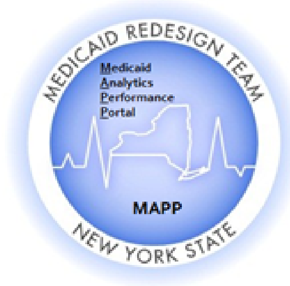
Please describe how you will measure the success of this organizational workstream.

As described above, we will monitor the impact of our population health management work stream through a combination of the DSRIP outcome measures and our own specific population health metrics. These AHI PPS-specific metrics will be identified in the population health roadmap and will be monitored by the AHI PPS PMO and reported to the Clinical Quality Committee. For example, we believe we can augment the DSRIP outcome metrics for Domain 4.A. with additional metrics that will allow us to monitor the substance abuse issue in the AHI PPS. Our goal will be to isolate metrics that are not wholly represented by the available DSRIP outcome measures, and to focus upon elements that our front-lines deem important, which is in line with our approach to Performance Management.
We will build continuous quality improvement into the population health road map, establishing time frames to re-evaluate the data sets, functionality of registries, and of our priority issues for population health management.
Our group of Practitioner Champions will also play a role in identifying groups of providers that have been particularly successful in tackling the broader determinants of health and having a measurable impact on population health. These groups of providers will then become case studies to spread best practice(s) across the PPS network.



IPQR Module 8.9 - IA Monitoring

Instructions :



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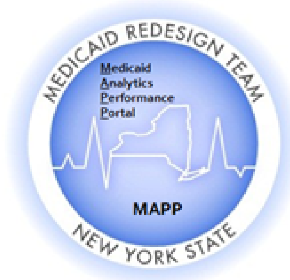
Section 09 – Clinical Integration

IPQR Module 9.1 - Prescribed Milestones

Instructions :

Please enter and update target dates, as well as breakdown tasks with target dates for prescribed milestones. For milestones that are due within the reporting period, documentation is required to provide evidence of milestone achievement.
Any explanations regarding altered or missed target commitments must be included within the textbox, not as narrative within uploaded documentation.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Milestone #1 Perform a clinical integration 'needs assessment'.	In Progress	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	NO
Task Prepare a Provider Landscape reference document: illustrate project by project, which partners are particpating and their role (project lead(s), project partner, project stakeholder), including representation across the care continuum and CBOs.	In Progress	Prepare Landscape	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop the clinical integration needs assessment tool (on a project by project basis, outline people, process, technology, and data components relevant for clnical integration; include the requirements for data sharing and interoperability). Collaborate with other PPSs, share information on The MIX,utilize Target Operating Model Toolkit (in development by KPMG) if appropriate.	In Progress	Develop Tool	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	In Progress	Gap Analysis	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	



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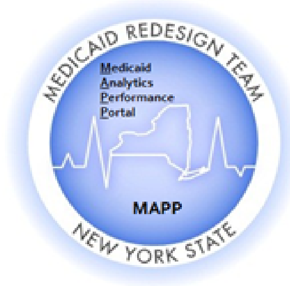
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Utilize the results of the assessment to perform a gap analysis of the provider network involved in each project. Utilize the resources of the Target Operating Model Toolkit as appropriate, to prepare an illustration of provider / regional gaps in the elements necessary to support integration.							
Milestone #2 Develop a Clinical Integration strategy.	In Progress	Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Convene PPS Project Team 2ai. Team members include administrators, clinicians, and community-based organizations. Cross-pollinate Teams and PPS Committee membership as relevant (Finance, IT & Data Sharing, Clinical Governance & Quality, Workforce, etc.) Each Team identifies a Clinical Champion and Operational Lead.	In Progress	Convene	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task PPS Project Team 2ai (Create an IDS) members participate in a facilitated workgroup to define the desired "target state". The target state includes a description of the people, processes, technology, and data, necessary to support a clinically integrated model of care.	In Progress	Define Target State	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Create the workplan (steps, dates, person / org responsible) to address the gaps identified	In Progress	Workplan	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
between the current state and the target state.							
Task Identify resources needed to accomplish the workplan, including Subject Matter Experts, technology and other tools, and other human resources. Leverage existing resources (PPS Partners, ACO, Health Home, ec.) and work collaboratively to resource the plan.	In Progress	Resources	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Identify steps that represent a common theme or element that is shared across projects (e.g., technology to support role-based data sharing).	In Progress	Common Steps	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop strategies to encourage the types of behaviors and practices that are necessary to achieve the target state. For example: incorporate financial incentive into partner contracts for demonstrating such behaviors; provide low-cost shared back office service.	In Progress	Develop Strategies	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Obtain consultation as needed, include internal & external stakeholders, and produce a draft of the Clinical Integration Strategy. Engage the PPS Governing bodies in the development and finalization of the strategy.	In Progress	Consultation	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task PPS Clinical Governance (which includes some if not all Clinical Champions), endorses the target state model and the workplan, which together, define the PPS' clinical integration strategy.	In Progress	Endorsement	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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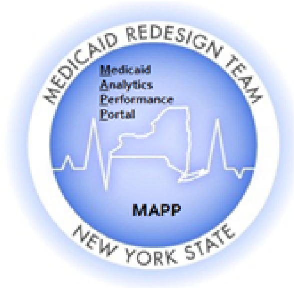

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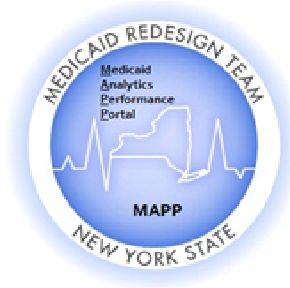
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	



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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

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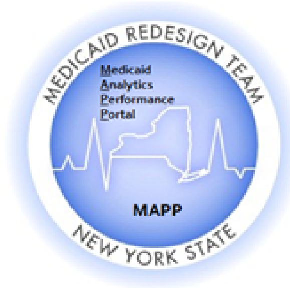

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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges or risks that you foresee in improving the level of clinical integration throughout your network and achieving the milestones described above. Describe potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Successful clinical integration requires health information technology to support adherence to new clinical pathways and the ability to operate collaboratively across settings of care.
The major risks to AHI are:
- Health information technology readiness; and,
- Standardized care pathways across disparate organizations.

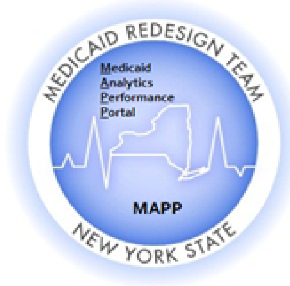
Information technology initiatives take time and resources to implement. A recent AHI survey revealed that most behavioral health and long-term care settings rely on paper documentation and are not connected to the RHIO.
In consideration of the current state of HIT readiness and clinical integration, AHI will mitigate the risk by:
- Developing a multi-phased approach that will be limited to the extent the technology is in place to support the integrated model.
- Identifying high priority HIT capabilities and devoting significant resources to establishing them early in the implementation period.
- Establishing technology requirements for participation in the PPS as determined by the IT and Data Sharing Committee and Network Committee.
- Relying on the Clinical Governance and Quality Committee to establish standardization of care pathways that involve providers from multiple settings.
- Putting a strategic communications plan in place to encourage buy-in from key change agents, including clinicians, operations, and administration.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

Please describe any interdependencies with other organizational workstreams (IT Systems and Processes, Clinical Integration, etc.)

As described earlier, the Clinical Integration Workstream relies extensively on IT Systems and Processes. The dependency on technology is significant, as discussed under Risks & Mitigation. The PPS will include clinicians and other end-users of technology in IT planning processes, to ensure systems and processes are developed with the needs of real-world users at the forefront. Another major dependency is with Practitioner Engagement. The Clinical Governance & Quality Committee, which will set standards, needs the trust and support of practitioners throughout the network in order to be effective. An additional dependency is with Workforce. Some providers will need training and/or professional development to acquire skills in team-based care models.

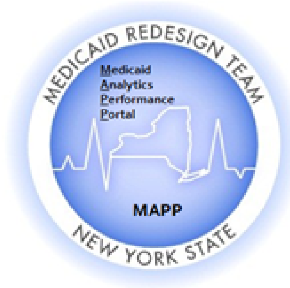


IPQR Module 9.5 - Roles and Responsibilities

Instructions :

Please list and elaborate upon the key people/organizations responsible for this organizational workstream and describe what their responsibilities involve.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Clinical Governance & Quality Committee	Colleen Florio, VP Health System Transformation (AHI) oversees Clinical Integration workstream until such time as a the Committee is established and a chair is selected.	Oversee the development of the Clinical Integration Strategy; report on progress to the PPS Board.
PPS Project Team 2ai - Integrated Delivery System Team	This team includes all AHI PPS Regional Health Innovation Team Leaders: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), David "Tucker" Slingerland (Hudson Headwaters Health Network), Brian McDermott (Glens Falls Hospital), Laurence Kelly (Nathan Littauer Hospital), Geoff Peck (Nathan Littauer Hospital), Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System), Patti Hammond (Adirondack Health), and Beth Lawyer (Citizen's Advocates).	Develop and manage the Clinical Integration Strategy; report on progress to the Clinical Governance & Quality Committee.
PPS Project Team 2ai - Integrated Delivery System Team: Primary Care Representative	Hospital affiliated primary care reps: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Brian McDermott (Glens Falls Hospital), Laurence Kelly (Nathan Littauer Hospital), Geoff Peck (Nathan Littauer Hospital), Sue Hodgson (Canton-Potsdam Hospital and St. Lawrence Health System), Patti Hammond (Adirondack Health). FQHC Primary Care reps: Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), David "Tucker" Slingerland (Hudson Headwaters Health Network)	Liaison between primary care and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Behavioral Health Representative	Peter Trout (Clinton County Community Services Board & Mental Health Clinic), Beth Lawyer (Citizen's Advocates).	Liaison between behavioral health and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: Care Management Representative	Providers of Health Home Care Management services: Karen Ashline (Champlain Valley Physicians Hospital, Adirondack Medical Home Initiative, Adirondacks ACO), Cyndi Nassivera-Reynolds (Hudson Headwaters Health Network), Beth Lawyer (Citizen's Advocates).	Liaison between care management and the clinical integration process
PPS Project Team 2ai - Integrated Delivery	TBD	Liaison between community and the clinical integration process



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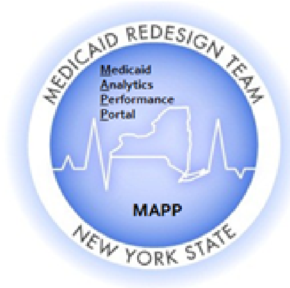
Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
System Team: Community Representative		
PPS Project Team 2ai - Integrated Delivery System Team: Long-Term, Home, and Community-Based Services Representative	TBD	Liaison between long-term, home, and community-based services, and the clinical integration process
PPS Project Team 2ai - Integrated Delivery System Team: MCO Representative	TBD	Liaison between MCOs and the clinical integration process

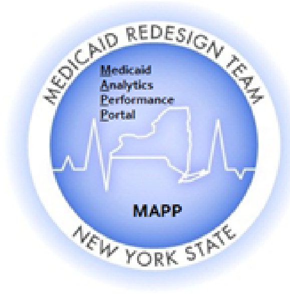


IPQR Module 9.6 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved, both within and outside the PPS.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Non-clinical service providers	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream	"Engage in the process, including: - The consultation process; and - The training"
Clinical staff	Their buy-in and support of new pathways, lines of accountability, responsibility and communication will be central to the success of this workstream	"Engage in the process, including: - The consultation process; and - The training"
External Stakeholders		
Patients	Care improved upon by the clinical integration of the PPS	Response to consultation on clinical integration strategy
Family members	Communication with practitioners, particularly on behalf of children, the elderly, or those without mental capacity	Response to consultation on clinical integration strategy
CBOs	Supporting the development and implementation of the clinical integration strategy	Response to consultation on clinical integration strategy



IPQR Module 9.7 - IT Expectations

Instructions :

Please clearly describe how the development of shared IT infrastructure across the PPS will support this particular workstream.

IT is needed to ensure the availability of the right information, to the right person/provider, at the right time. Each segment of the care continuum, and the clinics or sites within that segment, will be supported by a tailored IT plan, built on their current state of readiness, and designed to move them to a level that supports their effectiveness in clinically integrated care models. The PPS has begun to establish a technology roadmap. An HIT Workgroup has been in place for many months; upon establishment of the Governance, the next iteration of this group will become the IT & Data Sharing Committee. The Committee will work closely with the Clinical Governance & Quality Committee. The two Committees will work together to finalize the technology roadmap. AHI PPS is currently taking part in the Target Operating Model (TOM) pilot, and will leverage the experience – and the Toolkit – to support the Clinical Integration Workstream.

IPQR Module 9.8 - Progress Reporting

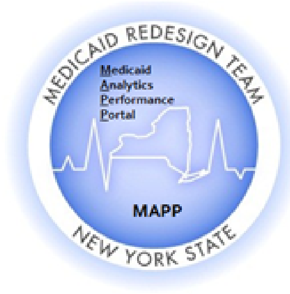
Instructions :

Please describe how you will measure the success of this organizational workstream.

Progress on the Clinical Integration Workstream will be measured against two prescribed milestones, including completion of a clinical integration needs assessment and the clinical integration strategy. Additionally, the Domain 3 quality measures are key indicators of the success of the clinical integration activities. Finally, progress will be monitored through surveys and/or focus groups of patients and providers that are designed to identify the specific links in patient pathways where information sharing and collaboration could be improved. Several items on the patient experience survey are relevant. AHI hosts a Summit each year, which would provide an opportunity for focus groups.

IPQR Module 9.9 - IA Monitoring:

Instructions :



Section 10 – General Project Reporting

IPQR Module 10.1 - Overall approach to implementation

Instructions :

Please summarize your intended approach to the implementation of your chosen DSRIP projects, including considerations around how this approach will allow for the successful development of concurrently implementing DSRIP projects.

Integration of Palliative Care in the PCMH.

The Teams will each have clinical & operational leads, and are supported by a Project Manager (PM). The leaders set meeting agendas, identify needed resources, and disseminate information (reports) to their teams. The PM coordinates meetings, obtains resources for the team, and produces progress and performance reports. PMs are assigned to one or more projects, and as a group, they are led by the PMO Director. This team drives the overall timeline and achievement of the deliverables.

At this point in time, the Team structure is very project focused. Once roles are filled, contracts are established, and all partners are fully engaged in project implementations, we expect the Teams to evolve into a structure that is organized around common patient care pathways, and/or capabilities (such as care coordination/care management), that underlie multiple projects. First, we need to mobilize Teams around project requirements and implementation plans, and do the coordination of common pathways/capabilities across projects at the PMO level.

The PMO relies on The MIX to support communication; 5 private groups have been established on The MIX and are being used to share information among teams, and generate discussions. The PMs moderate their own MIX groups, and work to build engagement in this communication platform, which is an important adjunct to meetings and webinars.

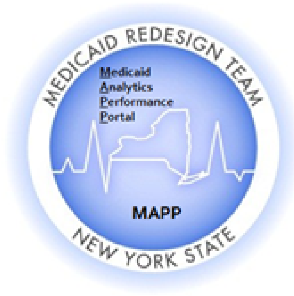
The PMO and Project Teams will rely on Performance Logic's DSRIP Tracker Tool as the project management platform. The Tool will allow role-based access; users will be able to upload required reports, view progress, and generate reports. The Tool allows the PMs to track progress, gather information, and generate reports.

IPQR Module 10.2 - Major dependencies between work streams and coordination of projects

Instructions :

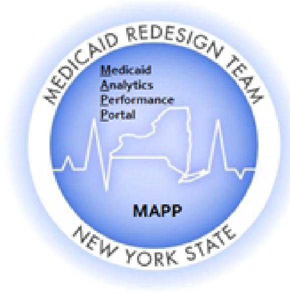
Please describe how your approach will handle interdependencies between complementary projects, as well as between projects and cross-cutting PPS initiatives - for example, an IT infrastructure upgrade, or the establishment of data sharing protocols.

The AHI PPS is pursuing 11 projects and establishing the PPS infrastructure at the same time. Project requirements, strategies, staff and budgets, are inter-related across projects and infrastructure work streams. As such, the PMO, the Project Teams, and the Governance (including Finance, IT, Clinical Quality, etc.) will need to be more than "coordinated"; the functions will need to be integrated. Several strategies will be used to achieve



this: cross-pollination of Committees and workgroups with representatives of related work streams, careful development of agendas to include the necessary status reports from related work streams, and communications platforms that allow for easy sharing of information across initiatives. The PPS is leveraging The MIX for discussion groups, and will also utilize the DSRIP Tracker Project Management platform, to manage the integrated functions.

The AHI PPS is currently taking steps to ensure the PMO is adequately resourced to manage the complexity described above. Three Project Managers have been recruited, two more are anticipated, and additional Project Management capacity is available via a contracted resource. The team will be manage the overlapping project requirements, and will rely on the "Conceptualizing PPS Project Requirements" resource provided by the DSRIP Support Team.



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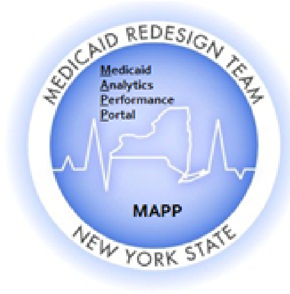
IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

Please outline the key individuals & organizations that play a role in the delivery of your PPS's DSRIP projects, as well as what their responsibilities are regarding governance, implementation, monitoring and reporting on your DSRIP projects.

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
AHI PPS PMO	Project Managers: Heather Bradley, Jill Rock, Betsey Towne	The PMO monitors progress and produces reports for PPS partners, Project Teams and Governing bodies, as well as the NYS DOH. The PMO is the central link between the Project Teams and the Workstreams (Finance, Workforce, IT, etc.). The PMO monitors progress and identifies risks for all Projects and Workstreams, and engages PPS leadership/Governance as needed.
Clinical Governance & Quality Committee	Oversees clinical quality for all projects	The PPS Clinical Governance & Quality Committee will establish a structure for managing Clinical Quality of all projects (sub-committees or workgroups will be established that cover 1 or more related projects).
Project Team Leaders	At this time, there are over 50 individuals leading projects in their regions. Given the large geography of the AHI PPS, we have organized into sub-regions, each area has leadership in place for their Project Teams.	Project co-leads (clinical & operational) drive the Project Implementation, supported by a Project Manager

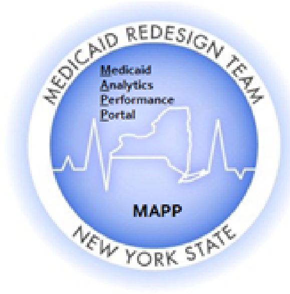


IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects

Instructions :

In the below table, please set out who the key stakeholders are that play a major role across multiple DSRIP projects. Please give an indication of the role they play and how they impact your approach to delivering your DSRIP projects.

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
AHI PPS Finance Committee	Financial Impact Monitoring	The Finance Committee will monitor the impact of the DSRIP Projects on the financial health of the network and providers. The Finance Committee will include AHI's CFO, who will work closely with the AHI PMO.
AHI PPS Workforce Committee & Workforce Manager	Manage the delivery of the workforce strategy through the project teams.	Manager will work closely with the Project Teams, to identify and develop the Workforce Strategies, and to coordinate efforts across projects to achieve efficiencies. The Workforce Manager will be reponsible for the quarterly reporting of Workforce numbers (supplied by the Project Teams)
AHI PPS IT & Data Sharing Committee	Identify and establish a plan for, the IT needs of the Projects.	The AHI PPS IT & Data Sharing Committee will be staffed by an AHI Senior Manager, who is the liaison between this Committee and the AHI PPS PMO The Committee will have the overall responsibility for management of the IT and Data Sharing initiatives.
Compliance Committee	Establish and Monitor the PPS Compliance Plan	Review PPS conduct in terms of adherence to the applicable guidelines, laws, and regulations.
Community & Beneficiary Engagement Committee	Manages PPS relationships with patients, consumers, and CBOs	Coordinat patient and community outreach and engagement activities.
External Stakeholders		
Patient Advisory Councils	Patient Group	Some PPS partners have established Patient Advisory Councils, these groups will be engaged in the PPS to provide feedback, views, opinions, that can inform the development of the Projects.
Ellis Medicine PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
North Country Initiative PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Albany Med PPS	Collaborating on Domain 4 Project Implementation	Collaborate on Domain 4 implementation, given overlapping



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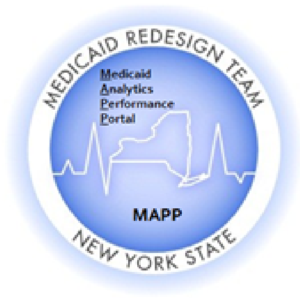
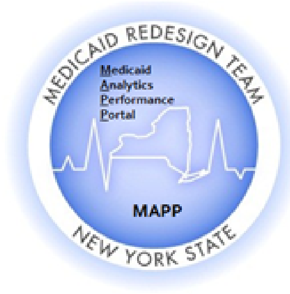
Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		service areas and providers; coordinate to avoid redundancy/overlap in project implementation
Labor Representatives (union, staff of non-unionized employers)	Labor Representation	PPS Partners have identified labor representatives (the union rep, or a staff member for non-unionized employers) that are taking part in the Workforce Committee and providing input in the development of the Workforce Strategy.
Directors of Community Services / Commmunity Services Boards/ Local Governmental Units	Project Planning and Implementation Support	PPS has engaged with LGUs for project planning support including the development and incorporation of projects into county service plans as appropriate
OMH, OPWDD, OASAS	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.a.i. and 3.a.i.
Office for the Aging	Project Implementation Support	Provide insight into best practices with respect to the implementation of all projects - particularly 2.b.viii and 3.g.i.



IPQR Module 10.5 - IA Monitoring

Instructions :



Project 2.a.i – Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management

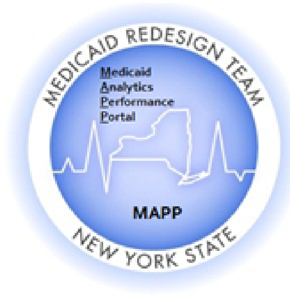
IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

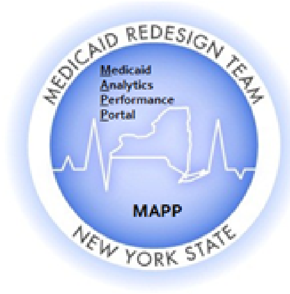
Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The major risks to developing an Integrated Delivery System (IDS) is the potential for lack of provider/partner engagement and commitment to the IDS, and the level of technological integration required under DSRIP.
• A number of health care providers who have some experience with clinical integration and performance based payment models are increasingly strained by new technical and reporting requirements, and operational changes.
• A number of health care providers are having increased demands on their time as a result of multiple requests for participation in governance and program/network development.
• Hospital and primary care providers are also under pressure to advance the current level of integration by including new partners such as behavioral health and substance abuse providers.
• The cost and complexity of a regional health information technology initiative runs the risk of drawing too large a share of the PPS' resources and leaving other areas under-funded.

These risks can be mitigated, in part, with careful development of shared governance and a shared vision for the PPS.
• To date, over 100 unique organizations have taken part in planning forums that contributed to the development of Regional Health Innovation Teams, and subsequent interim shared governance structure (the PPS Steering Committee and related Workgroups). These forums have kept partners engaged in the development of the PPS.
• AHI will continue engagement at all levels to increase buy-in, and to ensure a governance model that is coordinated with existing initiatives to create efficiencies.
• The performance management team at AHI is growing to allow AHI leadership more time to devote to vital provider/partner engagement activities.
• AHI will leverage The MIX platform for communication and engagement across the network.
• AHI will monitor the level of partner engagement by tracking the number of partners that are "active" in the project. The indicators that will define active partners will include:
o participation in Regional Health Innovation Team meetings;
o the use of patient registries;
o involvement in coordinated care management (e.g. multidisciplinary team care planning); and
o the use of an EHR with MU certification and connection to the SHIN-NY/QE.
• The PPS will require a strong shared governance model that can allocate resources in a manner that best achieves the vision and goals of the PPS in a balanced manner.



• The PPS is developing a regional technology plan that includes prioritized investments in a phased approach to enable the Governance to make informed HIT investment decisions.
• The PPS is coordinating HIT planning efforts with the Adirondack ACO, to leverage existing population health management systems and capabilities to support the development of an integrated delivery system.



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IPQR Module 2.a.i.2 - Project Implementation Speed

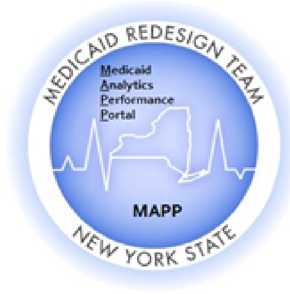
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	253	0	0	0	0	0	0	0	0	63	126
Non-PCP Practitioners	627	0	0	0	0	0	0	0	0	157	314
Hospitals	14	0	0	0	0	0	0	0	0	3	7
Clinics	25	0	0	0	0	0	0	0	0	6	12
Health Home / Care Management	15	0	0	0	0	0	0	0	0	4	8
Behavioral Health	126	0	0	0	0	0	0	0	0	31	63
Substance Abuse	15	0	0	0	0	0	0	0	0	4	8
Skilled Nursing Facilities / Nursing Homes	23	0	0	0	0	0	0	0	0	6	11
Pharmacies	2	0	0	0	0	0	0	0	0	0	1
Hospice	3	0	0	0	0	0	0	0	0	0	1
Community Based Organizations	23	0	0	0	0	0	0	0	0	6	11
All Other	342	0	0	0	0	0	0	0	0	85	171
Total Committed Providers	**1,468**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**365**	**733**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**24.86**	**49.93**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	253	199	253	253	253	253	253	253	253	253	253
Non-PCP Practitioners	627	471	627	627	627	627	627	627	627	627	627



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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Hospitals	14	10	14	14	14	14	14	14	14	14	14
Clinics	25	18	25	25	25	25	25	25	25	25	25
Health Home / Care Management	15	11	15	15	15	15	15	15	15	15	15
Behavioral Health	126	94	126	126	126	126	126	126	126	126	126
Substance Abuse	15	11	15	15	15	15	15	15	15	15	15
Skilled Nursing Facilities / Nursing Homes	23	17	23	23	23	23	23	23	23	23	23
Pharmacies	2	1	2	2	2	2	2	2	2	2	2
Hospice	3	2	3	3	3	3	3	3	3	3	3
Community Based Organizations	23	17	23	23	23	23	23	23	23	23	23
All Other	342	256	342	342	342	342	342	342	342	342	342
Total Committed Providers	**1,468**	**1,107**	**1,468**	**1,468**	**1,468**	**1,468**	**1,468**	**1,468**	**1,468**	**1,468**	**1,468**
Percent Committed Providers(%)		**75.41**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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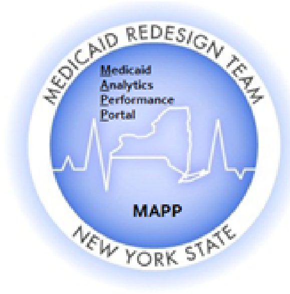

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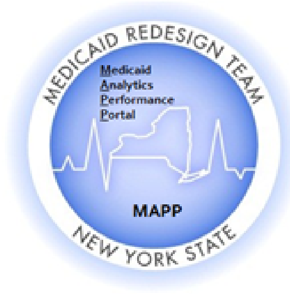
IPQR Module 2.a.i.3 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	Project	N/A	In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Utilize Network Committee (to be established under Governance) to develop work plan.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Provide the Workforce Committee (to be established under Governance) with information on the Network Development. strategy, as it may be informative for the Workforce Development plans.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4

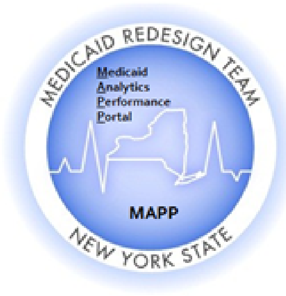


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop list of target CBOs and define plan for ongoing engagement/inclusion.							
Task Work with Finance Committee to develop payer engagement strategy.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop list of target payers and define plan for engagement in PPS activities.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	Project	N/A	In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into consideration the governance requirements of the various legal entities.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Incorporate Health Home outreach and care management capabilities in the appropriate project plans.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS).	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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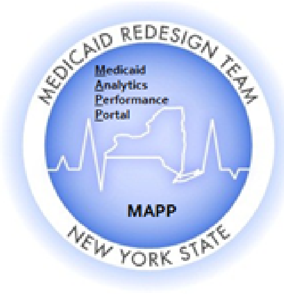
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
metrics set that is utilized by ACO, Medical Home, Health Home and PPS.							
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify process and quality measures to track in alignment with protocols to be implemented.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Develop the tools/resources needed to support dissemination of protocols and	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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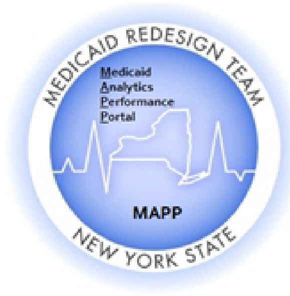
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools.							
Task Establish method to track dissemination of protocols, and to monitor adherence to such protocols.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Skilled Nursing Facilities / Nursing Homes	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.)	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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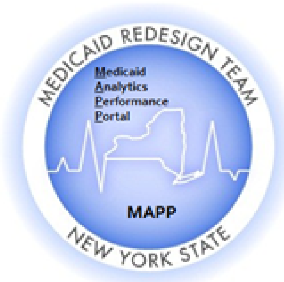
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.							
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.)	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.	Project		In Progress	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3



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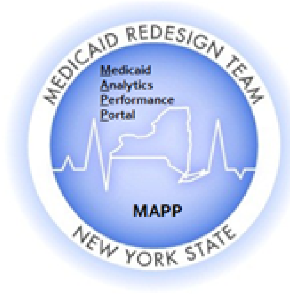
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs.							
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers.	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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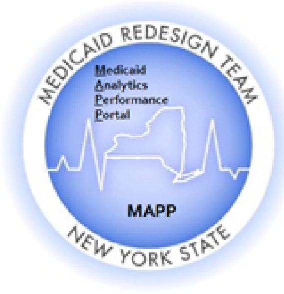
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
requirements adjusted by CMS will be incorporated into the assessment criteria.)							
Task Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project, particularly with steps 2 to 7.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps)	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



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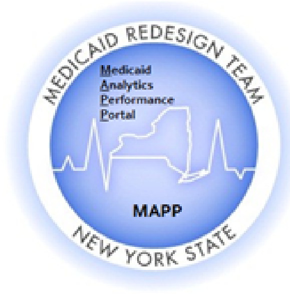
Task Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.	Project		In Progress	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Complete and submit Meaningful Use Attestation with practice staff / providers.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Complete and submit NCQA Applications.	Project		In Progress	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	Project	N/A	In Progress	10/01/2015	09/30/2018	09/30/2018	DY4 Q2
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	10/01/2015	09/30/2018	09/30/2018	DY4 Q2



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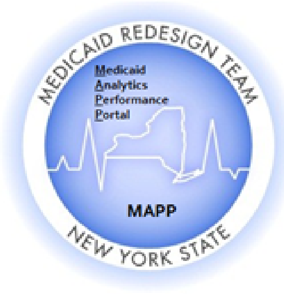
Task Establish Value-Based Payment Workgroup (sub-group of Finance Committee), including provider representation.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop and implement an education and communication strategy for PPS network on VBP concepts and frameworks and best practices. It is expected that there will be an on-going need for education & communication on VBP across the network.	Project		In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Conduct stakeholder engagement with PPS Providers.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct stakeholder engagement with MCOs.	Project		In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Conduct a VBP Baseline Assessment (Workgroup will develop the VBP assessment and evaluate the results of the assessment).	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify & prioritize potential opportunities and providers for VBP arrangements, based on results of the assessment.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create the VBP adoption plan (a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest), including steps/timeline for the priorities identified in the task above.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish a mechanism for tracking progress on the plan; establish database for housing information on the various types of payment arrangements that are in place throughout the PPS.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute on plan and monitor progress, ensure Providers are supported (e.g. consultants, other resources) to achieve plan.	Project		In Progress	10/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Identify MCOs to partner with PPS, and engage in Committees as appropriate.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3



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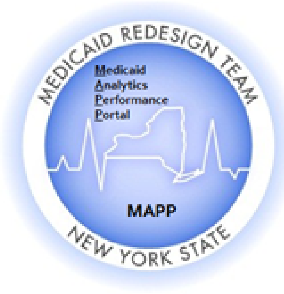
Develop strategy to engage MCOs in monthly forums to discuss utilization, performance, and payment reform issues.							
Task Obtain legal counsel to ensure compliance with regulations throughout all payor engagement activities.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Research best practices on aligned provider compensation approaches.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish Provider Compensation Alignment Workgroup (including providers).	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop a communications plan, focusing on the "provider-facing" communications.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Evaluate existing compensation models / approaches; identify high priority areas for alignment.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Workgroup develops a plan to transition provider compensation to align with patient outcomes.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Plan is vetted with Providers, administrators, and others as appropriate.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement plan and track progress.	Project		In Progress	01/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



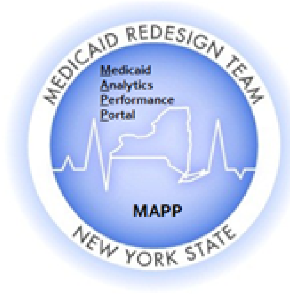
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish project management team and timelines associated with meeting project requirements for all participating partners.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										

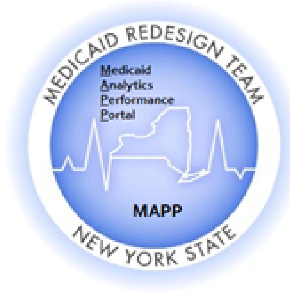


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task Utilize Network Committee (to be established under Governance) to develop work plan.										
Task Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network.										
Task Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS.										
Task Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas.										
Task Provide the Workforce Committee (to be established under Governance) with information on the Network Development. strategy, as it may be informative for the Workforce Development plans.										
Task Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy.										
Task Develop list of target CBOs and define plan for ongoing engagement/inclusion.										
Task Work with Finance Committee to develop payer engagement strategy.										
Task Develop list of target payers and define plan for engagement in PPS activities.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										

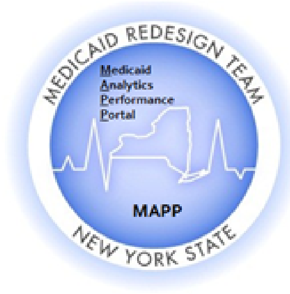


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO.										
Task Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee.										
Task Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into consideration the governance requirements of the various legal entities.										
Task Incorporate Health Home outreach and care management capabilities in the appropriate project plans.										
Task Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS).										
Task Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and metrics set that is utilized by ACO, Medical Home, Health Home and PPS.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully										

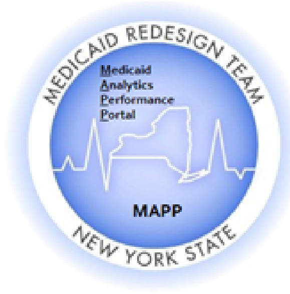


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan.										
Task Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols.										
Task Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region.										
Task Identify process and quality measures to track in alignment with protocols to be implemented.										
Task Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Task Develop the tools/resources needed to support dissemination of protocols and guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools.										
Task Establish method to track dissemination of protocols, and to monitor adherence to such protocols.										
Task Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis.										

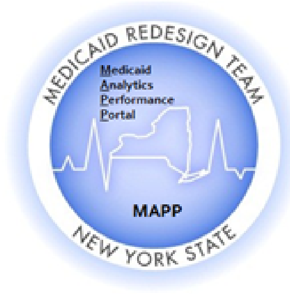


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	5	10
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	19	40
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	3	5
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	11	23
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	5	10
Task PPS uses alerts and secure messaging functionality.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical										



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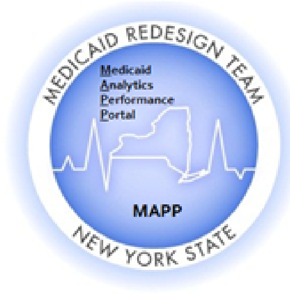
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
partners participating within the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	5	10
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.)										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.										
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs.										
Task Gather and document DSRIP and PPS population health										

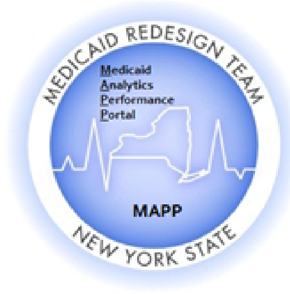


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
management requirements. These should also include input from participating safety net providers.										
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.										
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.										
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.										
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	63	126
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project,										

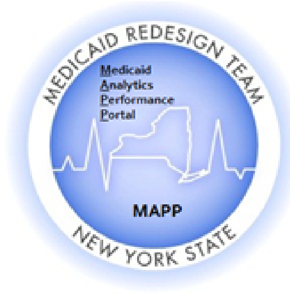


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
particularly with steps 2 to 7.										
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.										
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.										
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)										
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.										
Task Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.										
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.										
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc.										
Task Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps)										
Task Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is										

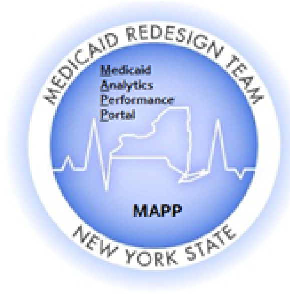


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
accurate.										
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.										
Task Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services.										
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.										
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.										
Task Complete and submit Meaningful Use Attestation with practice staff / providers.										
Task Complete and submit NCQA Applications.										
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										



New York State Department Of Health
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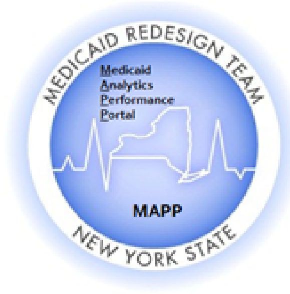
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Establish Value-Based Payment Workgroup (sub-group of Finance Committee), including provider representation.										
Task Develop and implement an education and communication strategy for PPS network on VBP concepts and frameworks and best practices. It is expected that there will be an on-going need for education & communication on VBP across the network.										
Task Conduct stakeholder engagement with PPS Providers.										
Task Conduct stakeholder engagement with MCOs.										
Task Conduct a VBP Baseline Assessment (Workgroup will develop the VBP assessment and evaluate the results of the assessment).										
Task Identify & prioritize potential opportunities and providers for VBP arrangements, based on results of the assessment.										
Task Create the VBP adoption plan (a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest), including steps/timeline for the priorities identified in the task above.										
Task Establish a mechanism for tracking progress on the plan; establish database for housing information on the various types of payment arrangements that are in place throughout the PPS.										
Task Execute on plan and monitor progress, ensure Providers are supported (e.g. consultants, other resources) to achieve plan.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Identify MCOs to partner with PPS, and engage in Committees as appropriate.										
Task Develop strategy to engage MCOs in monthly forums to discuss utilization, performance, and payment reform issues.										



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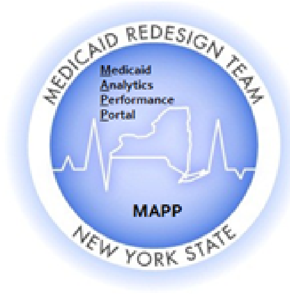
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Obtain legal counsel to ensure compliance with regulations throughout all payor engagement activities.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Research best practices on aligned provider compensation approaches.										
Task Establish Provider Compensation Alignment Workgroup (including providers).										
Task Develop a communications plan, focusing on the "provider-facing" communications.										
Task Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models.										
Task Evaluate existing compensation models / approaches; identify high priority areas for alignment.										
Task Workgroup develops a plan to transition provider compensation to align with patient outcomes.										
Task Plan is vetted with Providers, administrators, and others as appropriate.										
Task Implement plan and track progress.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										



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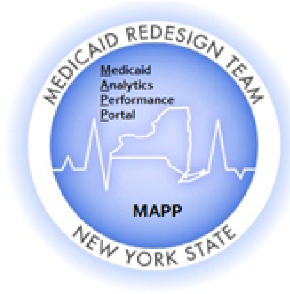
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3.										
Task Establish project management team and timelines associated with meeting project requirements for all participating partners.										
Task Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population.										
Task Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee.										
Task The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals.										
Task The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities.										
Task The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task										



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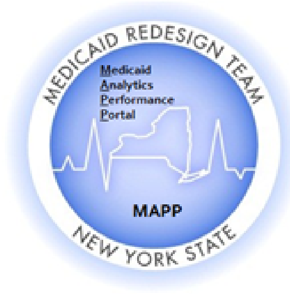
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Utilize Network Committee (to be established under Governance) to develop work plan.										
Task Define PPS administrative staffing plan, including identifying Network Management resources dedicated to managing and building an appropriate network.										
Task Analyze current state of network adequacy, taking into consideration the geographic distribution of Medicaid and uninsured populations, and their health needs, in relation to the set of providers that have signed a commitment letter to participate in the PPS.										
Task Establish a network development strategy (short & long-term) focusing on adding new providers and/or expanding capacity in underserved areas.										
Task Provide the Workforce Committee (to be established under Governance) with information on the Network Development. strategy, as it may be informative for the Workforce Development plans.										
Task Work with Community and Beneficiary Engagement Committee (to be established under Governance) to develop CBO inclusion/adequacy strategy.										
Task Develop list of target CBOs and define plan for ongoing engagement/inclusion.										
Task Work with Finance Committee to develop payer engagement strategy.										
Task Develop list of target payers and define plan for engagement in PPS activities.										
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.										
Task PPS produces a list of participating HHs and ACOs.										
Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS.										

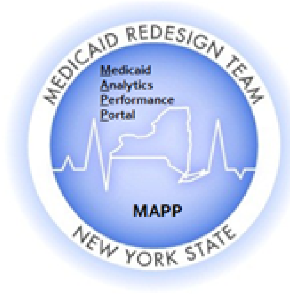


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task Evaluate existing population health management capabilities, including those of the Adirondack Region Medical Home Initiative, the AHI Health Home, and the Adirondacks ACO.										
Task Establish a collaborative planning process. Include Medical Home, ACO, and HH, decision-makers in the PPS HIT Workgroup; provide PPS representation to the Medical Home Governance Committee and the Adirondacks ACO Informatics Committee.										
Task Align the committees that govern technology plans and investments (including population health management systems) and those that govern clinical quality, patient and beneficiary engagement, where feasible. Alignment plan will take into consideration the governance requirements of the various legal entities.										
Task Incorporate Health Home outreach and care management capabilities in the appropriate project plans.										
Task Evaluate current state of measures alignment: prepare metrics crosswalk (ACO, Medical Home, HH, PPS).										
Task Work with the Clinical Quality Committees of the various entities (or a shared committee, if feasible), to establish a unified, regional quality dashboard and metrics set that is utilized by ACO, Medical Home, Health Home and PPS.										
Milestone #3 Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.										
Task Clinically Interoperable System is in place for all participating providers.										
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.										
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment										



New York State Department Of Health
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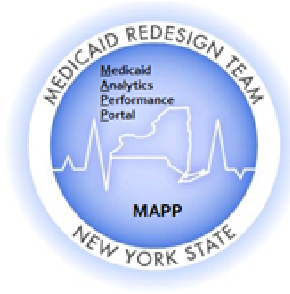
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task Utilize Clinical Quality Committee (to be established through Governance) to develop work plan. Clinical Quality Committee will include primary care, acute care, behavioral health, long-term care, public health and CBOs as appropriate. Clinical Quality Committee structure will be finalized, as required, by the end of DY1 Q3; following which the Committee will have one-quarter to create the work plan.										
Task Identify and prioritize the list of processes for which the PPS / IDS will seek to develop standardized protocols.										
Task Gather existing protocols from across participating organizations (PPS partners, ACO, Medical Home, etc.), as well as evidence on the effectiveness of such protocols, and determine which ones will be adopted by the Committee and thus become standardized across the region.										
Task Identify process and quality measures to track in alignment with protocols to be implemented.										
Task Develop timeline for adoption across region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Task Develop the tools/resources needed to support dissemination of protocols and guidelines that have been adopted, including summaries, flowcharts, memos, slides, and other communication tools.										
Task Establish method to track dissemination of protocols, and to monitor adherence to such protocols.										
Task Utilize PMO to perform tracking (to previous task) and supply information to Clinical Quality Committee on an on-going basis.										
Milestone #4 Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure										



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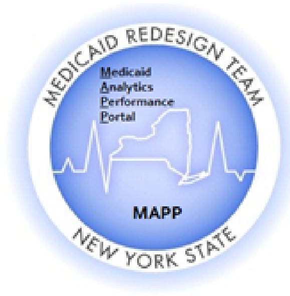
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	15	20	20	20	20	20	20	20	20	20
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	59	79	79	79	79	79	79	79	79	79
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	8	11	11	11	11	11	11	11	11	11
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	35	46	46	46	46	46	46	46	46	46
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	15	21	21	21	21	21	21	21	21	21
Task PPS uses alerts and secure messaging functionality.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in project requirements, Milestones #5 and #7 below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										



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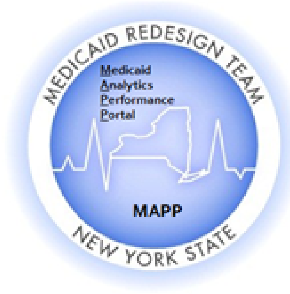
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	15	20	20	20	20	20	20	20	20	20
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in project requirement #7 below.)										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.										
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own health management (PHM) with the data within their own EHRs.										
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.										
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.										



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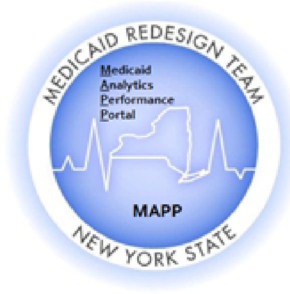
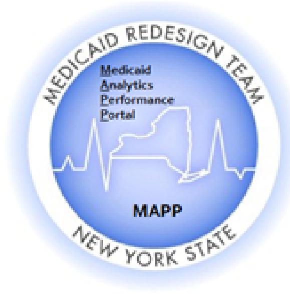
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.										
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.										
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers.										
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.										
Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.										
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards.	199	253	253	253	253	253	253	253	253	253
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task Secure local subject matter experts (NCQA Certification/Meaningful Use/ Practice Transformation) to provider services to support the PPS with this project, particularly with steps 2 to 7.										
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.										



Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.										
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)										
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.										
Task Establish and execute a communications plan to support Certification goals: key messages, audiences methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going bases through the end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.										
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.										
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc.										
Task Conduct EHR readiness assessment. (see Project Requirement/Milestone #5 steps)										
Task Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.										
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.										



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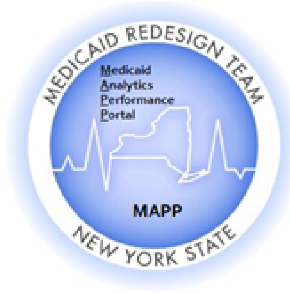
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Allocate, and mobilize resources to each practice to fill gaps noted in task above. [Validate the "current state" document with each practice; schedule meetings, review Policies and Procedures, gain more information to be confident that the current state assessment is accurate.] Includes AHI PPS internal resources & contracted services.										
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.										
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.										
Task Complete and submit Meaningful Use Attestation with practice staff / providers.										
Task Complete and submit NCQA Applications.										
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.										
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.										
Task Medicaid Managed Care contract(s) are in place that include value-based payments.										
Task Establish Value-Based Payment Workgroup (sub-group of Finance Committee), including provider representation.										
Task Develop and implement an education and communication strategy for PPS network on VBP concepts and frameworks and best practices. It is expected that there will be an on-going need for education & communication on VBP across the										



New York State Department Of Health
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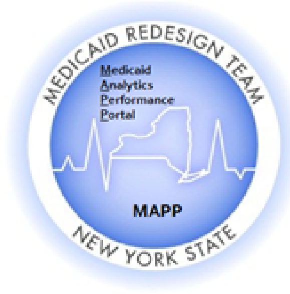
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
network.										
Task Conduct stakeholder engagement with PPS Providers.										
Task Conduct stakeholder engagement with MCOs.										
Task Conduct a VBP Baseline Assessment (Workgroup will develop the VBP assessment and evaluate the results of the assessment).										
Task Identify & prioritize potential opportunities and providers for VBP arrangements, based on results of the assessment.										
Task Create the VBP adoption plan (a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest), including steps/timeline for the priorities identified in the task above.										
Task Establish a mechanism for tracking progress on the plan; establish database for housing information on the various types of payment arrangements that are in place throughout the PPS.										
Task Execute on plan and monitor progress, ensure Providers are supported (e.g. consultants, other resources) to achieve plan.										
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.										
Task PPS holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.										
Task Identify MCOs to partner with PPS, and engage in Committees as appropriate.										
Task Develop strategy to engage MCOs in monthly forums to discuss utilization, performance, and payment reform issues.										
Task Obtain legal counsel to ensure compliance with regulations throughout all payor engagement activities.										
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.										



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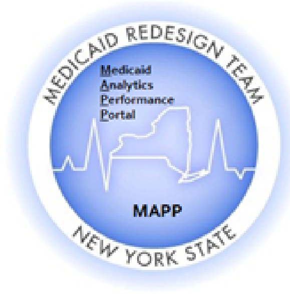
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation										
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.										
Task Research best practices on aligned provider compensation approaches.										
Task Establish Provider Compensation Alignment Workgroup (including providers).										
Task Develop a communications plan, focusing on the "provider-facing" communications.										
Task Identify one or more Provider Champions who will participate in the development and implementation of "provider communications strategies" to promote aligned compensation models.										
Task Evaluate existing compensation models / approaches; identify high priority areas for alignment.										
Task Workgroup develops a plan to transition provider compensation to align with patient outcomes.										
Task Plan is vetted with Providers, administrators, and others as appropriate.										
Task Implement plan and track progress.										
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.										
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task Research best practices on patient activation and engagement, continually review new literature, complete first research review by DY1 Q3.										
Task Establish project management team and timelines associated										



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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
with meeting project requirements for all participating partners.										
Task Utilize the 2.d.i Project Work Group to vet the practices and develop implementation plans that maximize the CBOs assets and ability to reach the target population.										
Task Establish method for tracking progress on the implementation plan, utilize PMO to monitor progress and provide reports to 2di team, and to Patient and Community Engagement Committee.										
Task The PPS will create a standard performance-based contract that compensates CBOs and providers for outreach and navigation services, including incentives for successfully meeting patient activation metrics/goals.										
Task The PPS will contract with CBOs and health care providers that already have an established, trusted relationship with the target population, to perform outreach and navigation activities.										
Task The 2.d.i Project Work Group will work closely with the PPS Workforce Committee to develop training for providers and CBOs in using the Patient Activation Measure (PAM) tool and cultural competency trainings, such as Bridges Out of Poverty.										

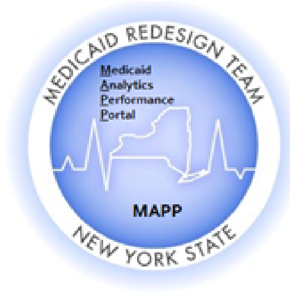
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy.	



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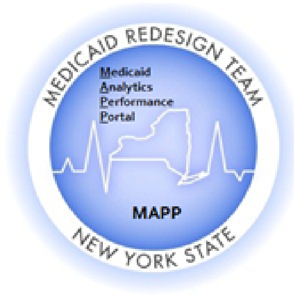
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	This process will initially include representation from participating practices that signed a commitment letter. The main purpose of this process is to gain commitments from each participating practice to achieve all of these project requirements. This includes getting a signed contract and/or MOU, the identification of a Physician Champion, and gaining commitment from each practice to participate in PPS-wide meetings, attend training sessions, and contribute toward the development, approval, and/or execution of a PPS-wide implementation work plan.
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	
Re-enforce the transition towards value-based payment reform by aligning provider compensation	



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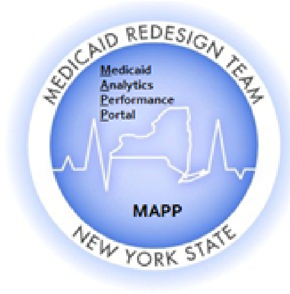
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
to patient outcomes.	
Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	

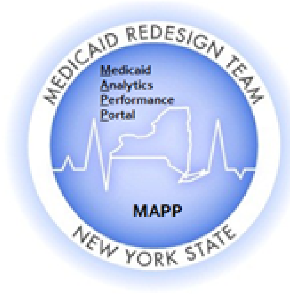


IPQR Module 2.a.i.4 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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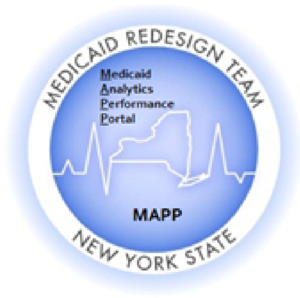
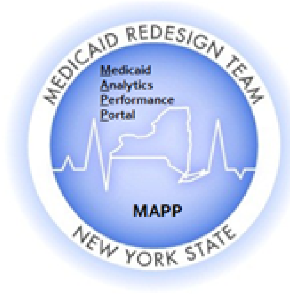
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



IPQR Module 2.a.i.5 - IA Monitoring

Instructions :



New York State Department Of Health
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Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.a.ii – Increase certification of primary care practitioners with PCMH certification and/or Advanced Primary Care Models (as developed under the NYS Health Innovation Plan (SHIP))

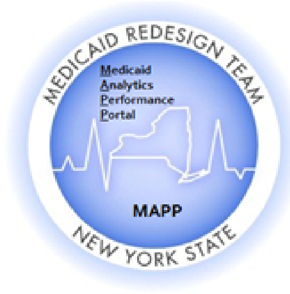
IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

The risks to the AHI PPS is dependency on EHR vendors and provider fatigue. Specifically:
• The PPS will need to account for working with a large number of different EHR vendors across the region to meet many of these requirements.
• To meet the PPS reporting requirements, practices within the Adirondack PPS will require various levels of support from vendors. Support will include, but not limited to, adopting new EHR systems, upgrades and/or reconfigurations to an existing EHR, and interface development to connect to Hixny and/or a Population Health Management solution.
• A number of health care providers are having increased demands on their time because of engagement in multiple ongoing initiatives that are available to PCPs in the region such as Medical Home, Adirondacks ACO, Payer specific programs, NCQA recognition, MU attestations, EHR upgrades, and others.
• The transition to ICD-10 and the Advanced Primary Care Model.
• Experience with the Medical Home has demonstrated that existing CCD-A/HL-7 standards provide an inconsistent framework for data exchange.
• Clinical data sharing needs for the PPS will likely exceed that which is covered by those standards.

To mitigate these risks, the PPS will:
• Leverage relationships with provider networks and the collective relationships with EHR vendors.
• Protect and leverage the investments made to launch the Adirondack Medical Home Program.
• Explore the feasibility of alternatives that may not be heavily dependent on EHR vendor resources and cooperation.
• Identify the collective challenges and collaborate with partners to leverage shared resources across the network to address them and alleviate concurrent pressures on providers.
• Deploy resources to assist practices remediate data gaps and issues.



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.ii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	253	0	0	0	0	0	0	0	0	63	126
Clinics	25	0	0	0	0	0	0	0	0	6	12
Total Committed Providers	**278**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**69**	**138**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**24.82**	**49.64**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	253	199	253	253	253	253	253	253	253	253	253
Clinics	25	18	25	25	25	25	25	25	25	25	25
Total Committed Providers	**278**	**217**	**278**	**278**	**278**	**278**	**278**	**278**	**278**	**278**	**278**
Percent Committed Providers(%)		**78.06**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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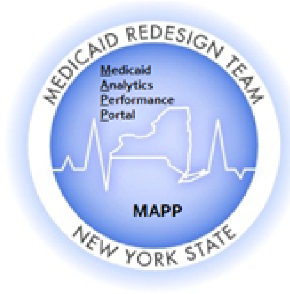

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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.ii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY3,Q4	74,941

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	50,000	52,500	55,000	57,500	60,000	62,500	65,000
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**66.72**	**70.06**	**73.39**	**76.73**	**80.06**	**83.40**	**86.73**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	70,000	74,941	0	65,000	0	74,941	0	0	0	0
Percent of Expected Patient Engagement(%)	**93.41**	**100.00**	**0.00**	**86.73**	**0.00**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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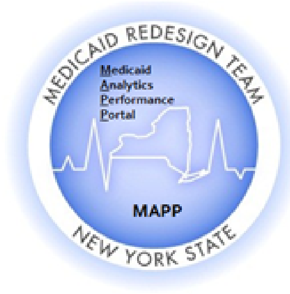

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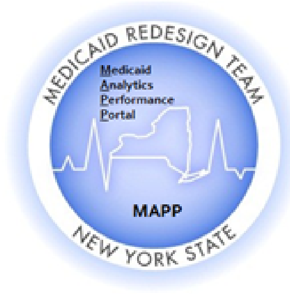
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.ii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going basis through the end of the Target Completion Date.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



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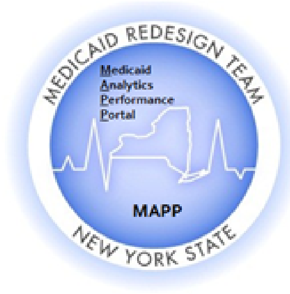
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.							
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc...	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.)	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.	Project		In Progress	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Complete and submit Meaningful Use Attestation with practice staff / providers.	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Complete and submit NCQA Applications.	Project		In Progress	01/01/2017	06/30/2017	06/30/2017	DY3 Q1
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4



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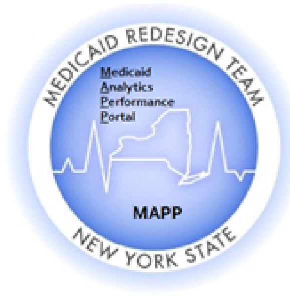
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3 Certification to document completion of the requirement.							
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	Provider	Primary Care Physicians	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinators are identified for each primary care site.	Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



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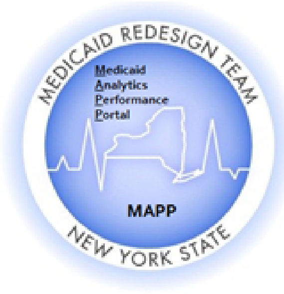
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.)							
Task Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)	Project		In Progress	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.)	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.)	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.)	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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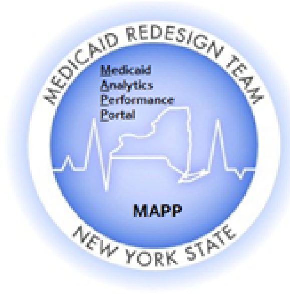
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.	Project		In Progress	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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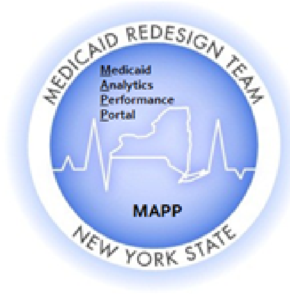
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers...	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	Project	N/A	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task	Provider	Primary Care Physicians	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3



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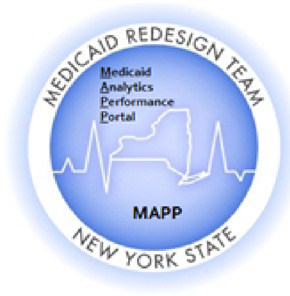
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.							
Task Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.)	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Develop a plan and proposed timeline in which training may be offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.)	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Deliver Training and Education to practice staff to address needs/gaps.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	Provider	Primary Care Physicians	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Protocols and processes for referral to appropriate services are in place.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



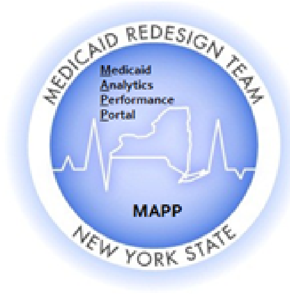
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes.							
Task Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement open access scheduling in all primary care practices.	Project	N/A	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Primary Care Physicians	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Primary Care Physicians	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task PPS monitors and decreases no-show rate by at least 15%.	Provider	Primary Care Physicians	In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task Validate that all participating practices have implemented open access scheduling.	Project		In Progress	01/01/2016	12/31/2017	12/31/2017	DY3 Q3

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	63	126



New York State Department Of Health
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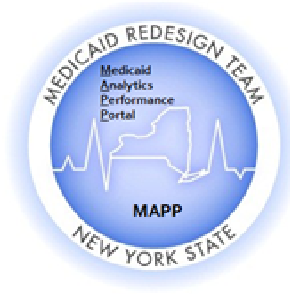
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks.										
Task Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.										
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.										
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)										
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.										
Task Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.										
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.										
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc...										
Task Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.)										



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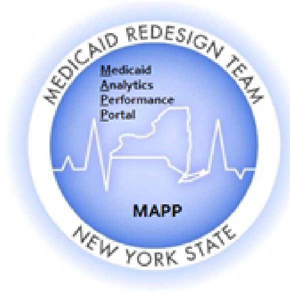
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate.										
Task Perform a gap analysis assessment for participating practices between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.										
Task Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services.										
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.										
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.										
Task Complete and submit Meaningful Use Attestation with practice staff / providers.										
Task Complete and submit NCQA Applications.										
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	0	0	0	0	0	0	0	0	0	0



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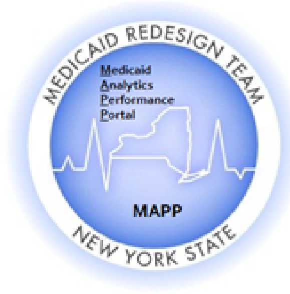
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)										
Task In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.										
Task Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)										
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	0	0	0	0	0	0	0	0	0	0
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	0	0	0	0	0	0	0	0	0	0
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										
Task As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.)										
Task Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of										



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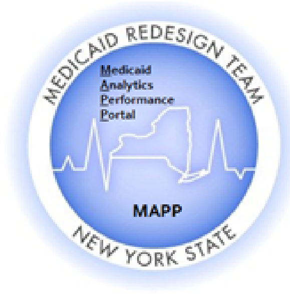
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)										
Task Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.)										
Task Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.)										
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	5	10
Task PPS uses alerts and secure messaging functionality.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										



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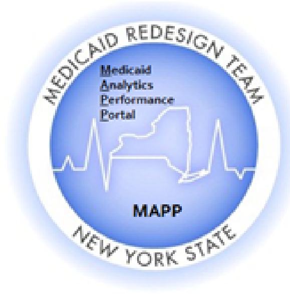
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	5	10
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.										
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs.										



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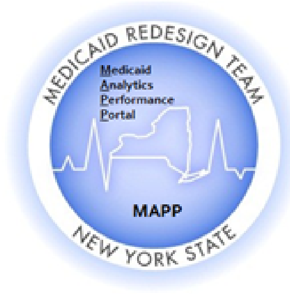
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.										
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.										
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.										
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.										
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers...										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	0	0	0	0	0	0	0	0	63	126
Task Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.)										
Task Develop a plan and proposed timeline in which training may be										



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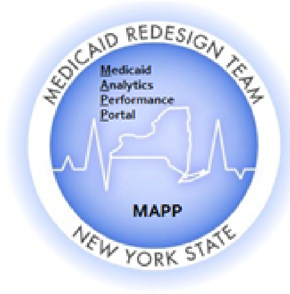
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.)										
Task Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training.										
Task Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program.										
Task Deliver Training and Education to practice staff to address needs/gaps.										
Task Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date.										
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	0	0	0	0	0	0	0	0	63	126
Task Protocols and processes for referral to appropriate services are in place.										
Task As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols.										
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes.										



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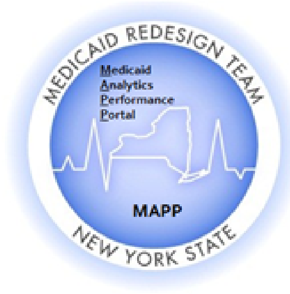
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner.										
Milestone #9 Implement open access scheduling in all primary care practices.										
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	63	126
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	0	0	0	0	0	0	63	126
Task PPS monitors and decreases no-show rate by at least 15%.	0	0	0	0	0	0	0	0	63	126
Task As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling.										
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement.										
Task Validate that all participating practices have implemented open access scheduling.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	199	253	253	253	253	253	253	253	253	253
Task Secure local subject matter experts (NCQA Certification / Meaningful Use / Practice Transformation) to provide services to support the PPS with this project, particularly with the next 6 tasks.										
Task										



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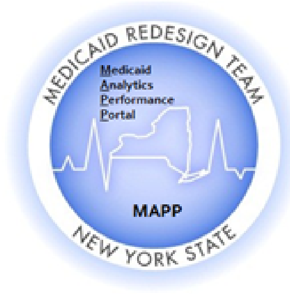
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Gain commitments from each participating practice, including a signed contract and/or MOU, and the identification of a Physician Champion.										
Task Establish a PPS-wide detailed work plan and timeline that culminates with all participating PCPs meeting all requirements by the end of DY3, Q4.										
Task Identify and engage existing resources to provide services to support practices in meeting project requirements. (This will include contracting with PMO/PCMH/MU Consultants.)										
Task Hire experienced Practice Transformation Coach(es) and Project Manager to support the project.										
Task Establish and execute a communications plan to support Certification goals: key messages, audiences, methods of communication, timeline. Ensure resource are in place to execute Communications plan - coordinate with Communications & PMO. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Create individual work plans, tailored to the needs of each participating practice. Present plans to practices; gain buy-in. Plan includes the required steps and level of effort on behalf of the practices to achieve the PCMH and MU certifications.										
Task Gain buy-in from practice staff to be assigned ownership of tasks within the implementation plan and to contribute toward the project goals.										
Task Conduct initial practice assessments of all required participating practices; document the "current state" - include workflow, resources, etc...										
Task Conduct EHR readiness assessment. (Refer to tasks outlined under Milestone #5.)										
Task Validate the "current state" document with each practice; schedule meetings, review Policies & Procedures, gain more information to be confident that the current state assessment is accurate.										
Task Perform a gap analysis assessment for participating practices										



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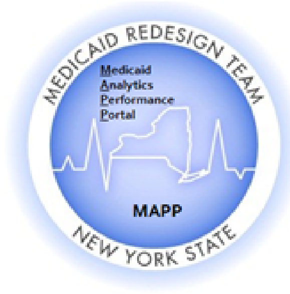
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
between current state of each practice and requirements to achieve 2014 Level 3 PCMH recognition and to meet MU standards.										
Task Allocate, and mobilize resources to each practice to fill gaps noted in the task above. Includes AHI PPS internal resources & contracted services.										
Task Deliver Training and Education to practice staff to address needs/gaps. Identify and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Target Completion Date.										
Task Include EHR Vendor in the practice transformation plan where needed; provide overall project management support for the practice to help them manage the vendor to achieve any vendor steps in the plan, such as required upgrades.										
Task Conduct chart reviews and create NCQA documentation necessary for the application. Provide feedback, remediation, as needed.										
Task Complete and submit Meaningful Use Attestation with practice staff / providers.										
Task Complete and submit NCQA Applications.										
Task Obtain copies of the Meaningful Use Certification and of the NCQA 2014 Level 3 Certification to document completion of the requirement.										
Milestone #2 Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.										
Task PPS has identified physician champion with experience implementing PCMHs/ACPMs.	0	253	253	253	253	253	253	253	253	253
Task As part of a PPS-wide collaborative planning process, the PPS will schedule and/or coordinate activities with all participating practices to meet this requirement. (This may coincide with the scheduling of the practice assessment.)										
Task In the event that a practice does not have a physician with the knowledge of PCMH/APCM, the PPS will develop a plan for										



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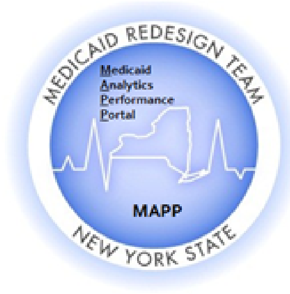
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
these practices that includes the review of the PCMH 2014 Level 3 standards and requirements.										
Task Draft a physician champion contact list and/or formally announce the list of physician champions throughout the PPS. These physician champions will have the knowledge of PCMH/APCM implementation and represent their respective participating primary care practices within the PPS. (This responsibility may be shared or transferred among multiple physicians within a practice.)										
Milestone #3 Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.										
Task Care coordinators are identified for each primary care site.	0	253	253	253	253	253	253	253	253	253
Task Care coordinator identified, site-specific role established as well as inter-location coordination responsibilities.	0	253	253	253	253	253	253	253	253	253
Task Clinical Interoperability System in place for all participating providers and document usage by the identified care coordinators.										
Task As part of a PPS-wide collaborative planning process, the PPS will begin to coordinate activities with all participating practices that will include the identification of care coordinators at each of the participating primary care practices within the PPS. (This may also coincide with the practice assessment as we examine the workflows within each practice.)										
Task Begin to outline a plan to address the issue of when a practice does not have the staff or resources internally to meet this requirement. As part of this plan, the PPS will explore opportunities for collaboration with other PPS participating organizations to provide onsite care coordination services for a practice. (There are PPS participants that are also members of the AHI Health Home. These organizations may be able to provide care management and/or coordination services onsite at primary care practices.)										
Task Draft an initial PPS Care Coordinator contact list that includes care coordinators assigned to each participating practice in the PPS. (This responsibility may be shared or transferred among multiple care coordinators within a practice.)										

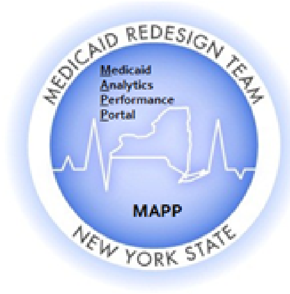


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Validate that the responsibilities of these care coordinators include care connectivity, internally, as well as connectivity to care managers at other primary care practices. (These care coordination activities will be provided on an on-going basis through the end of the Target Completion Date, and perhaps beyond for sustainability purposes.)										
Milestone #4 Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	15	20	20	20	20	20	20	20	20	20
Task PPS uses alerts and secure messaging functionality.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used by participating safety net providers within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in Milestones #5 and #7 below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										

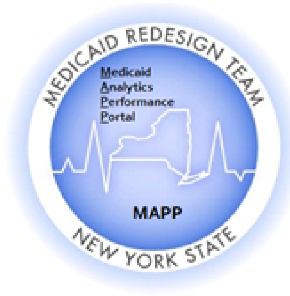


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	15	20	20	20	20	20	20	20	20	20
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Milestone #7 below.)										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Identify participating safety net providers that are actively using EHRs and other IT platforms.										
Task Examine the population health management (PHM) functionality being used by any of our PPS partners. Some of the PPS partners may be performing their own population health management (PHM) with the data within their own EHRs.										
Task Gather and document DSRIP and PPS population health management requirements. These should also include input from participating safety net providers.										
Task Perform a PHM vendor scan to identify available functionality of population health management tools/solutions that could contribute toward satisfying this PPS requirement.										

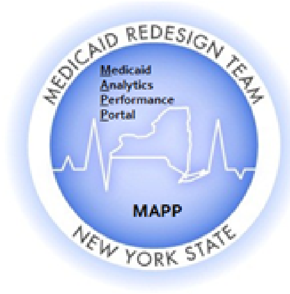


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Outline the plan and/or mechanism by which the PPS will utilize the data from the EHRs to perform population health management for all participating safety net providers. (Inclusive of functionality being developed by the state via the MAPP and Salient platforms.)										
Task Align the above mentioned steps within the PPS's population health management road map that is being developed. Refer to the Population Health Management work stream section.										
Task Begin to follow this PHM roadmap as part of the over-arching implementation plan of the PPS to achieve this project requirement.										
Task Validate that the PPS is performing population health management by actively using EHRs and/or other IT platform, including use of targeted patient registries, for all participating safety net providers...										
Milestone #7 Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.										
Task Practice has adopted preventive and chronic care protocols aligned with national guidelines.										
Task Project staff are trained on policies and procedures specific to evidence-based preventive and chronic disease management.	199	253	253	253	253	253	253	253	253	253
Task Begin to coordinate efforts with each practice to identify training needs of all staff that are specific to PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management. (This task will begin and coincide with the practice assessments.)										
Task Develop a plan and proposed timeline in which training may be offered. Practices may register their staff to receive training. (This training may be done regionally and/or conducted onsite at a practice.)										
Task Identify resources and Subject Matter Experts (SMEs) to develop the training curriculum, prepare the materials and conduct the required training.										

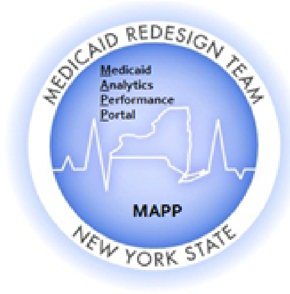


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Review and compile existing training materials on PCMH, evidence-based preventive and chronic disease management from the Adirondack Medical Home program. Leverage lessons learned from this program.										
Task Deliver Training and Education to practice staff to address needs/gaps.										
Task Develop method to evaluate the quality of the Training and Education provided to practice staff. Continue to identify needs/gaps, and share best practices with PCP's. These activities will be provided on an on-going basis through the end of the Targeted Completion Date.										
Milestone #8 Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.										
Task Preventive care screenings implemented among participating PCPs, including behavioral health screenings (PHQ-2 or 9, SBIRT).	199	253	253	253	253	253	253	253	253	253
Task Protocols and processes for referral to appropriate services are in place.										
Task As part of the practice assessment, the PPS will evaluate workflows and identify the practices that are not using these screening protocols.										
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices have these screenings intact. Identify any required EHR upgrades that may be necessary for tracking & reporting purposes.										
Task Validate that all participating practices have implemented these screenings included within their workflow and that a referral process is in place to assure referral to appropriate care in a timely manner.										
Milestone #9 Implement open access scheduling in all primary care practices.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	199	253	253	253	253	253	253	253	253	253
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	199	253	253	253	253	253	253	253	253	253
Task PPS monitors and decreases no-show rate by at least 15%.	199	253	253	253	253	253	253	253	253	253
Task As part of the practice assessment, the PPS will evaluate each practice and their ability to implement open access scheduling.										
Task Based on the practice and/or EHR readiness assessments, the PPS will begin to coordinate efforts with each practice to develop a plan to ensure that all practices will meet this project requirement.										
Task Validate that all participating practices have implemented open access scheduling.										

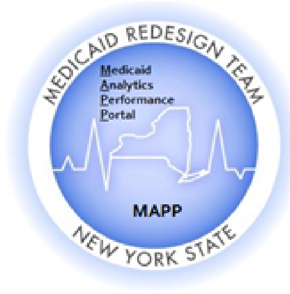
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all participating PCPs in the PPS meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	This process will initially include representation from participating practices that signed a commitment letter. The main purpose of this process is to gain commitments from each participating practice to achieve all of these project requirements. This includes getting a signed contract and/or MOU, the identification of a Physician Champion, and gaining commitment from each practice to participate in PPS-wide meetings, attend training sessions, and contribute toward the development, approval, and/or execution of a PPS-wide implementation work plan.
Identify a physician champion with knowledge of PCMH/APCM implementation for each primary care practice included in the project.	
Identify care coordinators at each primary care site who are responsible for care connectivity, internally, as well as connectivity to care managers at other primary care practices.	



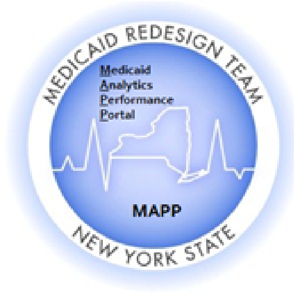
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Ensure that all staff are trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.	
Implement preventive care screening protocols including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) for all patients to identify unmet needs. A process is developed for assuring referral to appropriate care in a timely manner.	
Implement open access scheduling in all primary care practices.	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.ii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

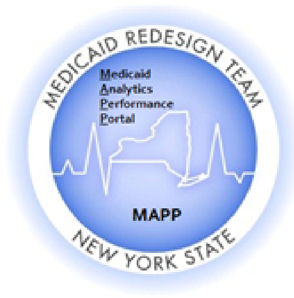
Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found



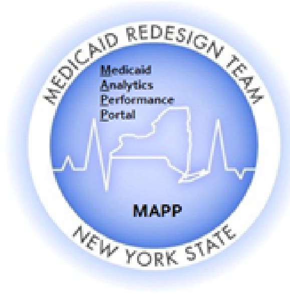
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.ii.6 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project 2.a.iv – Create a medical village using existing hospital infrastructure

IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

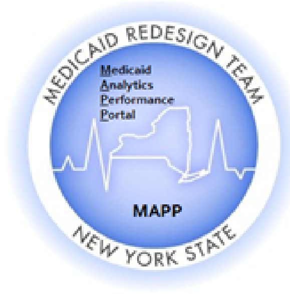
Risk: Recruiting, hiring, and training staff in new service at medical village.
Potential impact to the timeline: Shortage of qualified professionals could slow down starting a service or building capacity within the service to handle patient volume.
Mitigation Strategy: Engage workforce committees to assist with staffing needs.

Risk: Four different hospitals are planning four different medical villages, with different implementation needs.
Potential impact to the timeline: Staying on a universal time schedule may be difficult.
Mitigation Strategy: Strong project management support and internal hospital oversight will be needed to keep projects to their timelines.

Risk: Lack of community awareness of new services available at the medical village.
Potential impact to the timeline: If the community is unaware of a program it will most likely be underutilized and impact how many patients are served.
Mitigation Strategy: A media/publicity component will need to be part of the project planning and implementations to ensure the most amount of people hear about the services made available.

Risk: Shortage of internal resources.
Potential impact to the timeline: Lack of enough staff to work on new programing/service array can slow progress.
Mitigation Strategy: Hospitals will need to consider hiring additional staff to work solely on the project, or need to reassign certain routine tasks so existing staff can devote enough time to the new project.

Risk: Bed reductions at hospital locations causing issues with space to put critically ill patients.
Potential impact to the timeline: If critically ill patients entire health service needs are not addressed bed reduction timelines will be delayed as the beds will still be needed.
Mitigation Strategy: Properly managing the bed reduction process is important, however the plan to address critically ill patients' entire health service array will be crucial to avoid unneeded hospitalizations.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.iv.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected Number of Medical Villages Established	4	0	0	0	0	0	0	0	0	0	1
Total Committed Providers	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**25.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected Number of Medical Villages Established	4	1	2	3	4	4	4	4	4	4	4
Total Committed Providers	**4**	**1**	**2**	**3**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		**25.00**	**50.00**	**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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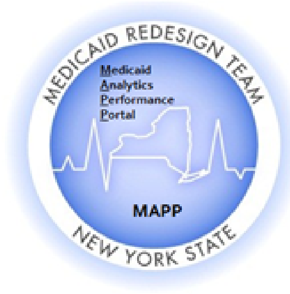

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.a.iv.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	4,969

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	0	0	0	0	500
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**10.06**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	1,000	1,500	2,000	2,500	3,500	4,969	4,969	4,969	4,969	4,969
Percent of Expected Patient Engagement(%)	**20.12**	**30.19**	**40.25**	**50.31**	**70.44**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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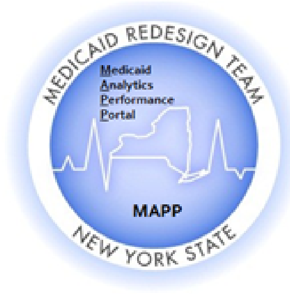
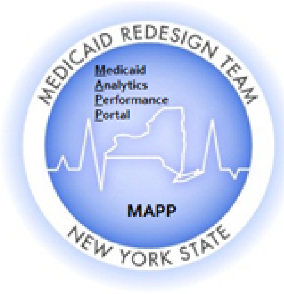


IPQR Module 2.a.iv.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Project	N/A	In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.)	Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete plan.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Medical Village plans are coordinated with Workforce, and needs for	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

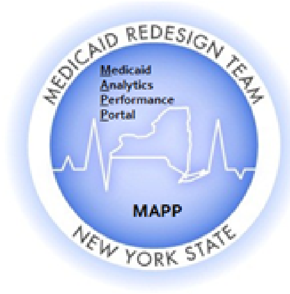


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
recruitment/re-training are incorporated into Workforce development activities as needed.							
Task Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process.	Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Project	N/A	In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Applications are made for CON for Bed Reduction.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish process for tracking bed reduction and securing documentation from each Medical Village lead.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Ensure that primary care providers involved in Medical Village projects are also part of Project 2aii Project Team.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aii.	Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Primary Care	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

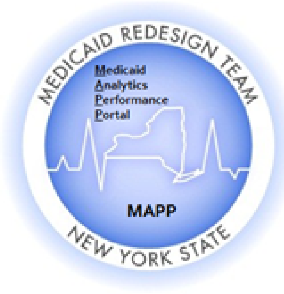


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Physicians					
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.)	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.	Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Train staff on alerts and secure messaging.	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Translate actively engaged definition into operational terms--incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify target population	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2

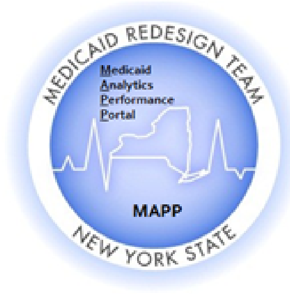


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below).	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Ensure that services which migrate to a different setting or location (clinic,	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



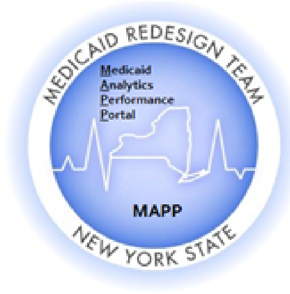
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
hospitals, etc.) are supported by the comprehensive community needs assessment.							
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1).	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.										
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.										
Task Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.)										

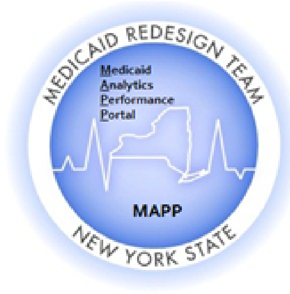


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed.										
Task MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete plan.										
Task Medical Village plans are coordinated with Workforce, and needs for recruitment/re-training are incorporated into Workforce development activities as needed.										
Task Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process.										
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.										
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.										
Task Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline.										
Task Applications are made for CON for Bed Reduction.										
Task Establish process for tracking bed reduction and securing documentation from each Medical Village lead.										
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task Ensure that primary care providers involved in Medical Village										

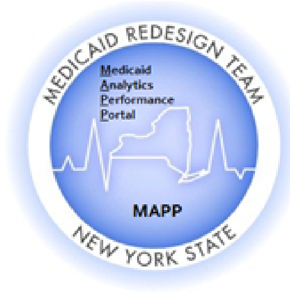


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
projects are also part of Project 2aii Project Team.										
Task PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aii.										
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	1	2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										

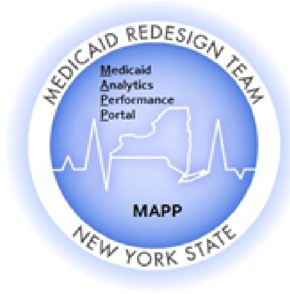


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Train staff on alerts and secure messaging.										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms--incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Identify target population										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										



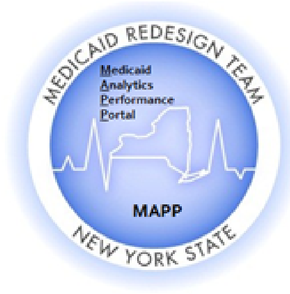
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below).										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.										
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).										
Task Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1).										
Task Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.										
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.										
Task Establish Medical Village Project Team, including leaders of each Medical Village project and assign project management support from PMO; ensure PPS leadership is involved in Team meetings when needed (e.g., CFO, CIO, etc.)										
Task Medical Village partners receive notice of CRFP awards. If awards are not sufficient, MV Project Leads explore all possible avenues for mitigation (including changes to scope/scale, other funding sources). Leads evaluate the feasibility of continuation, and make presentations to the PPS Governing bodies if needed.										
Task MV plan for each Medical Village is finalized, PMO provides Medical Village Project Leads with resources needed to complete plan.										
Task Medical Village plans are coordinated with Workforce, and needs for recruitment/re-training are incorporated into Workforce development activities as needed.										
Task Educate the PPSs hospital partners on the Medical Village opportunity, identify potential Medical Village projects, and elicit "medical village concept" papers from each; ensure all MV hospitals apply for Capital via the CRFP process.										
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.										
Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.										
Task Medical Village Project Leads (with PMO support as needed), obtain approvals from their hospital administration/governance for the plan and timeline.										
Task Applications are made for CON for Bed Reduction.										
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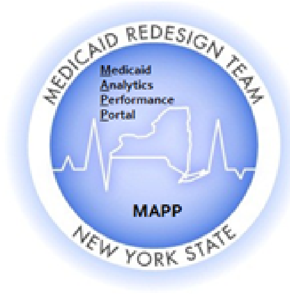
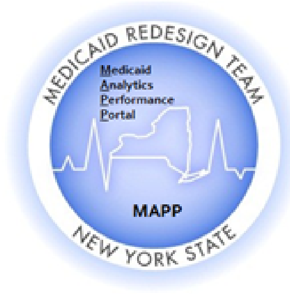


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task Ensure that primary care providers involved in Medical Village projects are also part of Project 2aii Project Team.										
Task PMO provides Project 2aiv Manager & leaders with status/progress reports for Project 2aii.										
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	3	5	5	5	5	5	5	5	5	5
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	1	2	4	4	4	4	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	1	3	5	5	5	5	5	5	5
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up. (Overlap with PCMH and MU requirements and plan addressed in question below.)										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										

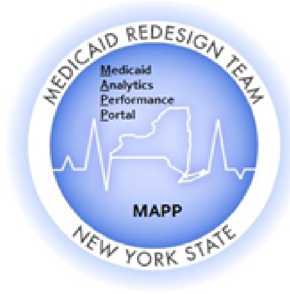


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Task Train staff on alerts and secure messaging.										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms--incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Identify target population										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #6 Ensure that EHR systems used in Medical Villages meet										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

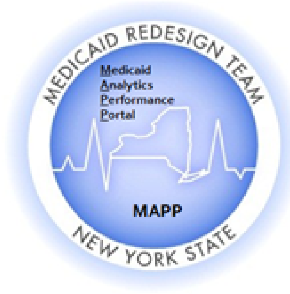
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Meaningful Use Stage 2										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task Identify all of the EHR systems being used by participating safety net providers within the PPS.										
Task Develop an implementation plan that ensures that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3. (Overlaps with PCMH and MU steps that are outlined in more detail in Question 7 below).										
Task Validate that all EHR systems being used by safety net providers within the PPS meet MU and PCMH Level 3 standards by the end of Demonstration Year 3.										
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.										
Task Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).										
Task Provide the Medical Village Project Team with CHNA to inform development of their plans (prepared under Requirement #1).										
Task Review the plan (developed under Requirement #1), and ensure there is a clear justification, tied to CHNA, for the establishment of the selected services in the Medical Village. Document as to why these services can mitigate per evidence by CAN.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found



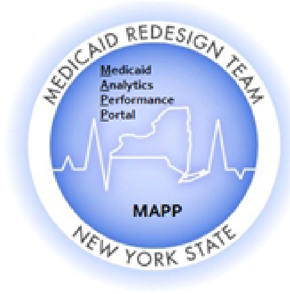
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	This document constitutes AHI's response to two questions, received by e-mail from Jen Mane (Account Support Team – PCG) on September 16th 2015. Question 1: How will this DSRIP Medical Village project expand upon the efforts at the Moses Ludington Hospital that were in process prior to DSRIP? Response Prior to DSRIP: • Inter-Lakes Health, parent of Moses Ludington Hospital (MLH), faced overwhelming instability primarily due to financial insecurity. • Leadership determined that significant restructuring, including the provision of enhanced outpatient services, was necessary to achieve financially sustainability. • Inter-Lakes Board of Directors engaged the University of Vermont Medical Center (UVMC) and Community Providers, Inc. (CPI) for consultation and guidance to identify options to preserve community access to health care services. • CPI, parent of ECH and CVPH, offered administrative services and counsel to the distressed organization. During the DSRIP Planning Grant Period: • MLH and ECH leadership continued discussions, and a plan was developed that specifically tied to the DSRIP Community Health Needs Assessment. • The plan is that MLH will cease to exist and will become part of the University of Vermont Health Network Elizabethtown Community Hospital (ECH). Patients requiring inpatient admission will be sent to ECH. The result includes decertification of the 15 inpatient beds currently at MLH, and a request for 5 observation beds. • The reconfiguration of the campus includes providing primary and specialty care services, a free-standing emergency care center (ECC), lab, radiology, physical therapy, and pharmacy. A pad will need to be constructed for mobile imaging services, such as MRI, in order to provide enhanced and more accessible outpatient services. In addition, the plan includes co-located primary care services (supplied by Hudson Headwaters Health Network), improving primary care access to patients currently presenting to the ECC for primary care visits. • The remaining visits in the ECC will be of a greater intensity and require the renovation of the existing ECC space. In summary, the need for reconfiguration was identified in advance of DSRIP. The specifics of the reconfiguration plan were developed during the DSRIP planning period, and were driven by the Community Health Needs Assessment. Importantly, DSRIP is seen as the vehicle by which the reconfiguration plan can be realized. Question 2 How will the existing in-patient capacity at Adirondack Medical Center be taken offline and converted to non-in-patient detoxification services? It appears that the plan is to repurpose traditional in-patient hospital beds to in-patient detox beds, which would not fulfill the requirement of Project 2.a.iv to take the in-patient capacity offline Response Adirondack Medical Center (AMC) has committed to fully certifying 5 beds. The Medical Village at AMC includes a Medically Supervised Withdrawal Center (established in partnership with St. Joseph's Addiction Treatment and Recovery Center). The Center will include provision of inpatient and outpatient services that are needed to care for patients throughout the recovery period. Some space will be needed for inpatient detox beds, additional space will be utilized for outpatient services. In addition to the Medically Supervised Withdrawal Center, the AMC Medical Village includes a new Renal Center and the expansion of outpatient infusion/oncology services.
Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	



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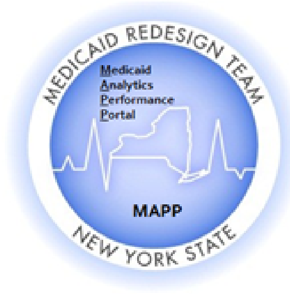
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	The AHI PPS has selected Project 2aii, therefore, the detailed steps to achieve this requirement can be found on the 2aii Implementation Plan.
Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	This requirement is identical to Requirement #4 for Project 2ai, Create an IDS. Since the Medical Village partners are all required to be part of the IDS, this step is managed under 2ai. The steps are copied here fro your reference.
Use EHRs and other technical platforms to track all patients engaged in the project.	This requirement applies to all projects. The steps shown below are the same for each project. The timeline is unique to the speed commitment of this specific project, and the partners involved will vary by project.
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	This Requirement overlaps with Requirement #5 for Project 2ai, Create an IDS. Since the Medical Village partners are all required to be part of the IDS, this step is managed under 2ai. The steps are copied here for our reference.
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	



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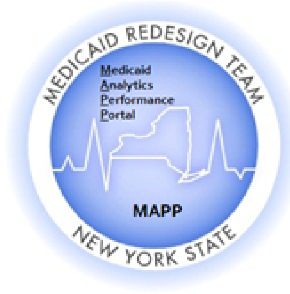
IPQR Module 2.a.iv.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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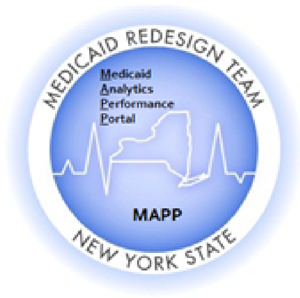
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



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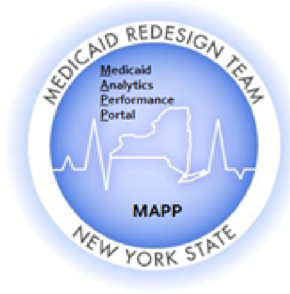
IPQR Module 2.a.iv.6 - IA Monitoring

Instructions :



Project 2.b.viii – Hospital-Home Care Collaboration Solutions

IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Coordinating and managing the various initiatives, programs, and resources that are available to patients.

Potential impact to the timeline: If patients and providers are overwhelmed and ill equipped to quickly identify the correct resources needed this could delay servicing additional patients and slow down the implementation.

Mitigation strategy: Create a resource guide and train staff on content. Staff can then educate/inform patients of available options; this will allow for expedited decision making.

Risk: Data acquired can be difficult to utilize due to disparate reporting requirements.

Potential impact to the timeline: Dissimilar data can make quality reporting and utilization for universal improvements difficult and thus slow down the improvement process.

Mitigation strategy: Use of common PHM platforms and standardized EHRs will make collecting, reporting, and utilizing data more efficient.

Risk: Inability to share/acquire health information in real time.

Potential impact to the timeline: Lack of immediate communication leads to prolonged wait for medical intervention and illness progression.

Mitigation strategy: Mobile technologies will be utilized to facilitate timely and accurate documentation and information sharing.

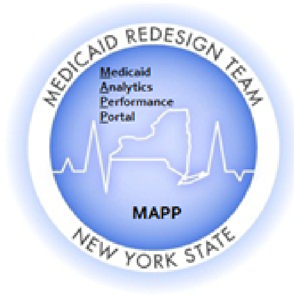
Risk: Provider shortages.

Potential impact to the timeline: Already overwhelmed providers may resist implementing change due to time and workload restraints.

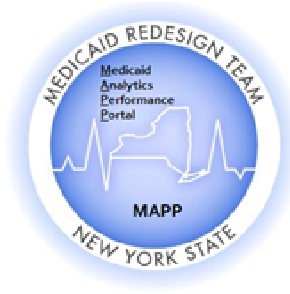
Mitigation strategy: Implement strategies to address workforce and workflow in regard to provider/patient ratios.

Risk: The lack of a common identification/stratification methodology across the region.

Potential impact to the timeline: Lack of common methodology means having to train staff on multiple models and this is inefficient and reduces productive work time.



Mitigation strategy: Having a regional group meet to address common methodologies will address this risk.



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.b.viii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Home Care Facilities	15	0	0	0	0	0	0	0	0	4	7
Total Committed Providers	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**7**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**26.67**	**46.67**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Home Care Facilities	15	11	15	15	15	15	15	15	15	15	15
Total Committed Providers	**15**	**11**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**	**15**
Percent Committed Providers(%)		**73.33**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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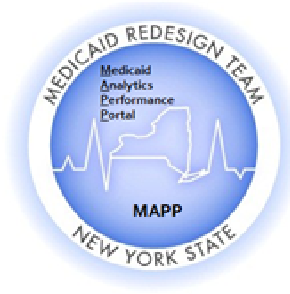

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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.b.viii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	Expected Patient Engagement
DY4,Q4	7,535

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	1,097	1,920	2,743	1,308	2,616
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**14.56**	**25.48**	**36.40**	**17.36**	**34.72**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	3,925	5,233	1,884	3,767	5,651	7,535	7,535	7,535	7,535	7,535
Percent of Expected Patient Engagement(%)	**52.09**	**69.45**	**25.00**	**49.99**	**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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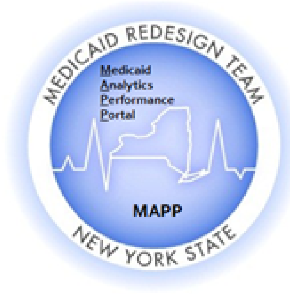

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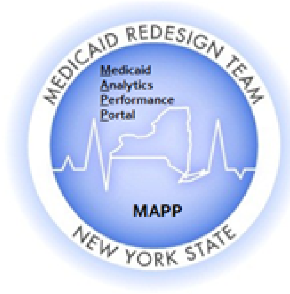
IPQR Module 2.b.viii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	Project	N/A	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Assess current workforce and identify available, appropriate staff and the need for recruitment.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Create protocol and procedure guidelines to address best practices regarding patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	Project	N/A	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	Provider	Home Care Facilities	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2



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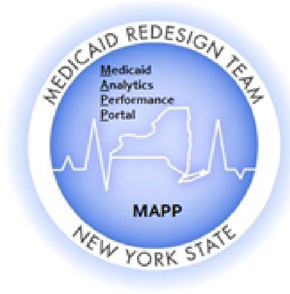
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Evidence-based guidelines for chronic-condition management implemented.	Project		In Progress	10/01/2015	06/20/2016	06/30/2016	DY2 Q1
Task In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Deliver training sessions.	Project		In Progress	04/01/2016	09/20/2016	09/30/2016	DY2 Q2
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Clinical Quality Committee adopts eligibility and services guidelines.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	Project	N/A	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed and implemented interventions aimed at avoiding eventual	Provider	Safety Net Hospitals	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2



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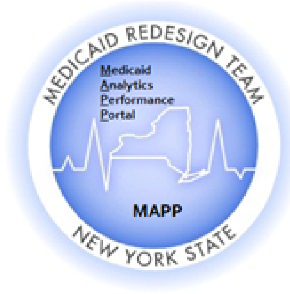
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.							
Task In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.	Project	N/A	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	Provider	Home Care Facilities	In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	Project	N/A	In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinate the development of Advance Care Planning tools with Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance care planning. Include guidelines currently in use with PPS partners, and research best practices.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines / protocols, makes recommendation to Clinical Quality Committee for adoption.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Clinical Quality Committee adopts eligibility and services guidelines.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1



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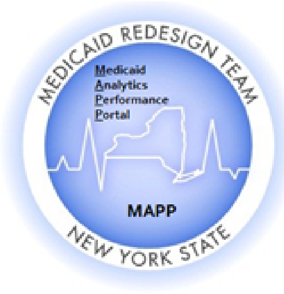
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.							
Milestone #6 Create coaching program to facilitate and support implementation.	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	Provider	Home Care Facilities	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.	Project	N/A	In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Patients and families educated and involved in planning of care using INTERACT-like principles.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or materials.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	Project	N/A	In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task All relevant services (physical, behavioral, pharmacological) integrated into	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1

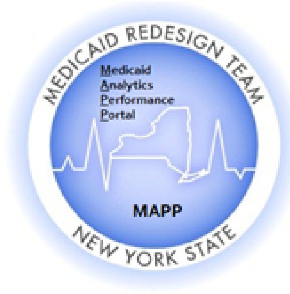


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
care and medication management model.							
Task While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, pharmacological) in the model.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of infrastructure.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?)	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors.	Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Establish method for evaluating telehealth program.	Project		In Progress	09/30/2016	12/31/2016	12/31/2016	DY2 Q3
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

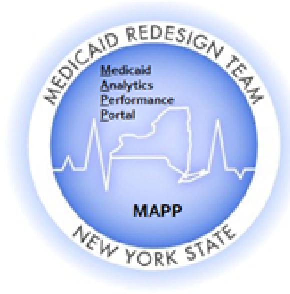


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1



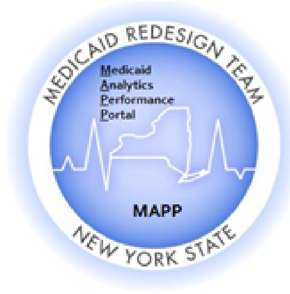
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.										
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services										
Task Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams.										
Task Assess current workforce and identify available, appropriate staff and the need for recruitment.										
Task Create protocol and procedure guidelines to address best practices regarding patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge.										
Task Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge.										
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care										



New York State Department Of Health
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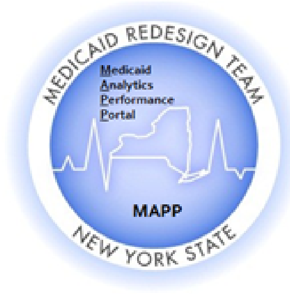
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
management.										
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	0	0	0	0	0	0	0	0	4	7
Task Evidence-based guidelines for chronic-condition management implemented.										
Task In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs.										
Task Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs.										
Task Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc.										
Task Deliver training sessions.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices.										
Task Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.										
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										

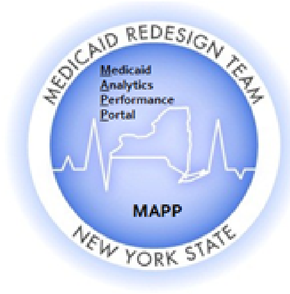


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	0	0	0	0	3	9	9	9	9	9
Task In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention.										
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.										
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	0	0	0	0	7	15	15	15	15	15
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Coordinate the development of Advance Care Planning tools with Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance care planning. Include guidelines currently in use with PPS partners, and research best practices.										
Task Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines /										



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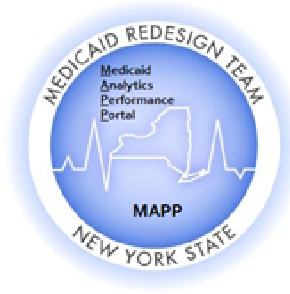
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
protocols, makes recommendation to Clinical Quality Committee for adoption.										
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	0	0	0	0	4	7	11	15	15	15
Task Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles.										
Task Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions.										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT-like principles.										
Task Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology.										
Task Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model.										
Task Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or										



New York State Department Of Health
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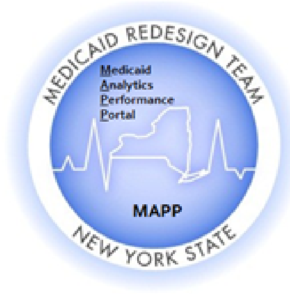
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
materials.										
Task Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5.										
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.										
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.										
Task While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, pharmacological) in the model.										
Task Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care.										
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.										
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.										
Task Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of infrastructure.										
Task Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?)										
Task Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees.										

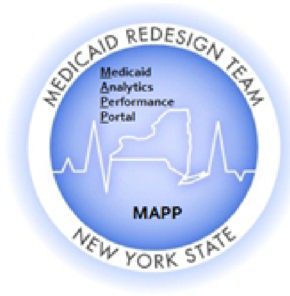


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors.										
Task Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs.										
Task Establish method for evaluating telehealth program.										
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.										
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.										
Task Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i.										
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										



New York State Department Of Health
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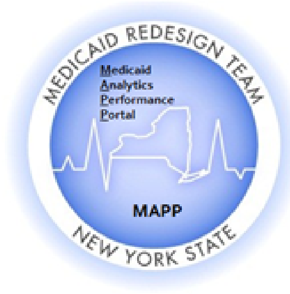
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.										
Task Rapid Response Teams are facilitating hospital-home care collaboration, with procedures and protocols for: - discharge planning - discharge facilitation - confirmation of home care services										
Task Assess current discharge process to identify areas for improvement to be addressed by Rapid Response Teams.										
Task Assess current workforce and identify available, appropriate staff and the need for recruitment.										

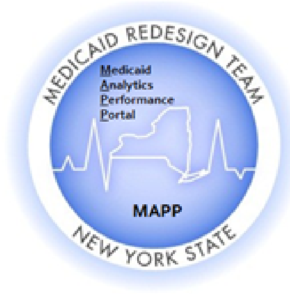


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Create protocol and procedure guidelines to address best practices regarding patient discharge to include proactive planning, facilitation, confirmation of service, and follow-up post discharge.										
Task Recruit, train and reassign staff to Rapid Response Team to address and facilitate best practices regarding patient discharge.										
Milestone #2 Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.										
Task Staff trained on care model, specific to: - patient risks for readmission - evidence-based preventive medicine - chronic disease management	11	15	15	15	15	15	15	15	15	15
Task Evidence-based guidelines for chronic-condition management implemented.										
Task In conjunction with Workforce Committee(s) and/or Teams, assess home care staff training needs.										
Task Develop training plan to meet needs identified in task #3 (previous task). Plan to include goals & objectives, content/curriculum, method (in-person, web-based, etc), schedule, and plan for on-going training needs.										
Task Establish a process for tracking training conducted, included evaluations, number trained, organizational affiliation, etc.										
Task Deliver training sessions.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for chronic condition management. Include guidelines currently in use with PPS partners, and research best practices.										
Task Project Team reviews info obtained in task #7 (previous task), and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.										



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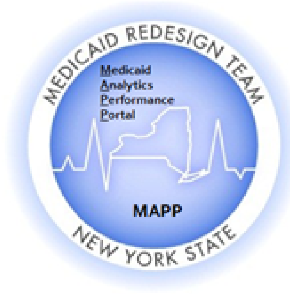
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Milestone #3 Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.										
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.										
Task PPS has developed and implemented interventions aimed at avoiding eventual hospital transfer and has trained staff on use of interventions in alignment with the PPS strategic plan to monitor critically ill patients and avoid hospital readmission.	9	9	9	9	9	9	9	9	9	9
Task In the process of developing and implementing clinical guidelines and protocols for chronic condition management (see tasks under Milestone #2), PPS/Project Team includes care pathways and clinical tools for monitoring chronically ill patients with the goal of early identification of potential instability and intervention.										
Milestone #4 Educate all staff on care pathways and INTERACT-like principles.										
Task Training program for all home care staff established, which encompasses care pathways and INTERACT-like principles.	15	15	15	15	15	15	15	15	15	15
Milestone #5 Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.										
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task Coordinate the development of Advance Care Planning tools										



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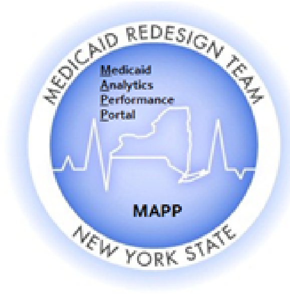
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
with Project 3.g.i team – Palliative Care in PCMH. Work together to identify and/or develop the appropriate advance care planning tools.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for advance care planning. Include guidelines currently in use with PPS partners, and research best practices.										
Task Project Team reviews information obtained in task #2 (above), and develops PPS-wide advance care planning guidelines / protocols, makes recommendation to Clinical Quality Committee for adoption.										
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT-like coaching program has been established for all home care and Rapid Response Team staff.	15	15	15	15	15	15	15	15	15	15
Task Collect, assess, and assign relevant materials to be used in training staff on facilitating and supporting the implementation of the INTERACT principles.										
Task Establish coaching and supervision process, frequency and staff to be involved, as well as a process to record occurrences of training sessions.										
Milestone #7 Educate patient and family/caretakers, to facilitate participation in planning of care.										
Task Patients and families educated and involved in planning of care using INTERACT-like principles.										



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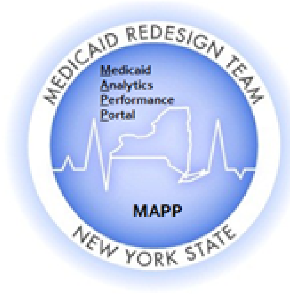
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Working in conjunction with Patient and Community Engagement teams/resources, establish patient/family education methodology.										
Task Identify best practices, obtain resources/materials to utilize to educate and involve patient/family in care planning and implementing the principles of the INTERACT model.										
Task Establish a method to track utilization of the materials, and to evaluate the methodology. Project Team to utilize this information to continually refine the methodology and/or materials.										
Task Disseminate information, and provide any needed training, by including this content in the trainings described under Milestones 1, 3, 4, and 5.										
Milestone #8 Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.										
Task All relevant services (physical, behavioral, pharmacological) integrated into care and medication management model.										
Task While developing clinical guidelines, care pathways, and protocols (see tasks under Milestones #2 and #3), include comprehensive assessment of patient needs and care plan that incorporates all relevant services (physical, behavioral, pharmacological) in the model.										
Task Leverage existing care management supports (e.g. PCMH embedded care management, Health Home care management) to enhance coordination of care.										
Milestone #9 Utilize telehealth/telemedicine to enhance hospital-home care collaborations.										
Task Telehealth/telemedicine program established to provide care transition services, prevent avoidable hospital use, and increase specialty expertise of PCPs and staff.										
Task Assess and document current state regarding use and scope of telehealth, telemedicine, to support Hospital to Home Care. Include evaluation of effectiveness and availability of										

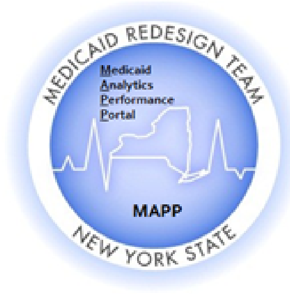


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
infrastructure.										
Task Determine what specific telehealth/telemedicine services are necessary to support Hospital to Home project success (e.g., home monitoring equipment? Remote access to a care manager? Specialist consults to PCPs?)										
Task Research options to meet needs determined in task #3 (above); determine cost and timeline, and gain commitment from Project Team and Committees.										
Task Acquire needed resources to implement the selected telehealth strategies: contract with telehealth/telemedicine providers and/or vendors.										
Task Assess current staff, recruit additional staff, if necessary, and establish roles for implementation. Train staff accordingly to implement and maintain the telehealth/telemedicine programs.										
Task Establish method for evaluating telehealth program.										
Milestone #10 Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.										
Task Clinical Interoperability System in place for all participating providers. Usage documented by the identified care coordinators.										
Task Coordinate with Project 2.a.i and 2.a.ii to ensure requirement is met. Implementation Plan for interoperable EHRs is tracked under Project 2.a.i.										
Milestone #11 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.										
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.										
Task Service and quality outcome measures are reported to all stakeholders.										
Milestone #12 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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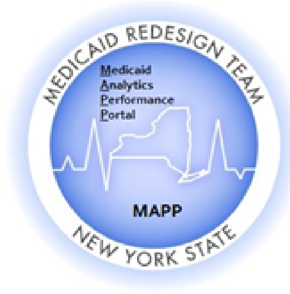
Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Assemble Rapid Response Teams (hospital/home care) to facilitate patient discharge to home and assure needed home care services are in place, including, if appropriate, hospice.	
Ensure home care staff have knowledge and skills to identify and respond to patient risks for readmission, as well as to support evidence-based medicine and chronic care management.	
Develop care pathways and other clinical tools for monitoring chronically ill patients, with the goal of early identification of potential instability and intervention to avoid hospital transfer.	
Educate all staff on care pathways and INTERACT-like principles.	See Milestone #2 for the detailed tasks necessary to develop and implement the home care staff training program. AHI acknowledges the recommendations of the Independent Assessor to consider additional steps to achieve milestone 4. AHI PPS will give careful attention to identifying the skills and competencies that are needed for home care staff to determine the most valuable care pathways training opportunity.
Develop Advance Care Planning tools to assist residents and families in expressing and documenting their wishes for near end of life and end of life care.	
Create coaching program to facilitate and support implementation.	
Educate patient and family/caretakers, to facilitate participation in planning of care.	
Integrate primary care, behavioral health, pharmacy, and other services into the model in order to enhance coordination of care and medication management.	
Utilize telehealth/telemedicine to enhance hospital-home care collaborations.	
Utilize interoperable EHR to enhance communication and avoid medication errors and/or duplicative services.	All PPS providers are required to be part of the Integrated Delivery System, Project 2ai. All providers taking part in Project 2bviii will utilize interoperable EHRs as appropriate to their role in the PPS and on the care team – steps tracked under 2ai.
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	
Use EHRs and other technical platforms to track all patients engaged in the project.	



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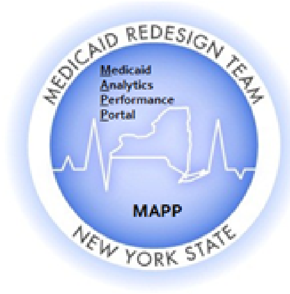
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.b.viii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements / timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners / Providers complete organization-specific waiver applications as	In Progress	PPS Partners / Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications		applications				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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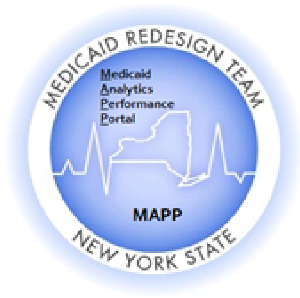
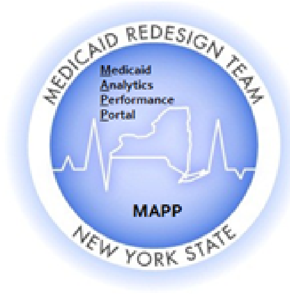
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners / Providers obtain regulatory waivers, if necessary to implement the plan.	



IPQR Module 2.b.viii.6 - IA Monitoring

Instructions :



Project 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

IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

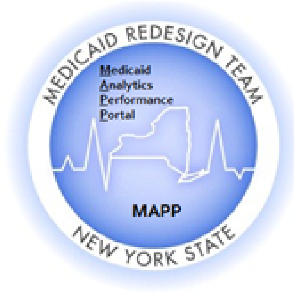
1.Risk: Budgetary and staffing constraints may limit CBOs and providers' participation.
Impact-timeline & success: Implementation speed and scale targets will be adversely impacted if the right partners and enough providers do not participate.
Mitigation: The PPS will contract with identified partner CBOs and health care providers to ensure organizations with established relationships with the target population are the face of this initiative. A standard performance-based contract will be used to compensate CBOs and providers for implementation and operating costs if patient activation metrics are met. If the PPS is not meeting projected goals, the 2.d.i Work Group will assist CBOs and/or providers with identifying and reducing barriers to success.

2. Risk: AHI PPS region is a large geographic area with many low populated centers/towns; "hot spots" may have small numbers of people.
Impact timeline & success: Overextended resources could jeopardize project success. Potential for low return on investment is a deterrent to deploying navigators across a vast, sparsely populated area.
Mitigation: A hybrid model of contracting with CBOs and hiring navigators will be used to optimize connection to the target population. Dedicated navigators in larger population centers will reach enough people daily for a navigator model to be cost effective. AHI PPS will rely on CBOs in less populated areas, contracting as needed for staff time spent with project beneficiaries.

3. Risk: Implementing new, innovative initiatives to connect with the target population.
Impact-timeline & success: Variable success of untested initiatives may negatively impact meeting speed and scale projections.
Mitigation: Each strategy will be developed with an evaluation component, as it is essential the PPS quickly understands if outreach strategies are working, need to be adjusted, or if new strategies need to be implemented. The AHI PPS will research and implement evidence-based strategies and coach CBOs on proper implementation practices.

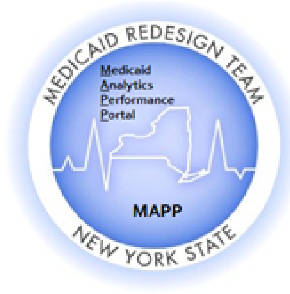
4. Risk: Projected number of targeted individuals may not be reached and activated.
Impact-timeline & success: Not reaching speed and/or scale targets would negatively impact the overall PPS payment.
Mitigation: The AHI PPS will research patient activation best practices. Practices will be vetted, and implementation plans will be developed, with the 2.d.i Work Group, to maximize CBOs assets and reach. The 2.d.i Work Group will partner with the AHI PPS Workforce Committee to train providers and CBOs in using the Patient Activation Measure (PAM) tool and the Bridges Out of Poverty program.

5. Risk: Successfully implementing a new user friendly system to capture data.
Impact-timeline & success: Collecting and accurately reporting speed and scale numbers is crucial. Incorrect reporting may adversely impact PPS payment.



Mitigation: The AHI PPS 2.d.i Work Group will work with Insignia to be sure users are well trained in the reporting system. AHI staff will work with end users to ensure the system is streamlined as part of the work flow to make reporting as simple as possible.

6. Risk: Implementing EHRs, Population Health Management tools, targeted patient registries, and other IT platforms to track patients engaged in the project could be expensive and time consuming.
Impact-timeline & success: Numerous EHR systems and the complexity of implementing a regional system could delay project completion.
Mitigation: The 2.d.i Work Group will work with the HIT group to be sure that the important data points will be able to be accessed by the right users at the right time. However, lack of control over EHR vendors' ability to add needed functionality may necessitate an extended timeline.



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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.d.i.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY2,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
PAM(R) Providers	75	0	25	35	45	55	65	70	75	75	75
Total Committed Providers	**75**	**0**	**25**	**35**	**45**	**55**	**65**	**70**	**75**	**75**	**75**
Percent Committed Providers(%)		**0.00**	**33.33**	**46.67**	**60.00**	**73.33**	**86.67**	**93.33**	**100.00**	**100.00**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
PAM(R) Providers	75	75	75	75	75	75	75	75	75	75	75
Total Committed Providers	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**	**75**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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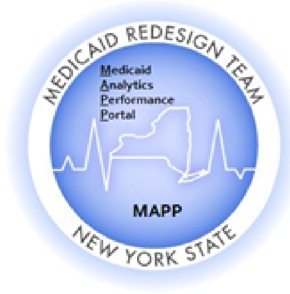

New York State Department Of Health
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DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 2.d.i.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	82,783

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	10,000	10,000	35,000	41,000	50,000	15,000	60,000
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**12.08**	**12.08**	**42.28**	**49.53**	**60.40**	**18.12**	**72.48**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	62,000	70,000	20,000	80,000	81,392	82,783	0	0	0	0
Percent of Expected Patient Engagement(%)	**74.89**	**84.56**	**24.16**	**96.64**	**98.32**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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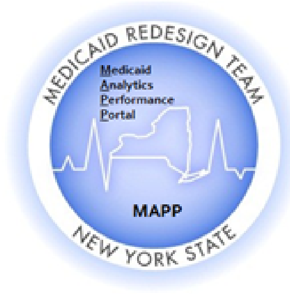

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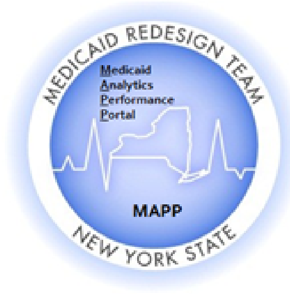
IPQR Module 2.d.i.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	Project	N/A	In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations.	Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration.	Project		Completed	06/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Determine CBOs desired participation level	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Draft and negotiate partnership agreements	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Begin facilitating outreach efforts through identified methods and channels.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Sign Partnership Agreements	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	Project	N/A	Completed	06/01/2015	07/30/2015	09/30/2015	DY1 Q2
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		Completed	06/15/2015	07/30/2015	09/30/2015	DY1 Q2
Task	Project		Completed	06/15/2015	07/05/2015	09/30/2015	DY1 Q2



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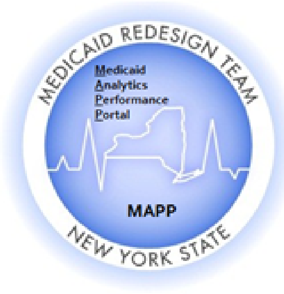
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Contact leadership of identified CBOs; invite them to introductory webinar							
Task Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals.	Project		Completed	07/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives.	Project		Completed	07/15/2015	07/30/2015	09/30/2015	DY1 Q2
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	Project	N/A	In Progress	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		In Progress	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Task Determine available data sources and develop criteria for hot spots	Project		In Progress	08/15/2015	10/15/2015	12/31/2015	DY1 Q3
Task Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional organizations and providers to engage	Project		In Progress	11/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Repeat analysis at set intervals	Project		In Progress	01/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Conduct initial analysis	Project		In Progress	09/15/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums and other information-gathering mechanisms established and performed.	Project		In Progress	09/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs	Project		In Progress	01/01/2016	02/28/2016	03/31/2016	DY1 Q4
Task Initiate implementation plan	Project		In Progress	02/28/2016	04/30/2016	06/30/2016	DY2 Q1
Task Complete initial round of feedback	Project		In Progress	04/01/2016	05/31/2016	06/30/2016	DY2 Q1



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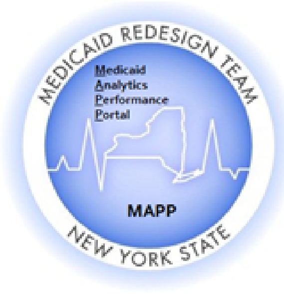
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Work with pilot group of PAM trainees to determine how to best disseminate findings	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Repeat method of feedback to continuously determine healthcare needs in the PPS region	Project		In Progress	01/01/2016	02/15/2016	03/31/2016	DY1 Q4
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	Project	N/A	In Progress	08/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".	Project		In Progress	03/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training and education opportunities	Project		In Progress	08/15/2015	10/31/2015	12/31/2015	DY1 Q3
Task Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of health literacy, and/or cultural competency.	Project		In Progress	02/01/2016	04/15/2016	06/30/2016	DY2 Q1
Task Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team	Project		In Progress	03/01/2016	04/30/2016	06/30/2016	DY2 Q1
Task Develop training outline and training materials to address identified topics.	Project		In Progress	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations.	Project		In Progress	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop online learning collaborative to facilitate continuing education and dissemination of information across the PPS.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to	Project	N/A	In Progress	08/15/2015	03/31/2017	03/31/2017	DY2 Q4

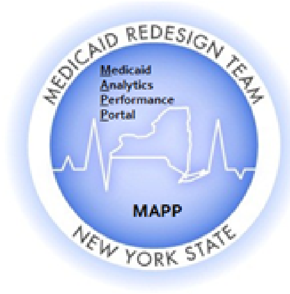


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.							
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.	Project		In Progress	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI and MCOs implement outreach plan	Project		In Progress	09/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Work with MCOs to determine what information on enrollees will be shared and the format	Project		In Progress	09/15/2015	11/30/2015	12/31/2015	DY1 Q3
Task AHI and MCOs create proactive outreach plan	Project		In Progress	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	Project	N/A	In Progress	09/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Work with DOH and other PPS to reset baselines at the beginning of each performance period	Project		In Progress	01/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group	Project		In Progress	11/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implement methodology	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

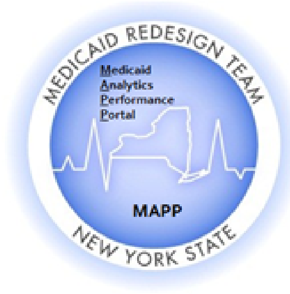


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Utilize input to develop strategy to promote preventive care	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Outreach to beneficiaries to recruit them to development team	Project		In Progress	11/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task With input from team, determine frequency and duration of meetings and begin convening group.	Project		In Progress	12/01/2015	02/28/2016	03/31/2016	DY1 Q4
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	Project	N/A	In Progress	08/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4



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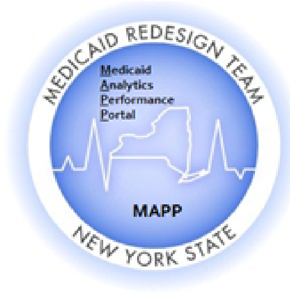
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
- Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement							
Task On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation	Project		In Progress	08/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM® survey and designate a PAM® score	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Repeat assessment of non-emergent care data at set intervals (i.e. annually)	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #11	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4



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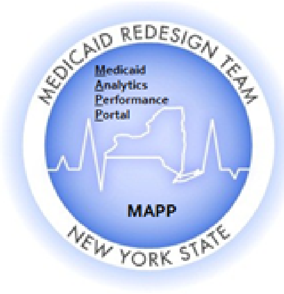
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.							
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	Provider	PAM(R) Providers	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Continuously look at hot spot data to determine additional potential partnerships	Project		In Progress	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Using hot spot data, identify potential community based organizations serving target population in identified locations	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Work with identified CBOs to determine willingness to partner	Project		In Progress	05/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures	Project		In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs.	Project		In Progress	08/01/2015	10/30/2015	12/31/2015	DY1 Q3
Task Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance.	Project		In Progress	11/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Disseminate complaint procedure and customer service access information to	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4



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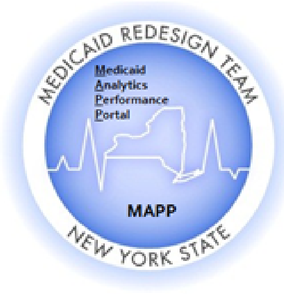
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary.							
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	Project	N/A	In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task List of community navigators formally trained in the PAM(R).	Provider	PAM(R) Providers	In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty	Project		In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool.	Project		In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	In Progress	07/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Review data on hand-off practice to ensure effectiveness	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Research best practices in successful hand-offs/referrals	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Implement initial hand-off practice	Project		In Progress	12/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4



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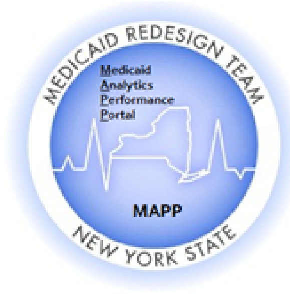
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators.							
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s) would be most effective for tracking patients.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Implement tracking system	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations.										



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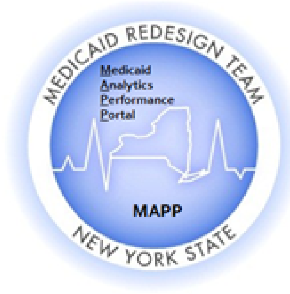
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration.										
Task Determine CBOs desired participation level										
Task Draft and negotiate partnership agreements										
Task Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts										
Task Begin facilitating outreach efforts through identified methods and channels.										
Task Sign Partnership Agreements										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task Contact leadership of identified CBOs; invite them to introductory webinar										
Task Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals.										
Task Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task Determine available data sources and develop criteria for hot spots										
Task Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional										



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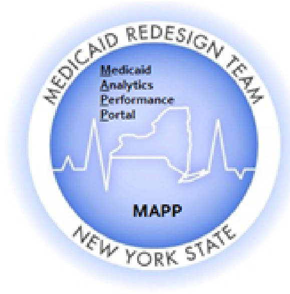
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
organizations and providers to engage										
Task Repeat analysis at set intervals										
Task Conduct initial analysis										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums and other information-gathering mechanisms established and performed.										
Task Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs										
Task Initiate implementation plan										
Task Complete initial round of feedback										
Task Work with pilot group of PAM trainees to determine how to best disseminate findings										
Task Repeat method of feedback to continuously determine healthcare needs in the PPS region										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task Provide training and education opportunities										
Task Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of										



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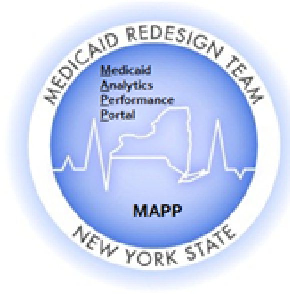
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
health literacy, and/or cultural competency.										
Task Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team										
Task Develop training outline and training materials to address identified topics.										
Task Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations.										
Task Develop online learning collaborative to facilitate continuing education and dissemination of information across the PPS.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task AHI and MCOs implement outreach plan										
Task Work with MCOs to determine what information on enrollees will be shared and the format										
Task AHI and MCOs create proactive outreach plan										
Milestone #7 Baseline each beneficiary cohort (per method developed by										



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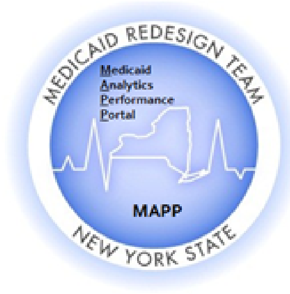
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task Work with DOH and other PPS to reset baselines at the beginning of each performance period										
Task Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group										
Task Implement methodology										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task Utilize input to develop strategy to promote preventive care										
Task Outreach to beneficiaries to recruit them to development team										
Task With input from team, determine frequency and duration of meetings and begin convening group.										
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the										



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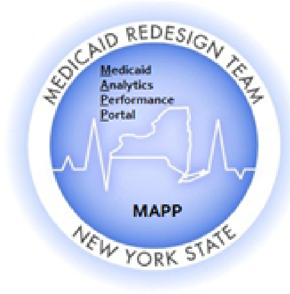
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis - Annual report assessing individual member and the overall cohort's level of engagement										
Task On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation										
Task Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.										
Task If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM® survey and designate a PAM® score										
Task If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.										

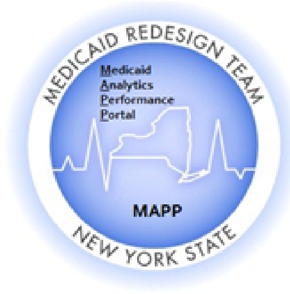


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline.										
Task Repeat assessment of non-emergent care data at set intervals (i.e. annually)										
Task Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable.										
Milestone #11 Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	0	25	35	45	55	65	70	75	75	75
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	0	25	35	45	55	65	70	75	75	75
Task Continuously look at hot spot data to determine additional potential partnerships										
Task Using hot spot data, identify potential community based organizations serving target population in identified locations										
Task Work with identified CBOs to determine willingness to partner										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										

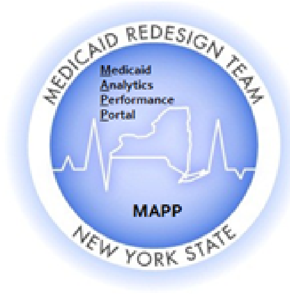


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Policies and procedures for customer service complaints and appeals developed.										
Task Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures										
Task Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs.										
Task Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance.										
Task Disseminate complaint procedure and customer service access information to participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary.										
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	25	35	45	55	65	70	75	75	75
Task Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty										
Task Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool.										
Task Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education										

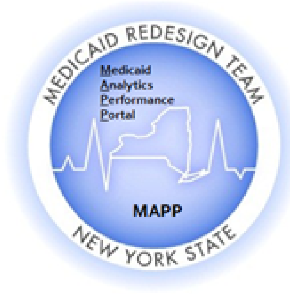


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	0	0	25	35	45	55	65	75	75	75
Task Review data on hand-off practice to ensure effectiveness										
Task Research best practices in successful hand-offs/referrals										
Task Implement initial hand-off practice										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.										
Task Timely access for navigator when connecting members to services.										
Task Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s)										



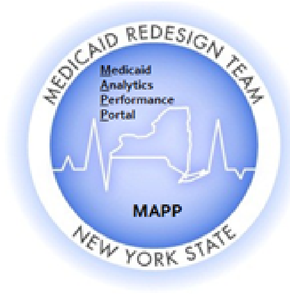
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
would be most effective for tracking patients.										
Task Implement tracking system										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.										
Task Partnerships with CBOs to assist in patient "hot-spotting" and engagement efforts as evidenced by MOUs, contracts, letters of agreement or other partnership documentation.										
Task With input from PPS members and affiliates, generate list of CBOs w/ high levels of interaction w/ target populations.										
Task Conduct informational webinars targeting CBO representatives to identify organizations potentially interested in collaboration.										
Task Determine CBOs desired participation level										
Task Draft and negotiate partnership agreements										
Task Meet with CBO leadership/designees to develop a strategy and timeline for conducting outreach efforts										
Task Begin facilitating outreach efforts through identified methods and channels.										
Task Sign Partnership Agreements										
Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.										
Task Patient Activation Measure(R) (PAM(R)) training team established.										
Task Contact leadership of identified CBOs; invite them to introductory webinar										

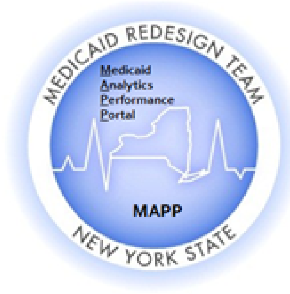


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Conduct webinar to provide potential partner organizations with overview of 2.d.i, PAM, and expectations of participating organizations and individuals.										
Task Collectively with AMC and AFBHC PPS, hold PAM Train the Trainer sessions facilitated by Insignia Health representatives.										
Milestone #3 Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.										
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.										
Task Determine available data sources and develop criteria for hot spots										
Task Work with pilot group of trainees to develop plan to increase activation in hot spots including identifying additional organizations and providers to engage										
Task Repeat analysis at set intervals										
Task Conduct initial analysis										
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.										
Task Community engagement forums and other information-gathering mechanisms established and performed.										
Task Work with pilot group of PAM trainees to identify most effective method of soliciting feedback about healthcare needs in the PPS region - survey, focus group, and/or community forum/community engagement forums and other information-gathering mechanisms established and performed.										
Task Work with North Country PHIP Evaluation Manger to create implementation plan for method of feedback concerning healthcare needs										
Task Initiate implementation plan										

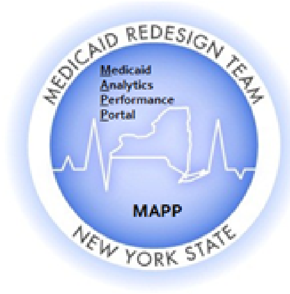


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Complete initial round of feedback										
Task Work with pilot group of PAM trainees to determine how to best disseminate findings										
Task Repeat method of feedback to continuously determine healthcare needs in the PPS region										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task Provide training and education opportunities										
Task Survey providers located in "hot spots" to determine needed level of support and education in areas of patient activation and engagement - shared decision-making, measurements of health literacy, and/or cultural competency.										
Task Work with providers to identify key staff members within their organizations to act as master trainers and function as part of a PPS wide training team										
Task Develop training outline and training materials to address identified topics.										
Task Collaborate with providers to schedule and facilitate training sessions/ dissemination of educational materials within their organizations.										
Task Develop online learning collaborative to facilitate continuing education and dissemination of information across the PPS.										
Milestone #6 Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member.										

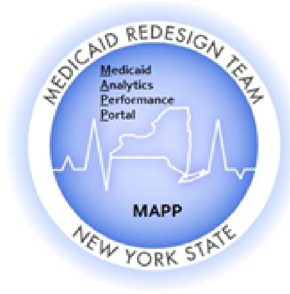


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
• Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.										
Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP.										
Task AHI and MCOs implement outreach plan										
Task Work with MCOs to determine what information on enrollees will be shared and the format										
Task AHI and MCOs create proactive outreach plan										
Milestone #7 Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.										
Task For each PAM(R) activation level, baseline and set intervals toward improvement determined at the beginning of each performance period (defined by the state).										
Task Work with DOH and other PPS to reset baselines at the beginning of each performance period										
Task Determine methodology for baseline of each beneficiary cohort likely with DOH/KPMG Project 11 Work Group										
Task Implement methodology										
Milestone #8 Include beneficiaries in development team to promote preventive care.										
Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services.										
Task Utilize input to develop strategy to promote preventive care										

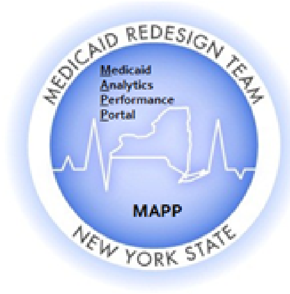


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Outreach to beneficiaries to recruit them to development team										
Task With input from team, determine frequency and duration of meetings and begin convening group.										
Milestone #9 Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.										
Task Performance measurement reports established, including but not limited to: - Number of patients screened, by engagement level - Number of clinicians trained in PAM(R) survey implementation - Number of patient: PCP bridges established - Number of patients identified, linked by MCOs to which they are associated - Member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis - Member engagement lists to DOH (for NU & LU populations) on a monthly basis										

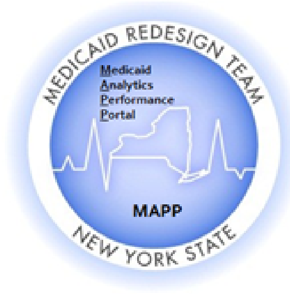


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
- Annual report assessing individual member and the overall cohort's level of engagement										
Task On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation										
Task Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service.										
Task If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM® survey and designate a PAM® score										
Task If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP.										
Task Provide member engagement lists to relevant insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis										
Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.										
Task Volume of non-emergent visits for UI, NU, and LU populations increased.										
Task Conduct data assessment of non-emergent care provided in PPS service area to achieve baseline.										
Task Repeat assessment of non-emergent care data at set intervals (i.e. annually)										
Task Partner with providers in areas with low utilization of preventative/non-emergent care to develop and implement a patient awareness campaign focusing on the benefits of accessing preventative care/avoidance of emergent care. Collaborate with existing patient engagement/patient advocacy groups and programs when applicable.										
Milestone #11 Contract or partner with CBOs to develop a group of community										

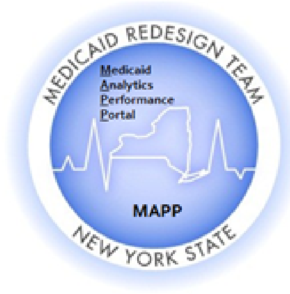


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.										
Task Community navigators identified and contracted.	75	75	75	75	75	75	75	75	75	75
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	75	75	75	75	75	75	75	75	75	75
Task Continuously look at hot spot data to determine additional potential partnerships										
Task Using hot spot data, identify potential community based organizations serving target population in identified locations										
Task Work with identified CBOs to determine willingness to partner										
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.										
Task Policies and procedures for customer service complaints and appeals developed.										
Task Ensure all staff members interfacing with PAM participants are aware of the process for lodging a complaint or seeking customer support and understand their obligation to provide all survey recipients with the associated policy & procedures										
Task Collaborate with AHI's Enrollment Assistance Services and Enrollment (EASE) (navigators for the NY State of Health) and Health Home programs to develop a complaint process/customer service channel for beneficiaries, building on infrastructure already established within their programs.										
Task Determine strategy to ensure non-EASE and Health Home participants have access to complaint process/customer service assistance.										
Task Disseminate complaint procedure and customer service access information to participants through written materials distributed by EASE and Health Home staff, PAM Navigators, and representatives from provider offices/CBOs, as well as via mail and/or e-mail when necessary.										



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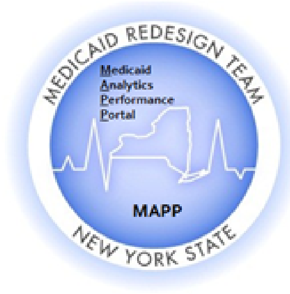
Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	75	75	75	75	75	75	75	75	75	75
Task Cross-train navigators in "Bridges out of Poverty" methodology and practices to promote more effective communication and relationships with beneficiaries exhibiting behaviors associated with generational poverty										
Task Ensure all navigators have been trained in using PAM and exhibit comfort and competency when administering the tool.										
Task Facilitate ongoing training sessions with navigators to enhance patient activation and engagement skills										
Milestone #14 Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.										
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	75	75	75	75	75	75	75	75	75	75
Task Review data on hand-off practice to ensure effectiveness										
Task Research best practices in successful hand-offs/referrals										
Task Implement initial hand-off practice										
Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task Navigators educated about insurance options and healthcare resources available to populations in this project.										
Task Utilize EASE staff, and staff in similar enrollment programs within CBOs, along with educational materials to inform and educate navigators.										
Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
community member.										
Task Timely access for navigator when connecting members to services.										
Task Partner with primary care providers to establish and encourage working relationships between navigators and primary care practice staff, and to develop procedures to ensure ease of communication and access for navigators attempting to secure preventative services for community members.										
Milestone #17 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.										
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task Research and review EHR, HIT, and Population Health Management platform options to determine which platform (s) would be most effective for tracking patients.										
Task Implement tracking system										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

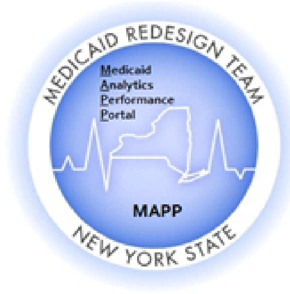
No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.	In March 2015, AHI conducted a webinar with providers and CBOs to disseminate information about project 2.d.i/patient engagement initiatives. Feedback from webinar participants assisted the AHI PPS in determining which organizations and business sectors are already serving the target populations. Continued discussion and collaboration throughout DY1 Q1 amongst AHI PPS members, CBOs, and other providers culminated in the development of a list of approximately 45 organizations whose participation in DSRIP project 2.d.i would support successful project implementation and completion. The organizations selected represent a cross-section of service sectors, diverse program offerings, and varied geographical locations throughout the 9 county AHI PPS. Included in the group were hospitals such as Glens Falls Hospital, Nathan Littauer, and Canton-Potsdam Hospital; Hudson Headwaters Health Network a FQHC; Champlain Valley Family Center a substance abuse agency; CBOs and faith based organizations such as Planned Parenthood, Council for Prevention, Catholic Charities, and the Open Door Mission; as well social service

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	departments, home care agencies, and hospice and palliative care throughout the PPS region. By late June 2015, the finalized list was used to generate an e-mail to prospective participants, formally inviting their participation with the AHI PPS in project 2.d.i. Upon further review there are multiple errors with dates that will be addressed in the second quarterly report. Issues with tasks being listed under the wrong milestone have been corrected.
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	
Identify UI, NU, and LU "hot spot" areas (e.g., emergency rooms). Contract or partner with CBOs to perform outreach within the identified "hot spot" areas.	
Survey the targeted population about healthcare needs in the PPS' region.	
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's MCO and assigned PCP, reconnect beneficiaries to his/her designated PCP (see outcome measurements in #10). • This patient activation project should not be used as a mechanism to inappropriately move members to different health plans and PCPs, but rather, shall focus on establishing connectivity to resources already available to the member. • Work with respective MCOs and PCPs to ensure proactive outreach to beneficiaries. Sufficient information must be provided regarding insurance coverage, language resources, and availability of primary and preventive care services. The state must review and approve any educational materials, which must comply with state marketing guidelines and federal regulations as outlined in 42 CFR §438.104.	



New York State Department Of Health
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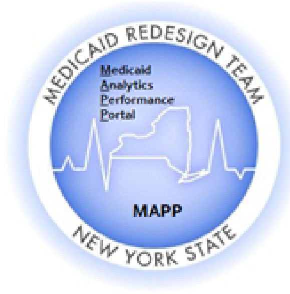
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period.	
Include beneficiaries in development team to promote preventive care.	
Measure PAM(R) components, including: • Screen patient status (UI, NU and LU) and collect contact information when he/she visits the PPS designated facility or "hot spot" area for health service. • If the beneficiary is UI, does not have a registered PCP, or is attributed to a PCP in the PPS' network, assess patient using PAM(R) survey and designate a PAM(R) score. • Individual member's score must be averaged to calculate a baseline measure for that year's cohort. • The cohort must be followed for the entirety of the DSRIP program. • On an annual basis, assess individual members' and each cohort's level of engagement, with the goal of moving beneficiaries to a higher level of activation. • If the beneficiary is deemed to be LU & NU but has a designated PCP who is not part of the PPS' network, counsel the beneficiary on better utilizing his/her existing healthcare benefits, while also encouraging the beneficiary to reconnect with his/her designated PCP. • The PPS will NOT be responsible for assessing the patient via PAM(R) survey. • PPS will be responsible for providing the most current contact information to the beneficiary's MCO for outreach purposes. • Provide member engagement lists to relevant	



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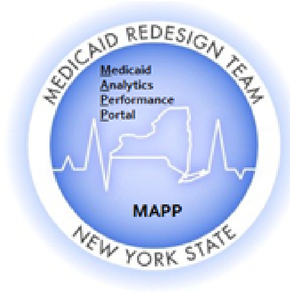
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
insurance companies (for NU & LU populations) on a monthly basis, as well as to DOH on a quarterly basis.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	
Contract or partner with CBOs to develop a group of community navigators who are trained in connectivity to healthcare coverage, community healthcare resources (including for primary and preventive services) and patient education.	
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	
Ensure direct hand-offs to navigators who are prominently placed at "hot spots," partnered CBOs, emergency departments, or community events, so as to facilitate education regarding health insurance coverage, age-appropriate primary and preventive healthcare services and resources.	
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, to track all patients engaged in the project.	



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IPQR Module 2.d.i.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone There are no PPS defined milestones	Completed	na	06/01/2015	06/30/2015	06/30/2015	DY1 Q1

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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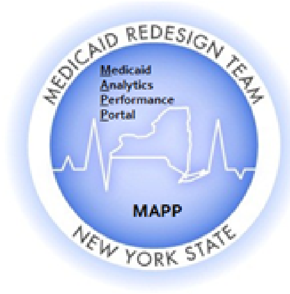
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
There are no PPS defined milestones	

IPQR Module 2.d.i.6 - IA Monitoring

Instructions :



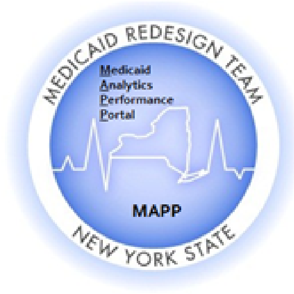
Project 3.a.i – Integration of primary care and behavioral health services

IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies

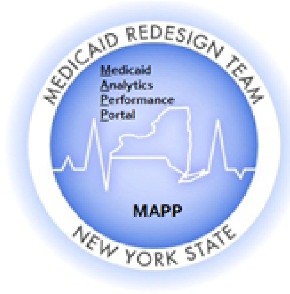
Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risks: 1)Acquisition, implementation, & training on new/upgraded EHRs 2)Recruitment, training, & retention of qualified staff 3)Developing & implementing new policy & procedures 4)Integration of PC & BH when a patient has existing non-integrated providers 5)Having time to perform screenings at PC visit 6)Meeting NCQA 2014 Level 3 certification 7)Medication Management 8)SBIRT 9)Access to specialty BH services 10) Changing models of care causing increased patient case load for psychiatrists
Timeline Impact:
1) Getting all providers/practices on-board with EHRs can be time consuming.
2) Being in a provider shortage area staffing could delay implementations at sites if providers cannot find enough qualified staff.
3) Time to write P&P along with time to train staff on new P&P could delay the start of the project.
4) The potential delay: a patient either changing providers to achieve integration or having the patient in with care coordinator to ensure non-integrated care is still being properly coordinated.
5) If providers feel there is not enough time under the current reimbursement model then the lack of provider compliance to perform the screening could delay commitment goals.
6) The time it takes to get a practice certified at this standard could delay implementing other parts of this project.
7) Delay if right tech solution not in place.
8) Confusion over SBIRT & the OASAS requirements for training on this could delay its use.
9) The access to timely appointment for those who are Severely Mentally Ill (SMI) could mean overflow of that population being treated in an inappropriate setting, thus using resources that were meant to add capacity & service persons that need BH services for less chronic issues. The overflow could delay the timeline by not getting enough new patients access to care.
10) If psychiatrists choose to leave an organization this would impact the timeline because there would be a decrease in the amount of patients an organization could see.
Mitigation:
1) Assist with funding of EHRs & assist those with interoperability needs for multiple EHRs. Assist providers in making realistic time commitments based on current EHR status/needs level.
2) Looking at family medicine residency programs to gain new physicians. Looking at salary support for LMSW's, allowing support for the 3 years to get clinical supervision; the goal is to get LMSW's set to be LCSW's & thus billable providers.
3) Leverage providers who have some experience with integrated care & encourage sharing of P&P between organizations.
4) Using Health Home care coordinators will assist with those patients who choose to have non-integrated services. The preference would be to utilize embedded care coordinators. For patients who choose to move into integrated care the PPS & partners will need to continue to assess capacity for service delivery.
5) Work with partners to have screenings embedded in EHRs so providers will have quick & easy access to the tools; training other staff, such as nurses/medical assistants, to execute the screening will increase the use of the tools & allow time for the provider to follow up on positive screens.
6) Work with project 2aii to ensure that practices have the resources needed to execute & achieve this requirement.



7) Work with providers & HIXNY to find most effect solution.
8) Many partners are looking at the PHQ-2 or PHQ-9 to avoid the confusion. Hold SBIRT trainings.
9) The specialty BH providers are examining their current caseloads as well as scheduling structure & capacity to figure out how to reduce waitlists & increase speedier access to care for those who are SMI.
10) Organizations that currently have low caseloads for psychiatrists will need to have buy in from the psychiatrists to move toward a different model of care. Getting this buy in as well as making the transition gradual will mitigate this risk.



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IPQR Module 3.a.i.2 - Project Implementation Speed

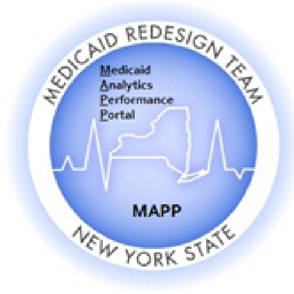
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	130	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	73	0	0	0	0	0	0	0	0	0	0
Clinics	12	0	0	0	0	0	0	0	0	0	0
Behavioral Health	20	0	0	0	0	0	0	0	0	0	0
Substance Abuse	5	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	5	0	0	0	0	0	0	0	0	0	0
All Other	18	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**263**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	130	32	65	97	130	130	130	130	130	130	130
Non-PCP Practitioners	73	19	37	55	73	73	73	73	73	73	73
Clinics	12	3	6	9	12	12	12	12	12	12	12
Behavioral Health	20	5	10	15	20	20	20	20	20	20	20
Substance Abuse	5	1	2	3	5	5	5	5	5	5	5
Community Based Organizations	5	1	2	3	5	5	5	5	5	5	5
All Other	18	5	9	14	18	18	18	18	18	18	18



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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Total Committed Providers	263	66	131	196	263	263	263	263	263	263	263
Percent Committed Providers(%)		25.10	49.81	74.52	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Current File Uploads

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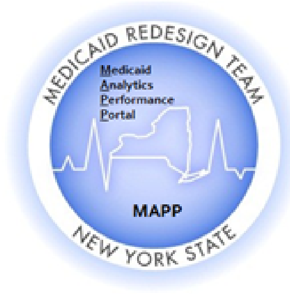

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Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.i.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	44,965

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	8,274	10,342	20,684	7,869	15,738
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**18.40**	**23.00**	**46.00**	**17.50**	**35.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	22,500	31,475	11,241	22,483	33,700	44,965	0	0	0	0
Percent of Expected Patient Engagement(%)	**50.04**	**70.00**	**25.00**	**50.00**	**74.95**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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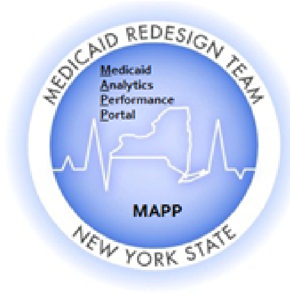

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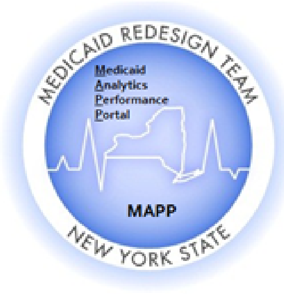
IPQR Module 3.a.i.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Behavioral Health	In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.		Project		In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify practice location that will execute integrated services.		Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess practice locations readiness for integration.		Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify billing strategies for integrated services.		Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with MCOs to move toward values based payments model.		Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Ongoing monitoring of the integration of services process.		Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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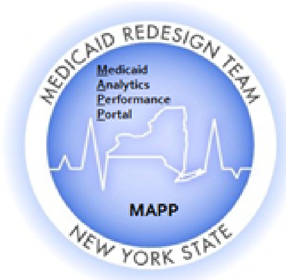
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Regularly scheduled formal meetings are held to develop collaborative care practices.								
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and assemble staff members to work on evidence-based care protocol processes.		Project		In Progress	07/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	01/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Practice locations will identify which screening tool(s) they will implement.		Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on policies and procedures for executing and documenting screening tool(s).		Project		In Progress	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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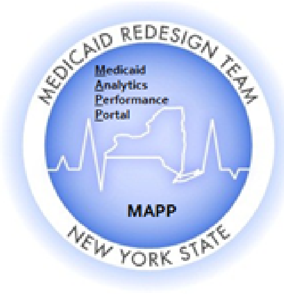
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Write policies and procedures for "warm transfer" process.								
Task Train staff on "warm transfer" process.		Project		In Progress	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Ongoing monitoring of screening and "warm transfer" process.		Project		In Progress	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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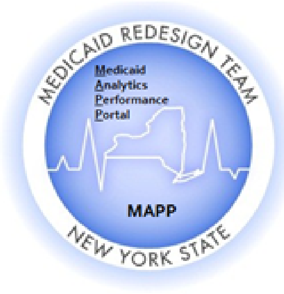
Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Co-locate primary care services at behavioral health sites.								
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Primary Care Physicians	In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Behavioral Health	In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required.		Project		In Progress	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Identify practice location that will execute integrated services.		Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Assess practice locations readiness for integration.		Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify billing strategies for integrated services.		Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Work with MCOs to move toward values based payments model.		Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Ongoing monitoring of the integration of services process.		Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	07/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and assemble staff members to work on evidence-based care protocol processes.		Project		In Progress	07/01/2016	09/01/2016	09/30/2016	DY2 Q2
Task		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4

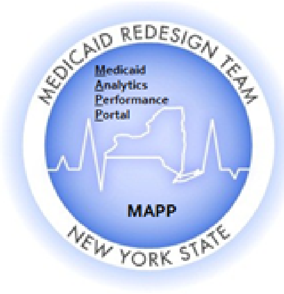


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Staff are trained on evidence-based care protocols, including medication management and care engagement processes.								
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	01/01/2016	10/31/2016	12/31/2016	DY2 Q3
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Task Practice locations will identify which screening tool(s) they will implement.		Project		In Progress	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on policies and procedures for executing and documenting screening tool(s).		Project		In Progress	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Write policies and procedures for "warm transfer" process.		Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on "warm transfer" process.		Project		In Progress	04/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Ongoing monitoring of screening and "warm transfer" process.		Project		In Progress	10/01/2017	09/30/2018	09/30/2018	DY4 Q2
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

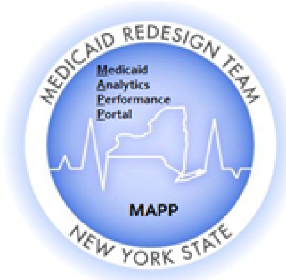


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.		Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.		Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



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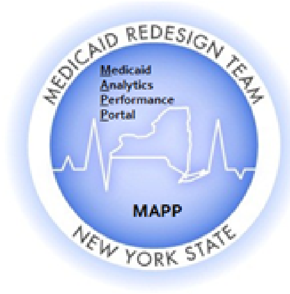
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.								
Task Policies and procedures include process for consulting with Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4



New York State Department Of Health
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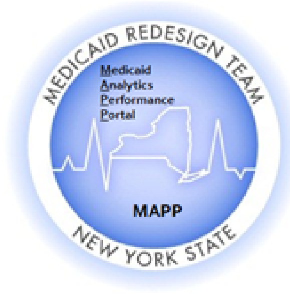
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
engaged in this project.								
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	32	65
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	5	10
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.										
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.										
Task Identify practice location that will execute integrated services.										
Task Assess practice locations readiness for integration.										
Task Identify billing strategies for integrated services.										
Task Work with MCOs to move toward values based payments model.										
Task Ongoing monitoring of the integration of services process.										
Milestone #2 Develop collaborative evidence-based standards of care										



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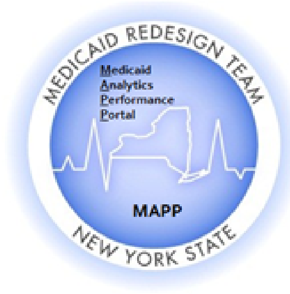
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Identify and assemble staff members to work on evidence-based care protocol processes.										
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Practice locations will identify which screening tool(s) they will implement.										
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.										
Task Train staff on policies and procedures for executing and documenting screening tool(s).										
Task Write policies and procedures for "warm transfer" process.										



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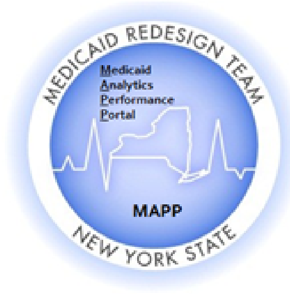
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Train staff on "warm transfer" process.										
Task Ongoing monitoring of screening and "warm transfer" process.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	0	0	0	0	0	0	0	0	32	65
Task Primary care services are co-located within behavioral Health	0	0	0	0	0	0	32	65	97	130



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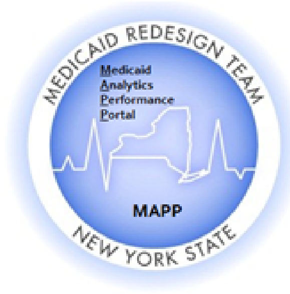
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
practices and are available.										
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	5	10	15	20
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.										
Task Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required.										
Task Identify practice location that will execute integrated services.										
Task Assess practice locations readiness for integration.										
Task Identify billing strategies for integrated services.										
Task Work with MCOs to move toward values based payments model.										
Task Ongoing monitoring of the integration of services process.										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Identify and assemble staff members to work on evidence-based care protocol processes.										
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										



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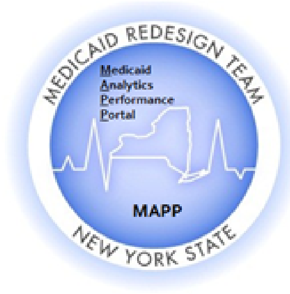
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Practice locations will identify which screening tool(s) they will implement.										
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.										
Task Train staff on policies and procedures for executing and documenting screening tool(s).										
Task Write policies and procedures for "warm transfer" process.										
Task Train staff on "warm transfer" process.										
Task Ongoing monitoring of screening and "warm transfer" process.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for										



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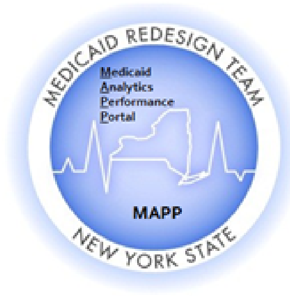
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation,										



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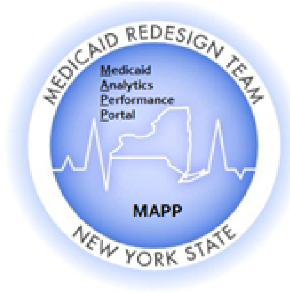
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	97	130	130	130	130	130	130	130	130	130
Task Behavioral health services are co-located within PCMH/APC practices and are available.	15	20	20	20	20	20	20	20	20	20



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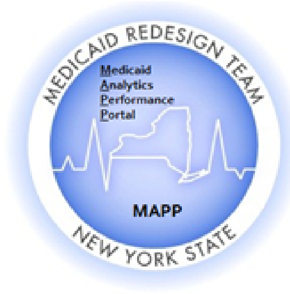
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.										
Task Coordinate the availability and schedules of behavioral health services and providers to ensure adequate coverage within PCMH practices for the expected volume of patients and hours of service required.										
Task Identify practice location that will execute integrated services.										
Task Assess practice locations readiness for integration.										
Task Identify billing strategies for integrated services.										
Task Work with MCOs to move toward values based payments model.										
Task Ongoing monitoring of the integration of services process.										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Identify and assemble staff members to work on evidence-based care protocol processes.										
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										



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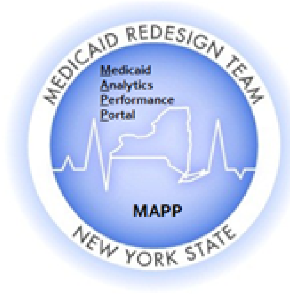
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	32	65	97	130	130	130	130	130	130	130
Task Practice locations will identify which screening tool(s) they will implement.										
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.										
Task Train staff on policies and procedures for executing and documenting screening tool(s).										
Task Write policies and procedures for "warm transfer" process.										
Task Train staff on "warm transfer" process.										
Task Ongoing monitoring of screening and "warm transfer" process.										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes.										

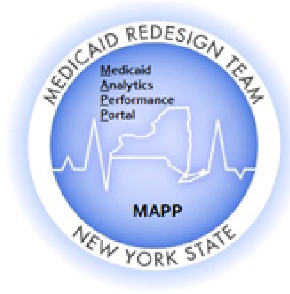


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	97	130	130	130	130	130	130	130	130	130
Task Primary care services are co-located within behavioral Health practices and are available.	130	130	130	130	130	130	130	130	130	130
Task Primary care services are co-located within behavioral Health practices and are available.	20	20	20	20	20	20	20	20	20	20
Task Coordinate with Project Team 2.a.ii during this project to be apprised of provider progress toward certification.										
Task Coordinate the availability and schedules of primary care providers to ensure adequate coverage within the behavioral health site for the expected volume of patients and hours of service required.										
Task Identify practice location that will execute integrated services.										
Task Assess practice locations readiness for integration.										
Task Identify billing strategies for integrated services.										
Task Work with MCOs to move toward values based payments model.										
Task Ongoing monitoring of the integration of services process.										
Milestone #6 Develop collaborative evidence-based standards of care										

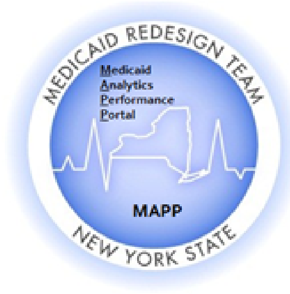


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Identify and assemble staff members to work on evidence-based care protocol processes.										
Task Staff are trained on evidence-based care protocols, including medication management and care engagement processes.										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	32	65	97	130	130	130	130	130	130	130
Task Practice locations will identify which screening tool(s) they will implement.										
Task Write policies and procedures for implementing screening tool(s) and EHR documentation.										
Task Train staff on policies and procedures for executing and documenting screening tool(s).										
Task Write policies and procedures for "warm transfer" process.										

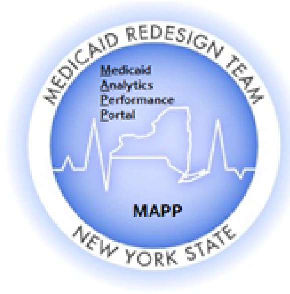


New York State Department Of Health
Delivery System Reform Incentive Payment Project

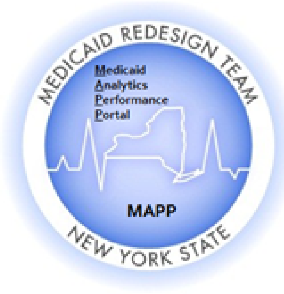
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Train staff on "warm transfer" process.										
Task Ongoing monitoring of screening and "warm transfer" process.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	0	0
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and										



Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										

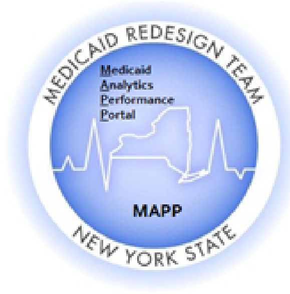
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	See Module 3.a.i.5 PPS Defined Milestones which addresses regulatory issues.
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all	



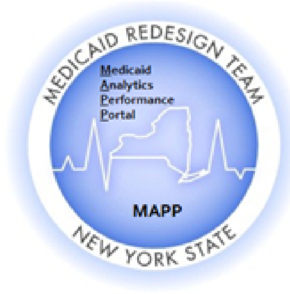
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

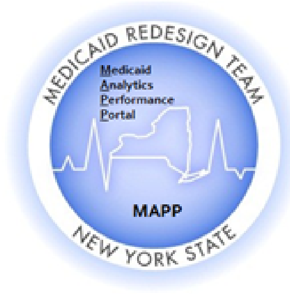
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.i.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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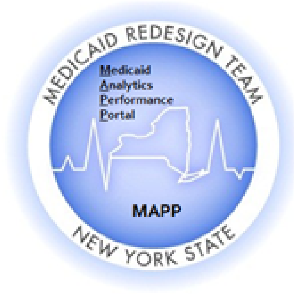
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



New York State Department Of Health
Delivery System Reform Incentive Payment Project

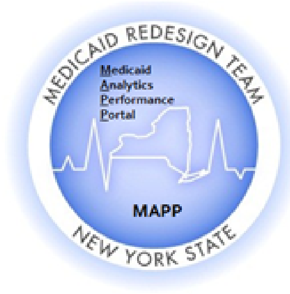
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.i.6 - IA Monitoring

Instructions :

Model 1, Milestone 1: Steps to address key issues such as regulation, billing, assessing readiness for integration, identifying practices, monitoring the implementation, etc., are missing. The IA recommends the PPS include detailed strategies and specific steps to be taken to achieve milestone. Model 1, Milestone 3: Steps to identify screening protocols, train staff on screening protocols, develop policies regarding screening and warm transfer, monitoring of the process, and ensuring EHR capabilities are not evident. The IA recommends the PPS include these detailed strategies and specific steps to be taken to achieve milestone. Model 2, Milestone 6: Steps to address key issues such as regulation, billing, assessing readiness for integration, identifying practices, monitoring the implementation, etc., are missing. The IA recommends the PPS include detailed strategies and specific steps to be taken to achieve milestone.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project 3.a.ii – Behavioral health community crisis stabilization services

IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Awareness of new services and service delivery flow.

Potential impact to the timeline: If patients are unaware of new services or how to access other current services outside of an emergency room visit the number of engaged patients could be delayed.

Mitigation strategy: Education, training and community information sharing, possibly the use of media marketing will be tactics used to make sure patients and providers are aware of services and how to access them.

Risk: Financially viable crisis services.

Potential impact to the timeline: This risk has less potential impact to the initial timeline and possibly more impact as the DSRIP year's progress.

Mitigation strategy: DSRIP funding will help get the program going. Having executed an awareness campaign well will help ensure that as DSRIP funding moves to more pay for performance that the project continues to be funded. Also the PPS working with Medicaid Managed Care to get crisis services covered as a billable or reimbursable service will be important to long-term viability.

Risk: Lack of access to transportation, lack of access to transportation at non-peak service hours, the cost of transportation.

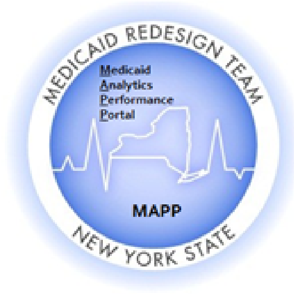
Potential impact to the timeline: If patients are not able to get to a service location this would slow down the number of patients able to be engaged.

Mitigation strategy: The PPS is looking at funding the purchase of vehicles as one way to mitigate this risk. Making sure Medicaid transportation is utilized where available will be important. Also using telemedicine in remote areas and having mobile crisis teams who can go to patients will assist with this risk.

Risk: Staffing shortages.

Potential impact to the timeline: If there is difficulty recruiting qualified staff to work on crisis projects this could delay implementing services.

Mitigation strategy: In regions where project 3.a.iv is being implemented sharing and cross training staff will help with this risk. Also working closely with the Workforce Manager for the PPS to assist in recruitment of qualified staff will be an important strategy.



Risk: Training needs.

Potential impact to the timeline: Depending on the number of staff to be trained or retrained this could slow down implementation or temporarily reduce capacity to serve patients.

Mitigation strategy: Working with partners to have staff trained to manage multiple crisis situations and provide staff safety training will be important. Working with partners to stagger ongoing training needs will help ensure adequate staffing is available to meet the patient demand for a program.

Risk: Access to secure messaging and/or EHR's.

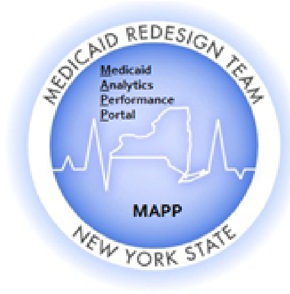
Potential impact to the timeline: Depending on how long a technology solution takes to implement this could delay meeting certain deliverables for the project.

Mitigation strategy: The PPS contract with consultants to assist our HIT work group in looking at technology solutions. Finding the right technology to ensure crisis teams have access to secure messaging will be important. Also working with our partners to figure out how crisis teams will gain access to appropriate levels of EHR data will be done during the planning phase.

Risk: CRFP monies delayed or not approved.

Potential impact to the timeline: If organizations get funding but not in a timely manner this could delay projects.

Mitigation strategy: Organizations will need to have a backup plan in the event money is not approved or it is delayed.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.ii.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q4

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Expected Number of Crisis Intervention Programs Established	4	0	0	0	0	0	0	0	0	1	2
Total Committed Providers	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**2**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**25.00**	**50.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Expected Number of Crisis Intervention Programs Established	4	3	4	4	4	4	4	4	4	4	4
Total Committed Providers	**4**	**3**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**	**4**
Percent Committed Providers(%)		**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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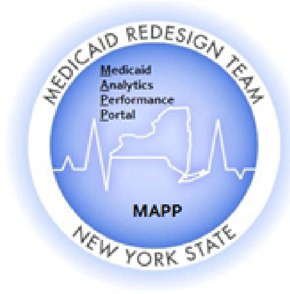

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.ii.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	8,258

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	2,211	2,764	5,529	1,506	3,012
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**26.77**	**33.47**	**66.95**	**18.24**	**36.47**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	4,500	6,023	2,000	4,129	6,000	8,258	0	0	0	0
Percent of Expected Patient Engagement(%)	**54.49**	**72.94**	**24.22**	**50.00**	**72.66**	**100.00**	**0.00**	**0.00**	**0.00**	**0.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

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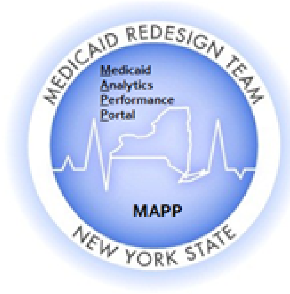
Narrative Text :

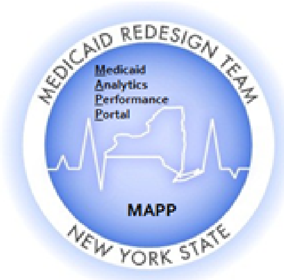


IPQR Module 3.a.ii.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 1. Identify and list organization(s) that will perform crisis outreach.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify and list organization(s) that will execute mobile crisis services.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Identify and list organization(s) that will provide intensive crisis services.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service providers and health centers.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify and list Health Homes, ER's and Hospitals in PPS.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish agreements with these providers in PPS.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2

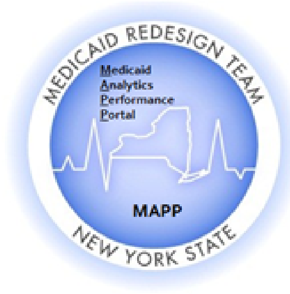


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Develop diversion management protocols with referral mechanisms.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.	Project		In Progress	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Engage in payment negotiation with MCOs to get community crisis stabilization services covered.	Project		In Progress	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Execute MOUs with MCOs.	Project		In Progress	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop various written treatment protocols, must include coordinated care.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop and outline a training program to train staff on various treatment protocols.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of community needs	Provider	Safety Net Hospitals	In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4



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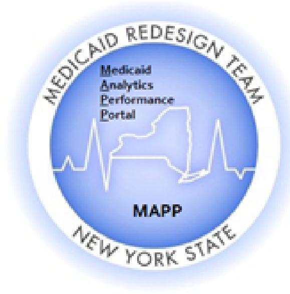
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.							
Task Establish a written agreement with the hospital.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify and list areas that need improvement to psychiatric service.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Implement improvement steps.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	Project	N/A	In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Hospitals	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Clinics	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	Provider	Safety Net Behavioral Health	In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Establish an agreement with the hospitals who will be expanding access to observation units.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Identify improvement areas and steps needed to improve, consider creation of respite centers in certain geographic regions.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Implement improvement steps identified.	Project		In Progress	03/01/2016	09/30/2016	09/30/2016	DY2 Q2
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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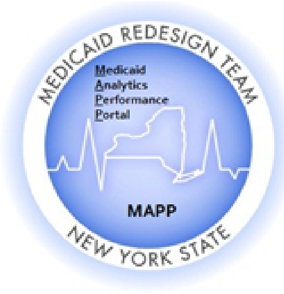
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
evidence-based protocols developed by medical staff.							
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.	Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify organization(s) and team members that will run mobile crisis.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis ream that include specific response times consistent with NYS and local regulatory body guidance.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop implementation plan for deployment of crisis mobilization unit.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Identify and implement evidence based tools to assess risk and stabilize crises.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s).	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop and outline a training program to train mobile crisis teams on evidence based protocols and implementation plan.	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Provider	Safety Net Primary Care	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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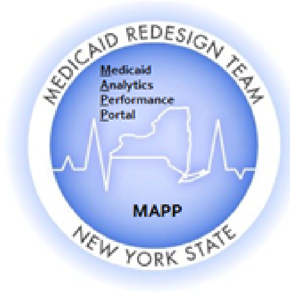
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Physicians					
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on alerts and secure messaging.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Project	N/A	In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2



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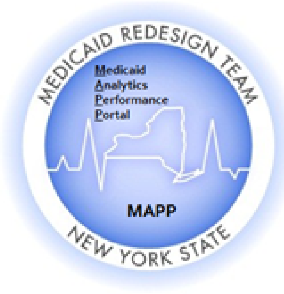
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Identify organization(s) that will house a central crisis triage.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a mechanism to report on the performance of the triage services.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train staff on triage protocols, must provide written training materials.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing homes, behavioral health, primary care providers and advocacy groups.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.	Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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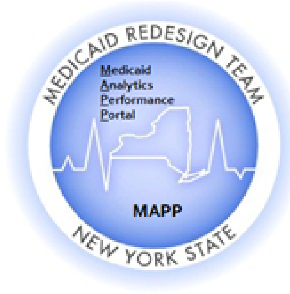
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Quality sub-committee will develop implementation plans.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality sub-committee will evaluate results of quality improvement initiatives.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner platform(s), others.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 1. Identify and list organization(s) that will perform crisis outreach.										



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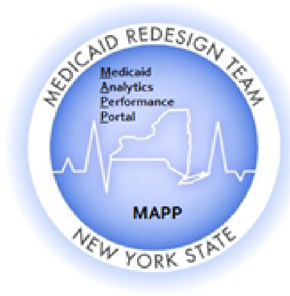
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task 2. Identify and list organization(s) that will execute mobile crisis services.										
Task 3. Identify and list organization(s) that will provide intensive crisis services.										
Task 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program.										
Task 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan.										
Task 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service providers and health centers.										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task Identify and list Health Homes, ER's and Hospitals in PPS.										
Task Establish agreements with these providers in PPS.										
Task Develop diversion management protocols with referral mechanisms.										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Engage in payment negotiation with MCOs to get community										



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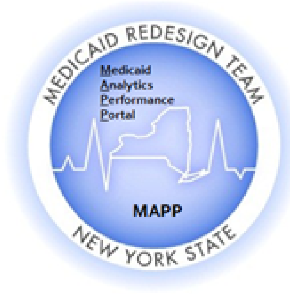
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
crisis stabilization services covered.										
Task Execute MOUs with MCOs.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task Develop various written treatment protocols, must include coordinated care.										
Task Develop and outline a training program to train staff on various treatment protocols.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	0	1	2	3	4	4	4
Task Establish a written agreement with the hospital.										
Task Identify and list areas that need improvement to psychiatric service.										
Task Implement improvement steps.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										



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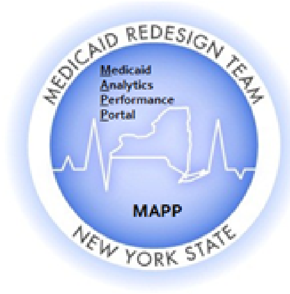
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	4	4	4	4	4	4	4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	5	5	5	5	5	5	5
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	0	0	0	12	12	12	12	12	12	12
Task Establish an agreement with the hospitals who will be expanding access to observation units.										
Task Identify improvement areas and steps needed to improve, consider creation of respite centers in certain geographic regions.										
Task Implement improvement steps identified.										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task Identify organization(s) and team members that will run mobile crisis.										
Task Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled.										



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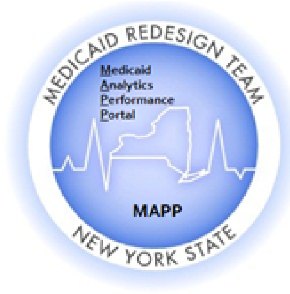
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis ream that include specific response times consistent with NYS and local regulatory body guidance.										
Task Develop implementation plan for deployment of crisis mobilization unit.										
Task Identify and implement evidence based tools to assess risk and stabilize crises.										
Task Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s).										
Task Develop and outline a training program to train mobile crisis teams on evidence based protocols and implementation plan.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	1	2	3	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	3	6	9	12	12	12
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										



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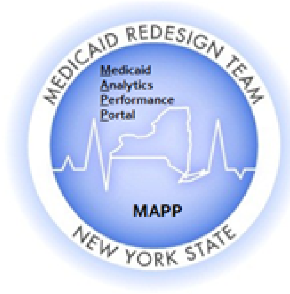
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical partners participating within the PPS.										
Task Train staff on alerts and secure messaging.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them.										
Task Identify organization(s) that will house a central crisis triage.										
Task Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly.										
Task Develop a mechanism to report on the performance of the triage services.										
Task Train staff on triage protocols, must provide written training materials.										
Task Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing										

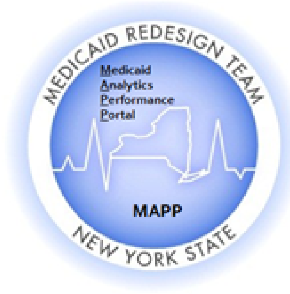


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
homes, behavioral health, primary care providers and advocacy groups.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Quality sub-committee will develop implementation plans.										
Task Quality sub-committee will evaluate results of quality improvement initiatives.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner platform(s), others.										



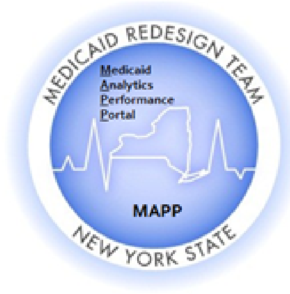
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.										
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.										
Task 1. Identify and list organization(s) that will perform crisis outreach.										
Task 2. Identify and list organization(s) that will execute mobile crisis services.										
Task 3. Identify and list organization(s) that will provide intensive crisis services.										
Task 4. Hold kick off meetings where project teams meet and review plans for implementation of a crisis intervention program.										
Task 5. Ensure staff is licensed or designated by OMH/OASAS to provide specific crisis services described in the NYS Medicaid state plan.										
Task 6. Establish a marketing and promotion plan to market new crisis intervention program to the community, social service										



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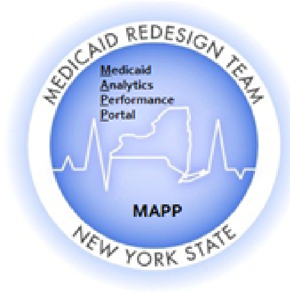
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
providers and health centers.										
Milestone #2 Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.										
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).										
Task Identify and list Health Homes, ER's and Hospitals in PPS.										
Task Establish agreements with these providers in PPS.										
Task Develop diversion management protocols with referral mechanisms.										
Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.										
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Engage in payment negotiation with MCOs to get community crisis stabilization services covered.										
Task Execute MOUs with MCOs.										
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.										
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.										
Task Coordinated treatment care protocols are in place.										
Task Develop various written treatment protocols, must include coordinated care.										



New York State Department Of Health
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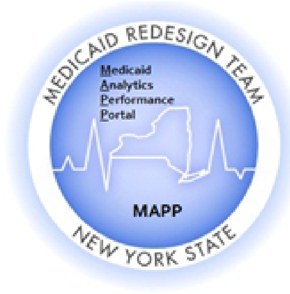
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop and outline a training program to train staff on various treatment protocols.										
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.										
Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network										
Task PPS evaluates access to psychiatric services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	4	4	4	4	4	4	4	4	4	4
Task Establish a written agreement with the hospital.										
Task Identify and list areas that need improvement to psychiatric service.										
Task Implement improvement steps.										
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).										
Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.										
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	4	4	4	4	4	4	4	4	4	4
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	5	5	5	5	5	5	5	5	5	5
Task PPS evaluates access to observation unit or off campus crisis residence services (in terms of community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.	12	12	12	12	12	12	12	12	12	12

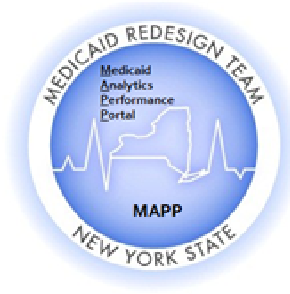


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish an agreement with the hospitals who will be expanding access to observation units.										
Task Identify improvement areas and steps needed to improve, consider creation of respite centers in certain geographic regions.										
Task Implement improvement steps identified.										
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.										
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community.										
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.										
Task Identify organization(s) and team members that will run mobile crisis.										
Task Identify and develop evidence-based protocols which meet HCBS standards. Other protocols should include transition of care including personal contact by crisis team member, deployment of the mobile crisis team results in a team debrief of the circumstances that lead to the deployment and how crisis was handled.										
Task Establish agreements for psychiatric and Addiction Medicine consultation services to the crisis ream that include specific response times consistent with NYS and local regulatory body guidance.										
Task Develop implementation plan for deployment of crisis mobilization unit.										
Task Identify and implement evidence based tools to assess risk and stabilize crises.										
Task Develop or utilize written training materials and guidelines, evidence-based, for mobile crisis team(s).										
Task Develop and outline a training program to train mobile crisis										



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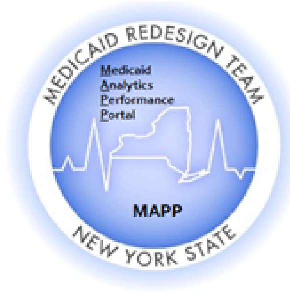
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
teams on evidence based protocols and implementation plan.										
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	0	0
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	4	4	4	4	4	4	4	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	12	12	12	12	12	12	12	12	12	12
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task Identify EHR vendor systems being used by participating safety net providers within the PPS.										
Task Confirm that each of the EHR vendor systems being used within the PPS includes DIRECT Exchange (secure messaging), alerts and patient record look up.										
Task For those EHR vendor systems that do not meet these requirements, develop a plan to address this issue with the participating provider.										
Task Develop an implementation plan that includes setting up the sharing of health information via HIE and amongst clinical partners participating within the PPS.										
Task Validate that all participating PPS safety net providers are actively sharing health information via HIE and amongst clinical										



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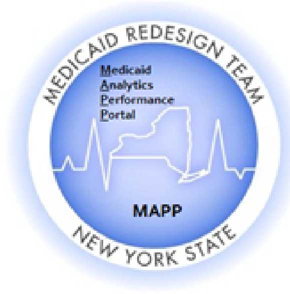
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
partners participating within the PPS.										
Task Train staff on alerts and secure messaging.										
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.										
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.										
Task List participating psychiatrists, mental health, behavioral health and substance abuse providers who will be part of the central triage service and develop agreements with them.										
Task Identify organization(s) that will house a central crisis triage.										
Task Develop policies and procedures for triage services that include access to hotlines, decision making tools that lead to clinically appropriate interventions and the ability to deploy staff rapidly.										
Task Develop a mechanism to report on the performance of the triage services.										
Task Train staff on triage protocols, must provide written training materials.										
Task Develop an education and outreach campaign regarding the triage protocol and the value of triage and diversion for emergency responders, community shelters, schools, nursing homes, behavioral health, primary care providers and advocacy groups.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.										



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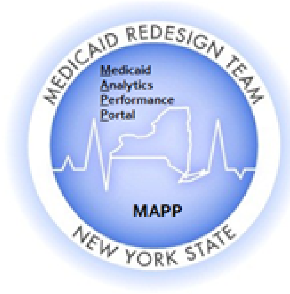
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.										
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.										
Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee.										
Task Quality sub-committee will develop implementation plans.										
Task Quality sub-committee will evaluate results of quality improvement initiatives.										
Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2aii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										



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Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

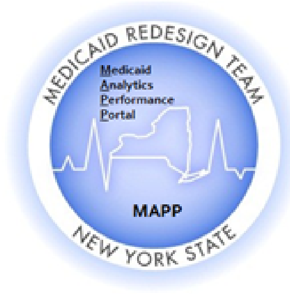
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	



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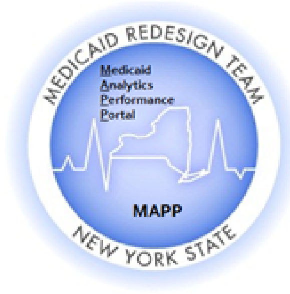
Adirondack Health Institute, Inc. (PPS ID:23)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	



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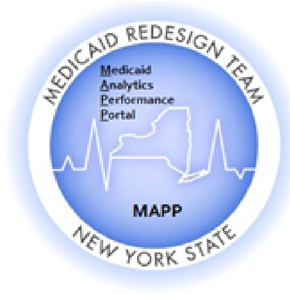
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.ii.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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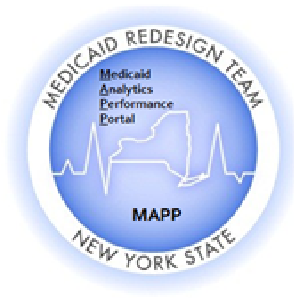
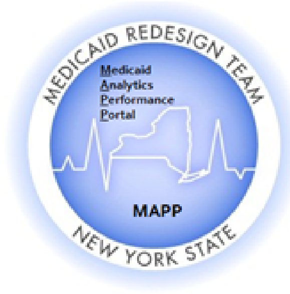
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



IPQR Module 3.a.ii.6 - IA Monitoring

Instructions :



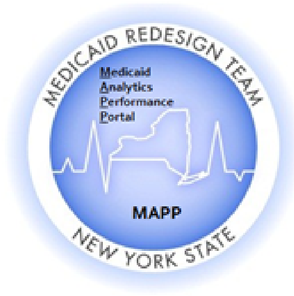
Project 3.a.iv – Development of Withdrawal Management (e.g., ambulatory detoxification, ancillary withdrawal services) capabilities and appropriate enhanced abstinence services within community-based addiction treatment programs

IPQR Module 3.a.iv.1 - Major Risks to Implementation and Mitigation Strategies

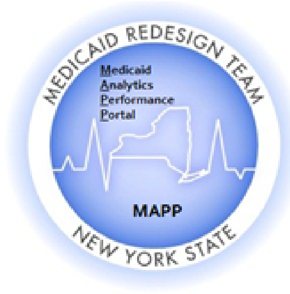
Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: In Plattsburgh finding a board certified addiction medicine MD.
Potential impact to the timeline: Until an MD is on-boarded the implementation in Plattsburgh may not be able to begin.
Mitigation strategy: A waiver will be sent with the ambulatory detox application to OASAS asking for time and support to get a certified MD.
Risk: Staffing shortage.
Potential impact to the timeline: Lack of staffing could slow down beginning the projects implementation.
Mitigation strategy: There are 3 certified recovery coaches in Clinton County. A five day training will be brought to the region to increase the recovery coach pool. Also cross training staff with project 3.a.ii will assist in meeting the need for providers.
Risk: Access to appropriate level of detoxification services.
Potential impact to the timeline: If patients do not have access to the right level of service you risk having too many patients pushed into the wrong level of care and burdening the service and staff which would cause lack of timely access.
Mitigation strategy: In Saranac Lake, Adirondack Health is going to work with St. Joseph's to convert five inpatient beds to be inpatient detox beds run by St. Joseph's. By increasing access to inpatient detox services, currently Canton-Potsdam Hospital is the closest inpatient detox and often has a wait list for services; patients who truly are appropriate for ambulatory detox will have better access to this service.
Risk: Assessing what level of care patients need.
Potential impact to the timeline: If patients are incorrectly assessed for service level this could over burden staff trying to manage patients who should be in a different setting, taking away for executing services for those who are appropriate for ambulatory detox.
Mitigation strategy: Establishing policies, procedures, and protocols for assessment of patients and training staff will reduce this risk and help ensure patients are sent to the right level of care the first time and will have the best chance for successful detox and recovery.
Risk: Lack of transportation.
Potential impact to the timeline: If patients cannot get to a service, fewer patients would be served.
Mitigation strategy: Providing staff with access to a transportation resource list will help ensure patients have a way to get to care.
Risk: Integration of PCP teams in outpatient detox sites.
Potential impact to the timeline: If a patient is not medically stable, or has an underlying medical condition that isn't being addressed this could cause delay in successful treatment.
Mitigation strategy: The PPS has an extensive network of providers who can partner with the outpatient detox sites to meet this need.
Risk: Having enough prescribers to meet the need for buprenorphine prescriptions.
Potential impact to the timeline: Lack of prescribers would mean fewer patients could access services.
Mitigation strategy: The PPS Workforce Manager will work closely with partner organizations to recruit for more prescribers based on the patient demand level.
Risk: Incorporating care management services.



Potential impact to the timeline: If patients do not have access to care coordination and resources to meet basic needs they may end up relapsing and then would need to reengage in detox services which could reduce the number of new patients who could benefit from services. Mitigation strategy: Working with our Health Home providers to ensure there are enough care coordinators available to meet patient need will reduce the risk of patients going without coordination of care and access to resource assistance. Risk: CRFP monies delayed or not approved. Potential impact to the timeline: If organizations get funding but not in a timely manner this could delay projects. Mitigation strategy: Organizations will need to have a backup plan in the event money is not approved or it is delayed



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.iv.2 - Project Implementation Speed

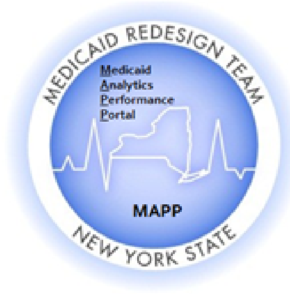
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	0	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Hospitals	2	0	0	0	0	0	0	0	0	0	0
Clinics	4	0	0	0	0	0	0	0	0	0	0
Health Home / Care Management	2	0	0	0	0	0	0	0	0	0	0
Behavioral Health	13	0	0	0	0	0	0	0	0	0	0
Substance Abuse	4	0	0	0	0	0	0	0	0	0	0
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	1	0	0	0	0	0	0	0	0	0	0
All Other	5	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**31**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	0	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	0	0	0	0	0	0	0	0	0	0	0
Hospitals	2	1	1	1	2	2	2	2	2	2	2
Clinics	4	1	2	3	4	4	4	4	4	4	4



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Adirondack Health Institute, Inc. (PPS ID:23)

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Health Home / Care Management	2	1	1	1	2	2	2	2	2	2	2
Behavioral Health	13	3	6	10	13	13	13	13	13	13	13
Substance Abuse	4	1	2	3	4	4	4	4	4	4	4
Pharmacies	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	1	0	1	1	1	1	1	1	1	1	1
All Other	5	1	3	4	5	5	5	5	5	5	5
Total Committed Providers	**31**	**8**	**16**	**23**	**31**	**31**	**31**	**31**	**31**	**31**	**31**
Percent Committed Providers(%)		**25.81**	**51.61**	**74.19**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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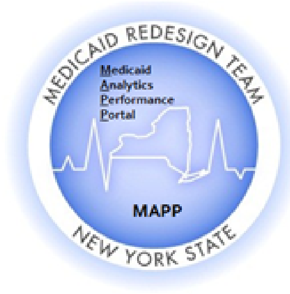

IPQR Module 3.a.iv.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	988

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	140	195	350	170	340
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**14.17**	**19.74**	**35.43**	**17.21**	**34.41**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	510	679	247	494	741	988	988	988	988	988
Percent of Expected Patient Engagement(%)	**51.62**	**68.72**	**25.00**	**50.00**	**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

Current File Uploads

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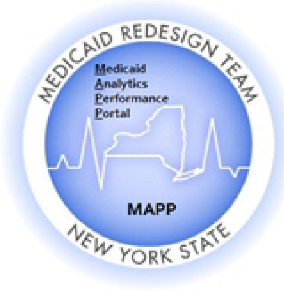

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DSRIP Implementation Plan Project

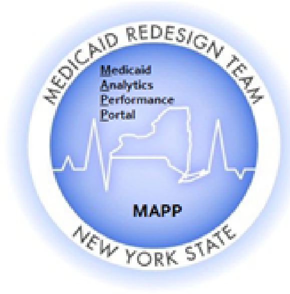
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.a.iv.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Develop community-based addiction treatment, ambulatory detox.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.)	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Obtain necessary space with appropriate medical equipment and ways to safely maintain medications.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Obtain written approval from OASAS for any space use alterations.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Hold kick off meetings with the project teams to dicuss and review plans.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Plan for marketing and promotion of community based addiction treatment program services.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish integrated stabilization services, including social services.	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	Project	N/A	In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Provider	Hospitals	In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4



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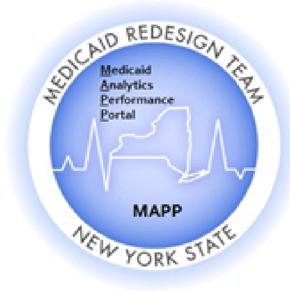
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.							
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Behavioral Health	In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Substance Abuse	In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.	Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify all SUD treatment programs and obtain written agreements.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify all inpatient detox programs and obtain written agreements.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly.	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop collaborative care protocols between community-based and inpatient treatment providers which include referral procedures and care coordination with the continuum of recovery and treatment supports.	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop evidence-based practice guidelines for community withdrawal management services.	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Implementation of referral procedures between community treatment programs and impatient detoxification services.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4



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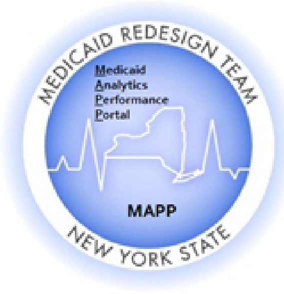
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
as well as familiarity with other withdrawal management agents.							
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Post job opening.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Actively recruit for medical director.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Hold interviews for medical director position.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Offer position to qualified applicant.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Execute signed contract of employment.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	Project	N/A	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Primary Care Physicians	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Non-PCP Practitioners	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Hospitals	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide	Provider	Behavioral Health	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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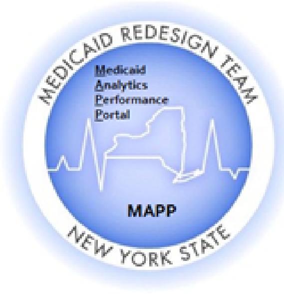
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
withdrawal management services to target patients.							
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	Provider	Substance Abuse	In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Obtain written agreements of collaborative service approach.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop a referral procedure for these SUD providers.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	Project	N/A	In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place for community withdrawal management services.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish policies and procedures for how frequently updates to care protocols must be done.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Develop implementation plan across the region.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education.	Project		In Progress	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Develop care management services within the SUD treatment program.	Project	N/A	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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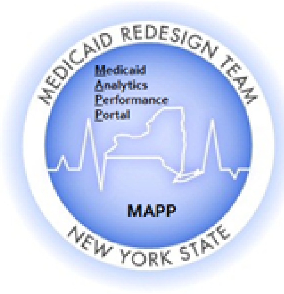
Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Staff are trained to provide care management services within SUD treatment program.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHs in PPS.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop evidence-based care protocols for care management within SUD treatment program.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Develop implementation plan across the region.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Train staff on care management services, must provide written training materials.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Care managers have the knowledge to identify community support resources for patients with the SUD treatment program.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO to develop protocols for coordination of services under this project.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify all MCOs in the PPS.	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.	Project		In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Engage in payment negotiation with MCOs to get ambulatory detox services covered.	Project		In Progress	06/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Execute MOUs with MCOs.	Project		In Progress	09/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4



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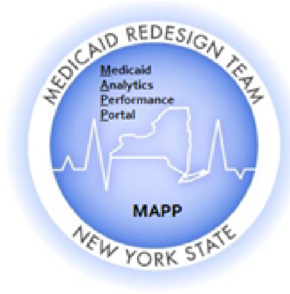
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
for project milestone reporting.							
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Identify targeted patient population.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.	Project		In Progress	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.										
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.										
Task Develop community-based addiction treatment, ambulatory detox.										



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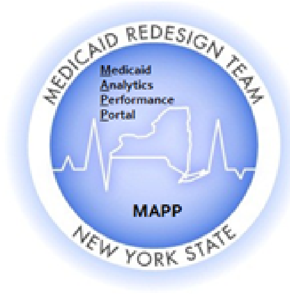
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.)										
Task Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services.										
Task Obtain necessary space with appropriate medical equipment and ways to safely maintain medications.										
Task Obtain written approval from OASAS for any space use alterations.										
Task Hold kick off meetings with the project teams to dicuss and review plans.										
Task Plan for marketing and promotion of community based addiction treatment program services.										
Task Establish integrated stabilization services, including social services.										
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	1	2	2	2	2	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	6	13	13	13	13	13	13	13
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	2	4	4	4	4	4	4	4
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment										



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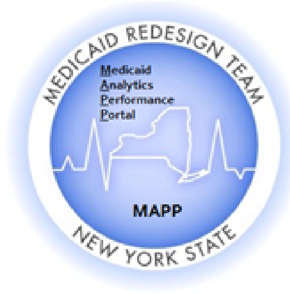
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
programs as well as between community treatment programs and inpatient detoxification facilities.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.										
Task Identify all SUD treatment programs and obtain written agreements.										
Task Identify all inpatient detox programs and obtain written agreements.										
Task Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly.										
Task Develop collaborative care protocols between community-based and inpatient treatment providers which include referral procedures and care coordination with the continuum of recovery and treatment supports.										
Task Develop evidence-based practice guidelines for community withdrawal management services.										
Task Implementation of referral procedures between community treatment programs and impatient detoxification services.										
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.										
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task Post job opening.										
Task Actively recruit for medical director.										

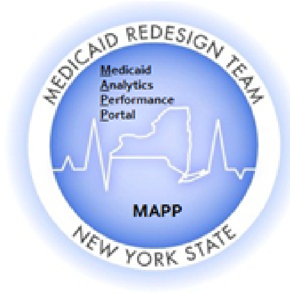


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Hold interviews for medical director position.										
Task Offer position to qualified applicant.										
Task Execute signed contract of employment.										
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	0	0	0
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	0	0	0
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	2	2	2	2	2	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	13	13	13	13	13	13	13	13
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	4	4	4	4	4	4	4	4
Task Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient.										
Task Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued										

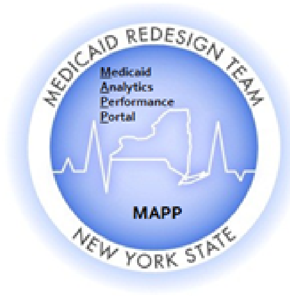


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
maintenance therapy.										
Task Obtain written agreements of collaborative service approach.										
Task Develop a referral procedure for these SUD providers.										
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services.										
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.										
Task Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners										
Task Establish policies and procedures for how frequently updates to care protocols must be done.										
Task Develop implementation plan across the region.										
Task Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education.										
Milestone #6 Develop care management services within the SUD treatment program.										
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.										
Task Staff are trained to provide care management services within SUD treatment program.										
Task Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHs in PPS.										
Task Develop evidence-based care protocols for care management within SUD treatment program.										

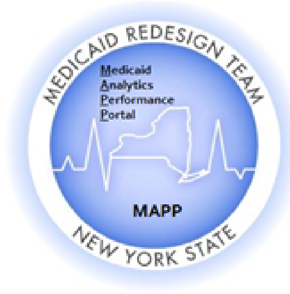


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Develop implementation plan across the region.										
Task Train staff on care management services, must provide written training materials.										
Task Care managers have the knowledge to identify community support resources for patients with the SUD treatment program.										
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Engage in payment negotiation with MCOs to get ambulatory detox services covered.										
Task Execute MOUs with MCOs.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Identify targeted patient population.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information										



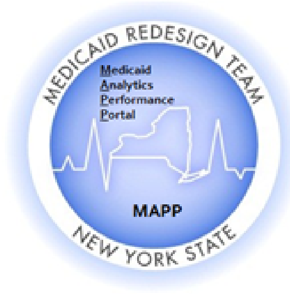
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.										
Task PPS has developed community-based addiction treatment programs that include outpatient SUD sites, PCP integrated teams, and stabilization services.										
Task Develop community-based addiction treatment, ambulatory detox.										
Task Establish community based addiction treatment project teams, including leaders of integrated primary care providers and other key partners (Hospitals, ER, mental health, health centers, social services, etc.)										
Task Obtain the licensure or waivers necessary in order to perform ambulatory detoxification services.										
Task Obtain necessary space with appropriate medical equipment and ways to safely maintain medications.										
Task Obtain written approval from OASAS for any space use alterations.										
Task Hold kick off meetings with the project teams to dicuss and										

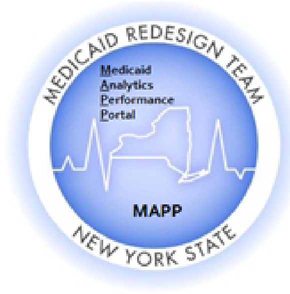


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
review plans.										
Task Plan for marketing and promotion of community based addiction treatment program services.										
Task Establish integrated stabilization services, including social services.										
Milestone #2 Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	2	2	2	2	2	2	2	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	13	13	13	13	13	13	13	13	13	13
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	4	4	4	4	4	4	4	4	4	4
Task Regularly scheduled formal meetings are held to develop collaborative care practices among community treatment programs as well as between community treatment programs and inpatient detoxification facilities.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services. Protocols include referral procedures.										
Task Identify all SUD treatment programs and obtain written agreements.										
Task Identify all inpatient detox programs and obtain written agreements.										
Task Establish a SUD provider group that includes community-based and inpatient providers that will meet regularly.										

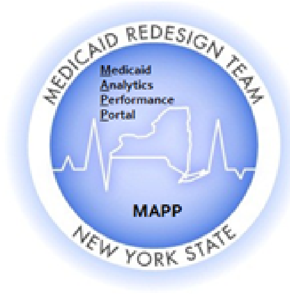


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop collaborative care protocols between community-based and inpatient treatment providers which include referral procedures and care coordination with the continuum of recovery and treatment supports.										
Task Develop evidence-based practice guidelines for community withdrawal management services.										
Task Implementation of referral procedures between community treatment programs and impatient detoxification services.										
Milestone #3 Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.										
Task PPS has designated at least one qualified and certified physician with training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task Create job description for a medical director, must have training and privileges for use of buprenorphine/Naltrexone and other withdrawal agents.										
Task Post job opening.										
Task Actively recruit for medical director.										
Task Hold interviews for medical director position.										
Task Offer position to qualified applicant.										
Task Execute signed contract of employment.										
Milestone #4 Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that	0	0	0	0	0	0	0	0	0	0



New York State Department Of Health
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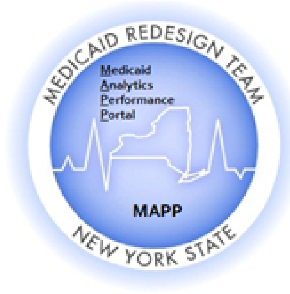
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
have the capacity to provide withdrawal management services to target patients.										
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	0	0	0	0	0	0	0	0	0	0
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	2	2	2	2	2	2	2	2	2	2
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	13	13	13	13	13	13	13	13	13	13
Task PPS has established relationships between inpatient detoxification services and community treatment programs that have the capacity to provide withdrawal management services to target patients.	4	4	4	4	4	4	4	4	4	4
Task Develop and maintain a complete list of SUD providers approved for outpatient medication management of opioid addiction, including community-based and inpatient.										
Task Identify which providers of SUD services are willing to work collaboratively with care managers as well as continued maintenance therapy.										
Task Obtain written agreements of collaborative service approach.										
Task Develop a referral procedure for these SUD providers.										
Milestone #5 Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.										
Task Coordinated evidence-based care protocols are in place for community withdrawal management services.										
Task Staff are trained on community-based withdrawal management protocols and care coordination procedures.										



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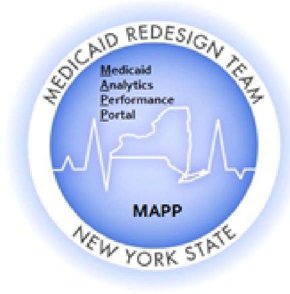
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Develop evidence-based care protocols for coordinated ambulatory detox from alcohol, opiates, and sedatives. Protocols should include acute care processes, referral processes with community partners										
Task Establish policies and procedures for how frequently updates to care protocols must be done.										
Task Develop implementation plan across the region.										
Task Train staff on ambulatory detox care protocols, must provide written training materials with a plan of continuing education.										
Milestone #6 Develop care management services within the SUD treatment program.										
Task Coordinated evidence-based care protocols are in place for care management services within SUD treatment program.										
Task Staff are trained to provide care management services within SUD treatment program.										
Task Develop formal referral and care coordination agreements with continuum of recovery and treatment supports, working with existing HHs in PPS.										
Task Develop evidence-based care protocols for care management within SUD treatment program.										
Task Develop implementation plan across the region.										
Task Train staff on care management services, must provide written training materials.										
Task Care managers have the knowledge to identify community support resources for patients with the SUD treatment program.										
Milestone #7 Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.										
Task PPS has engaged MCO to develop protocols for coordination of services under this project.										

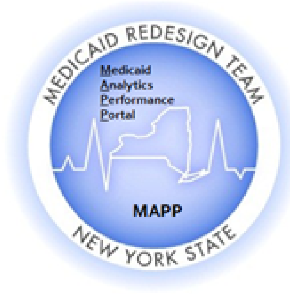


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Engage in payment negotiation with MCOs to get ambulatory detox services covered.										
Task Execute MOUs with MCOs.										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Identify targeted patient population.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

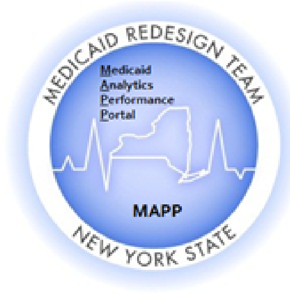
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop community-based addiction treatment programs that include outpatient SUD sites with PCP integrated teams, and stabilization services including social services.	
Establish referral relationships between community treatment programs and inpatient detoxification services with development of referral protocols.	
Include a project medical director, board certified in addiction medicine, with training and privileges for use of buprenorphine and buprenorphine/naltrexone as well as familiarity with other withdrawal management agents.	
Identify and link to providers approved for outpatient medication management of opioid addiction who agree to provide continued maintenance therapy and collaborate with the treatment program and care manager. These may include practices with collocated behavioral health services, opioid treatment programs or outpatient SUD clinics.	
Develop community-based withdrawal management (ambulatory detoxification) protocols based upon evidence based best practices and staff training.	
Develop care management services within the SUD treatment program.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

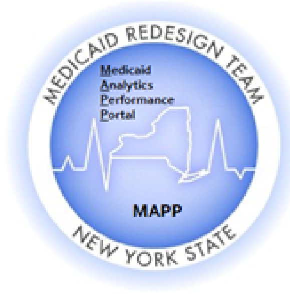


IPQR Module 3.a.iv.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

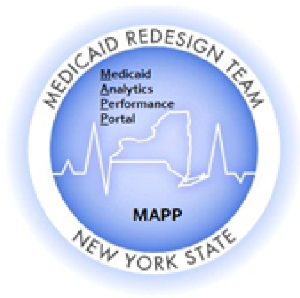
PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

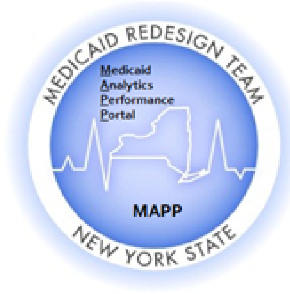
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



IPQR Module 3.a.iv.6 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

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

IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

Risk: Lack of qualified/credentialed professionals with palliative care knowledge and expertise.

Potential impact to the timeline: Lack of providers means an inability to execute new and additional services in the palliative care arena.

Mitigation strategy: Lack of providers means an inability to execute new and additional services in the palliative care arena.

Risk: Historically palliative care services have not been utilized, are utilized infrequently, or not utilized as early on in a patient's case to increase the positive effects.

Potential impact to the timeline: Lack of knowledge around palliative care in general could slow down referrals and delay the timeline.

Mitigation strategy: Increase provider, patient, and community knowledge base around palliative care services.

Risk: Cost effectiveness of palliative care.

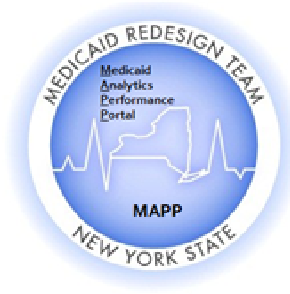
Potential impact to the timeline: Ensuring MCO's will pay for services may take negotiation of reimbursements and slow down getting patients into care.

Mitigation strategy: Work with evaluators to develop a statistical model for demonstrating outcomes of palliative care projects and prove cost effectiveness of care.

Risk: Smaller practices lack patient volume and resources to hire dedicated staff to support palliative care.

Potential impact to the timeline: Under-resourced providers will be reluctant to provide palliative care as it will put additional strain on the practice, thus reducing the number of patients able to benefit from this service.

Mitigation strategy: Potentially having central palliative care staff that can support multiple small practices would reduce the cost and burden.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.g.i.2 - Project Implementation Speed

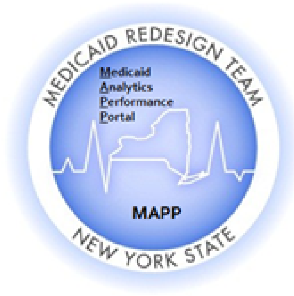
Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY4,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	130	0	0	0	0	0	0	0	0	0	0
Non-PCP Practitioners	73	0	0	0	0	0	0	0	0	0	0
Clinics	8	0	0	0	0	0	0	0	0	0	0
Hospice	3	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	5	0	0	0	0	0	0	0	0	0	0
All Other	10	0	0	0	0	0	0	0	0	0	0
Total Committed Providers	**229**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	130	32	65	97	130	130	130	130	130	130	130
Non-PCP Practitioners	73	19	37	56	73	73	73	73	73	73	73
Clinics	8	2	4	6	8	8	8	8	8	8	8
Hospice	3	1	1	2	3	3	3	3	3	3	3
Community Based Organizations	5	1	2	3	5	5	5	5	5	5	5
All Other	10	2	5	7	10	10	10	10	10	10	10
Total Committed Providers	**229**	**57**	**114**	**171**	**229**	**229**	**229**	**229**	**229**	**229**	**229**
Percent Committed Providers(%)		**24.89**	**49.78**	**74.67**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**



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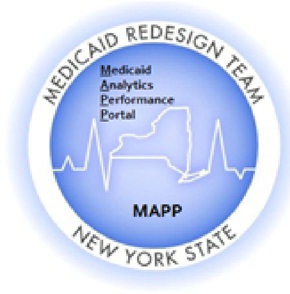

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.g.i.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY4,Q4	4,265

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	0	0	0	0	1,023	1,760	2,557	850	1,709
Percent of Expected Patient Engagement(%)	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**23.99**	**41.27**	**59.95**	**19.93**	**40.07**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	2,560	3,418	1,060	2,133	3,200	4,265	4,265	4,265	4,265	4,265
Percent of Expected Patient Engagement(%)	**60.02**	**80.14**	**24.85**	**50.01**	**75.03**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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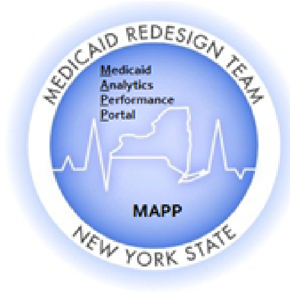


New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

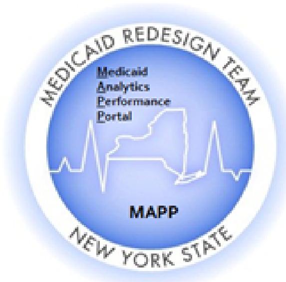
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.g.i.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	Project	N/A	In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify Palliative Care Project Champion (clinical leader)	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress.	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Identify existing community and provider resources and define scope of services / support that they can provide.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Identify gaps in community & provider resources necessary to bring palliative services into the practice; acquire or develop additional resources as needed.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4



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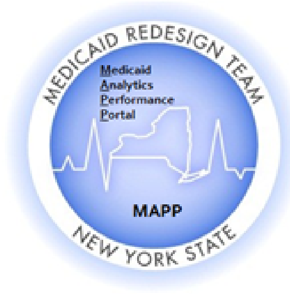
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	Project	N/A	In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Clinical Quality Committee adopts eligibility and services guidelines.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	Project	N/A	In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Develop the tools / resources needed to support dissemination of guidelines &	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2



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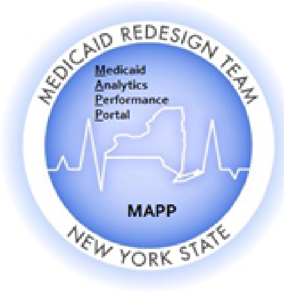
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2.							
Task Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training, maintain documentation, determine plan for on-going training needs.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.	Project	N/A	In Progress	09/30/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.	Project		In Progress	09/30/2015	09/30/2017	09/30/2017	DY3 Q2
Task Identify all MCOs in the PPS.	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Schedule meetings with MCOs.	Project		In Progress	03/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Negotiate with MCOs to get palliative care supports and services covered.	Project		In Progress	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Finalize agreements with MCOs for coverage of palliative care supports and services.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.	Project	N/A	In Progress	07/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	03/31/2016	09/30/2016	09/30/2016	DY2 Q2
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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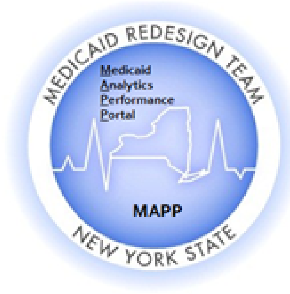
Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Committee). Options may include partner EHRs, PHM platform(s), others.							
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.	Project		In Progress	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.	Project		In Progress	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.										
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.	0	0	65	130	130	130	130	130	130	130
Task Identify Palliative Care Project Champion (clinical leader)										
Task Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress.										
Task Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.										



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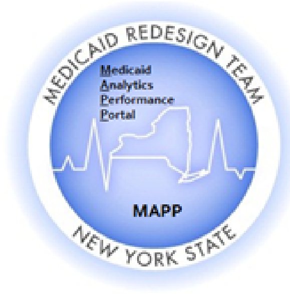
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.										
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task Identify existing community and provider resources and define scope of services / support that they can provide.										
Task Identify gaps in community & provider resources necessary to bring palliative services into the practice; acquire or develop additional resources as needed.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form.										
Task Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.										
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out										



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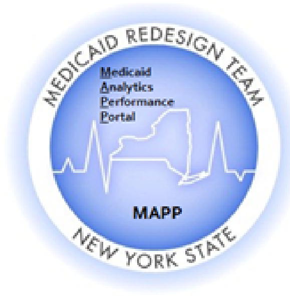
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
protocols and timeline for integrating measurements into quality/IT systems.										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										
Task In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs.										
Task Develop the tools / resources needed to support dissemination of guidelines & protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2.										
Task Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained.										
Task Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols.										
Task Provide training, maintain documentation, determine plan for on-going training needs.										
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.										
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Negotiate with MCOs to get palliative care supports and services covered.										



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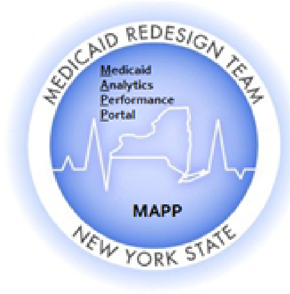
Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Finalize agreements with MCOs for coverage of palliative care supports and services.										
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.										
Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices	130	130	130	130	130	130	130	130	130	130



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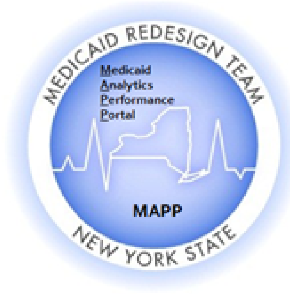
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.										
Task Identify Palliative Care Project Champion (clinical leader)										
Task Ensure all primary care providers taking part in Project 3.g.i are also actively participating in Project 2.a.ii; Coordinate with Project 2.a.ii team to monitor progress.										
Task Obtain signed agreements from primary care providers/practices demonstrating commitment to achieve at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3.										
Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.										
Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice.										
Task Identify existing community and provider resources and define scope of services / support that they can provide.										
Task Identify gaps in community & provider resources necessary to bring palliative services into the practice; acquire or develop additional resources as needed.										
Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.										
Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills.										
Task In coordination with the PPS Clinical Quality Committee, gather existing clinical guidelines and policies/procedures for palliative care eligibility and services. Include guidelines currently in use with PPS partners, and research best practices. Include a										



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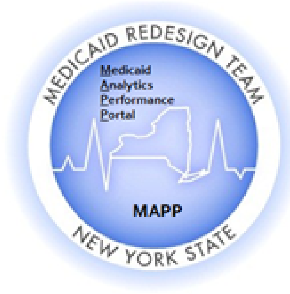
Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
protocol to screen patients for appropriate implementation of the DOH 5003 MOLST form.										
Task Project Team reviews info obtained in step 1, and develops PPS-wide eligibility and services guidelines, makes recommendation to Clinical Quality Committee for adoption.										
Task Clinical Quality Committee adopts eligibility and services guidelines.										
Task Identify process and quality measures to track in conjunction with the guidelines / protocols that are adopted.										
Task Develop timeline for adoption across the region, including time commitments from participating organizations to roll out protocols and timeline for integrating measurements into quality/IT systems.										
Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.										
Task Staff has received appropriate palliative care skills training, including training on PPS care protocols.										
Task In conjunction with Workforce Committee, assess workforce current knowledge of palliative care practices to identify specific training needs.										
Task Develop the tools / resources needed to support dissemination of guidelines & protocols, including summaries, flowcharts, memos, slides, and other communication tools. Acquire or develop any additional content for the training needs identified in task #2.										
Task Develop Palliative Care training plan, in conjunction with workforce committee. Plan must include materials to be utilized, dates of training occurrences and the number of employees who will be trained.										
Task Establish method to track palliative care training, dissemination of palliative care guidelines and protocols, and to monitor adherence to such protocols.										
Task Provide training, maintain documentation, determine plan for										



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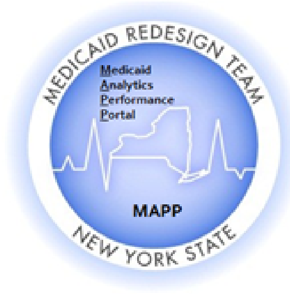
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
on-going training needs.										
Milestone #5 Engage with Medicaid Managed Care to address coverage of services.										
Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services.										
Task Identify all MCOs in the PPS.										
Task Schedule meetings with MCOs.										
Task Negotiate with MCOs to get palliative care supports and services covered.										
Task Finalize agreements with MCOs for coverage of palliative care supports and services.										
Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Translate actively engaged definition into operational terms – incorporate any changes provided by DOH in anticipated revision of the actively engaged definition.										
Task Determine which technical platform(s) are appropriate to use for tracking purposes (coordinate with HIT Workgroup and/or the IT & Data Sharing Committee). Options may include partner EHRs, PHM platform(s), others.										
Task Determine need for modifications to existing information systems & work with vendors to implement changes. Coordinate with Project 2.a.ii team and IT & Data Sharing Committee as needed.										
Task Create flowchart and other resources, illustrating all steps in tracking process, including persons responsible for each piece of data gathering and documentation.										
Task Provide training as needed to ensure all staff implement the tracking procedures consistently.										



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Establish mechanism to monitor the quality of the results obtained through the tracking process; provide additional training/remediation as needed.										

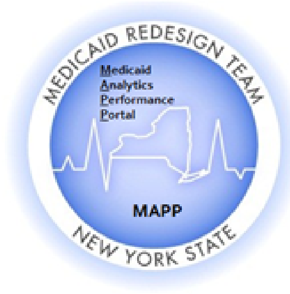
Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification.	
Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice.	
Develop and adopt clinical guidelines agreed to by all partners including services and eligibility.	
Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS.	
Engage with Medicaid Managed Care to address coverage of services.	
Use EHRs or other IT platforms to track all patients engaged in this project.	



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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

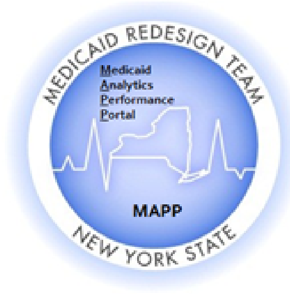
Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 3.g.i.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	In Progress	The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	In Progress	AHI PPS disseminates information on current status of regulatory relief; Regulatory Relief Webinar is provided to educate partners on the initial AHI PPS Regulatory Relief application and NYS response.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	In Progress	If needed, Project Team revises model/work plan to be in accordance with existing regulations. For example, if a waiver was anticipated during the design phase but was not granted, modifications will need to be made to the plan. Regulatory barriers that present a major risk to project success are noted in "risks and mitigation", and are raised to the appropriate PPS Governing bodies.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Project Team identifies any additional regulatory barriers to project implementation.	In Progress	Project Team identifies any additional regulatory barriers to project implementation.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	In Progress	AHI PPS submits additional regulatory waiver requests to NYS DOH as needed, in accordance with DOH requirements/timeline for such submissions.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS Partners/Providers complete organization-specific waiver applications as required by NYS	In Progress	PPS Partners/Providers complete organization-specific waiver applications as required by NYS DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
DOH. The PPS PMO notifies Partners of due dates and processes, and assists Partners in resolving any barriers to successful submission of their applications.		applications.				
Task PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	In Progress	PPS Regional Compliance Committee tracks the PPS Regulatory Relief Waiver process and status.	07/01/2015	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

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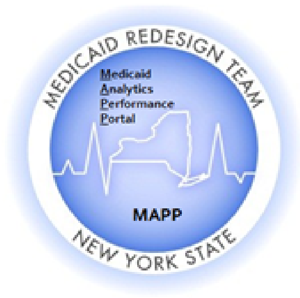
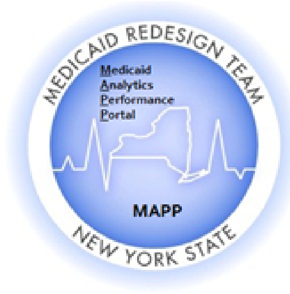
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
The AHI PPS, and the PPS Partners/Providers obtain regulatory waivers, if necessary to implement the plan.	



IPQR Module 3.g.i.6 - IA Monitoring

Instructions :



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

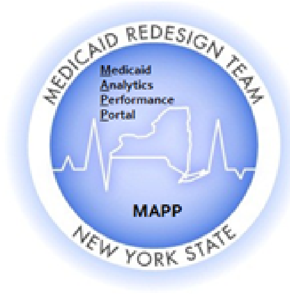
Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

IPQR Module 4.a.iii.1 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones. For Domain 4 projects, these milestones must align with content submitted in the PPS Application.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone Participate in MEB health promotion and MEB disorder prevention partnerships.	In Progress	Partnerships	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify partners/organizations/agencies to be involved in a PPS wide (regional) MEB coalition.	Completed	This task is complete.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Form a PPS wide (regional) MEB coalition.	Completed	This group has formed and has met.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Write a charter or mission statement for the PPS wide (regional)MEB coalition.	In Progress	Write	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Hold quarterly PPS wide (regional) MEB coalition meetings.	In Progress	Meet	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Form PPS sub region work groups that include key representatives from governmental agencies, healthcare, CBOs, and schools.	In Progress	Sub region form	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task PPS sub region work groups to identify which training programs need to be executed based on the Community Needs Assessment data.	In Progress	ID trainings	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone Obtain evidence-based MEB promotion and prevention resources.	In Progress	Resources	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task Identify all MEB trainings that need to be	In Progress	ID trainings	04/01/2015	03/31/2016	03/31/2016	DY1 Q4



New York State Department Of Health
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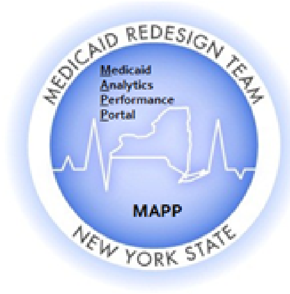
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
offered.						
Task Research evidence-based models.	In Progress	Research	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Purchase new evidence-based training materials as needed.	In Progress	Purchase	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Utilize current evidence-based models as appropriate.	In Progress	Use current	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone Have an MEB integration plan.	In Progress	Plan	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task The PPS wide MEB coalition will draft an integration plan that includes incorporating SEDL, trauma informed care, poverty constructs, and cross training for providers.	In Progress	Write	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task PPS sub region work groups will review the draft integration plan and provide feedback to include additions, revisions, or deletions to draft.	In Progress	Review	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task The PPS wide MEB coalition will review feedback from the sub region work groups and make changes to the integration plan draft if needed.	In Progress	Edit from feedback	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task If needed a revised version of the integration plan will be reviewed by the sub region work groups for approval.	In Progress	Review for approval	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Once approval is given by the sub region work groups the PPS wide MEB coalition will finalize and distribute the MEB integration plan to the sub region project teams for use.	In Progress	Distribute	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone Provide MEB health promotion and disorder prevention trainings.	In Progress	Deliver	04/01/2015	03/31/2019	03/31/2019	DY4 Q4
Task	In Progress	Identify need	07/01/2016	09/30/2016	09/30/2016	DY2 Q2



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Delivery System Reform Incentive Payment Project

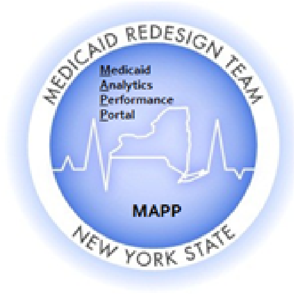
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Identify locations/organizations/groups who need to be trained.						
Task Write job description for staff members to be hired.	In Progress	Jobs	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Hire staff in local regions who can execute trainings.	In Progress	Hire	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task MEB coalition will to oversee the coordination and delivery of offered trainings/curriculums to a broad audience (school age to professional, if appropriate) based on sub regions needs.	In Progress	Oversight	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Integrate evidence-based "kernels of knowledge" into training of health professionals so they acknowledge and reinforce desirable behaviors.	In Progress	Kernels	07/01/2016	03/31/2019	03/31/2019	DY4 Q4
Milestone Share data and information on MEB health promotion and MEB disorder prevention and treatment.	In Progress	Data	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Measure local data on MEB well-being and MEB disorder prevention.	In Progress	Measure	04/01/2016	03/31/2019	03/31/2019	DY4 Q4
Task Make available local and state data on MEB well-being and MEB disorder prevention.	In Progress	Share	04/01/2017	03/31/2019	03/31/2019	DY4 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Participate in MEB health promotion and MEB disorder prevention partnerships.	cf470975	23_PMDL5604_1_1_20150730151912_4.a.iii Supplement Milestones HB.docx	This is a supplemental document to address the milestones put forth in our December application.	07/30/2015 03:18 PM



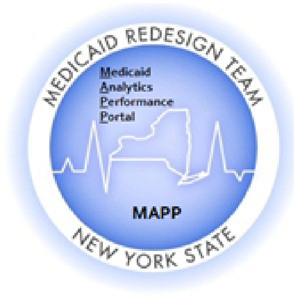
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Participate in MEB health promotion and MEB disorder prevention partnerships.	
Obtain evidence-based MEB promotion and prevention resources.	
Have an MEB integration plan.	
Provide MEB health promotion and disorder prevention trainings.	
Share data and information on MEB health promotion and MEB disorder prevention and treatment.	



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Delivery System Reform Incentive Payment Project

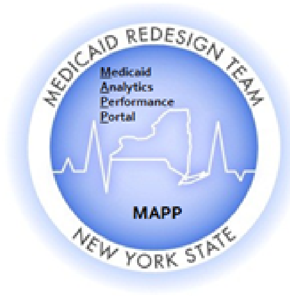
DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

IPQR Module 4.a.iii.2 - IA Monitoring

Instructions :

Milestone 3: Only one workstep is identified for achieving this milestone. The workstep describes the end product.The IA suggests that the PPS consider identifying specific work steps such as creating, circulating, and approving the end product to better illustrate what the vision is for the population health domain, within the context of a specific issue.



New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

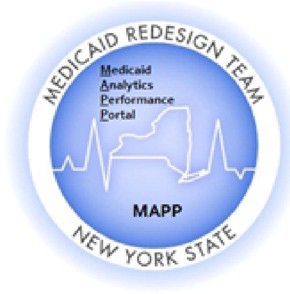
Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

IPQR Module 4.b.ii.1 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones. For Domain 4 projects, these milestones must align with content submitted in the PPS Application.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 1. Print media campaign is finalized to build public awareness about COPD prevention and programs	In Progress	finalize print media campaign	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Coordinate with partners about messaging A. Ads to target persons with, or at risk for COPD, as well as their family members, providers and caregivers. B. Ads to promote COPD resources.	In Progress	Coordinate with partners to target at risk populations and promote resources	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Contract with an advertising firm to create ads	In Progress	create ads	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3. Place ads in local media outlets throughout PPS region.	In Progress	place ads	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Re-evaluate media campaign to decide if different messaging or target population needs to be reached	In Progress	re-evaluate media campaign	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	In Progress	care teams fully staffed/trained	01/01/2016	03/31/2017	03/31/2017	DY2 Q4



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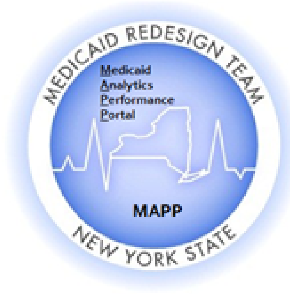
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 1. Develop a training program for care managers that includes evidence based guidelines, management of COPD and preventative measures.	In Progress	develop training program	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop a guide for COPD resources that includes referrals to educational programs, NYS Smokers Quitline information, as well as the local tobacco cessation programs, and pulmonary fitness programs.	In Progress	develop resource guide for COPD	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Care managers are hired where needed in Primary Care settings to address COPD patients and needs in the community, utilizing Health Home Care Managers when appropriate.	In Progress	care managers available at PCP sites	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 3. Home monitoring equipment is acquired and fully deployed	In Progress	acquire and deploy home monitoring equipment	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Purchase appropriate home monitoring equipment for COPD patients.	In Progress	purchase appropriate equipment	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Train care managers and providers on home monitoring equipment.	In Progress	train care managers and providers	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3. Patient education on monitoring equipment and signed usage agreements in place.	In Progress	train patients and get agreements for use	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Tracking system for home monitoring equipment	In Progress	equipment tracking system	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	In Progress	diagnosis and treatment guidelines	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD best practice provider group through the Medical Home Initiatives in PPS.	In Progress	develop a best practice provider group	10/01/2015	12/31/2015	12/31/2015	DY1 Q3



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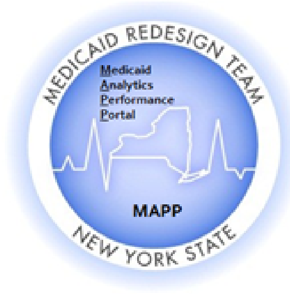
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 2. Hold meetings to discuss COPD evidence-based guidelines	In Progress	meetings to discuss evidence based guidelines	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3. Adoption of regional guidelines to include early diagnosis and use of prevention for COPD	In Progress	adopt regional guidelines	06/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines in primary care settings.	In Progress	Implement diagnosis and treatment guidelines	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices	In Progress	clinical decision supports in place	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Care managers are equipped with tablets or other mobile technologies to access EHR's when covering patients in rural regions.	In Progress	care managers equipped with mobile devices	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Adoption of EHR's to provide functionality and clinical decision support tools as well as provide patient reminders for preventative follow-up care.	In Progress	EHR's for functionality	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Coordinate with HIT Workgroup and project 2.a.ii to ensure EHR's meet RHIO's HIE and SHIN-NY requirements.	In Progress	coordinate with HIT and 2.a.ii	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Train staff on EHRs	In Progress	train staff on EHR's	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	In Progress	skilled nursing facilities adopt guidelines	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. develop a COPD coalition with staff at skilled nursing facilities	In Progress	COPD coalition with skilled nursing facilities	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold meetings to discuss COPD evidence-	In Progress	hold meetings to discuss COPD evidence-based guidelines	01/01/2016	12/31/2016	12/31/2016	DY2 Q3



New York State Department Of Health
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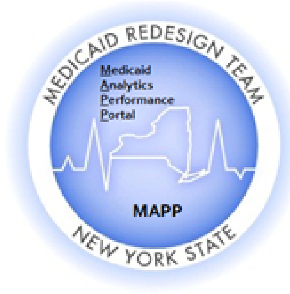
Adirondack Health Institute, Inc. (PPS ID:23)

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
based guidelines for COPD.						
Task 3. Adoption of regional evidence-based guidelines for COPD	In Progress	regional guidelines adopted	10/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Implementation of evidence-based diagnosis and treatment guidelines into skilled nursing facilities.	In Progress	implement guidelines into skilled nursing facilities	01/01/2017	03/31/2017	03/31/2017	DY2 Q4
Milestone 7. Supportive resources are established or enhanced	In Progress	establish or enhance supportive resources	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a COPD hotline.	In Progress	COPD hotline	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop peer-run/lead supports for groups with COPD	In Progress	peer-run support groups	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Educational program is developed for patients and families with COPD	In Progress	develop educational program	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Hire an educator to lead primary and secondary prevention activities across the region.	In Progress	hire educator to lead prevention activities	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 8. All primary sites are equipped with adequate spirometry testing	In Progress	adequate spirometry testing	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. List of primary sites and evaluation of spirometry equipment as needed	In Progress	evaluate spirometry equipment	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Purchase spirometry equipment for sites	In Progress	purchase equipment	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 3. Form an agreement these sites will use spirometry equipment	In Progress	agreement formulated for equipment use	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop a policy and procedure on spirometry testing	In Progress	develop policy and procedure on spirometry testing	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Train appropriate staff on equipment policy	In Progress	train staff on equipment policy and procedure	01/01/2017	03/31/2017	03/31/2017	DY2 Q4



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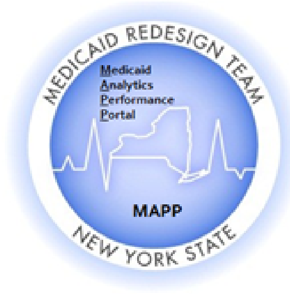
Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and procedure.						
Milestone 9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	In Progress	additional services	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify tele-health program opportunities for selected COPD patients.	In Progress	tele-health for COPD	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Deployment of mobile primary care units to address transportation and geographic barriers. A. Certificate of Need will be obtained B. Mobile Units will be staffed C. Mobile units will be trained	In Progress	train mobile units, obtain certificate of need	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone 10. Current pulmonary fitness programs expanded or developed in PPS	In Progress	assess, develop and expand current pulmonary fitness programs.	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify, list and evaluate current pulmonary fitness programs in PPS	In Progress	identify, list and evaluate current pulmonary fitness programs	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 2. Identify areas in PPS lacking pulmonary fitness programs.	In Progress	identify lacking pulmonary fitness programs	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Develop pulmonary fitness programs where the need has been identified	In Progress	develop programs where needed	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Referral mechanism for patients with COPD to pulmonary fitness programs	In Progress	referral mechanism for COPD patients	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found



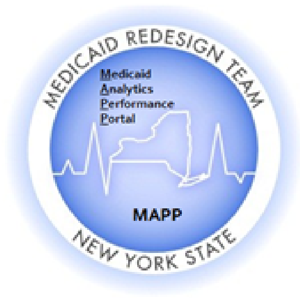
New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

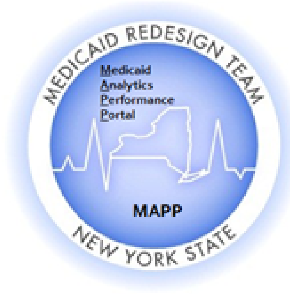
PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Print media campaign is finalized to build public awareness about COPD prevention and programs	
2. Care teams are fully staffed/trained and have the necessary patient education tools/materials in place	
3. Home monitoring equipment is acquired and fully deployed	
4. Adoption of Primary care evidence-based diagnosis and treatment guidelines for COPD	
5. Embedded clinical decision supports for evidence-based care are in place in EHR's/or population health management tools as applicable, all practices	
6. Adoption by skilled nursing facilities of evidence-based diagnosis and treatment guidelines for COPD	
7. Supportive resources are established or enhanced	
8. All primary sites are equipped with adequate spirometry testing	
9. Opportunity to bring additional COPD services to more patients of the Adirondack Region	
10. Current pulmonary fitness programs expanded or developed in PPS	



IPQR Module 4.b.ii.2 - IA Monitoring

Instructions :



Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

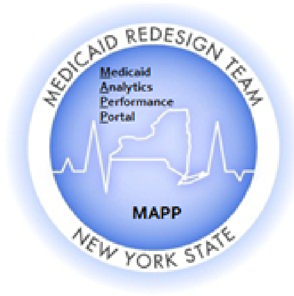
The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

I here by attest, as the Lead Representative of the 'Adirondack Health Institute, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge.

Primary Lead PPS Provider:	ADIRONDACK HEALTH INSTITUTE INC
Secondary Lead PPS Provider:	
Lead Representative:	Cathy Homkey
Submission Date:	09/24/2015 02:39 PM
Comments:	



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Delivery System Reform Incentive Payment Project

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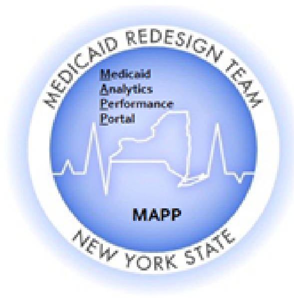
Adirondack Health Institute, Inc. (PPS ID:23)

Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q1	Submitted	Cathy Homkey	ch569810	09/24/2015 02:39 PM
DY1, Q1	Returned	Cathy Homkey	sv590918	09/08/2015 07:48 AM
DY1, Q1	Submitted	Cathy Homkey	ch569810	08/07/2015 04:30 PM
DY1, Q1	In Process		system	07/01/2015 12:12 AM



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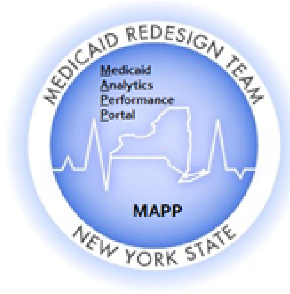
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Adirondack Health Institute, Inc. (PPS ID:23)

Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Submitted	AHI response to IA remediation has been completed.	ch569810	09/24/2015 02:39 PM
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:48 AM



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Delivery System Reform Incentive Payment Project

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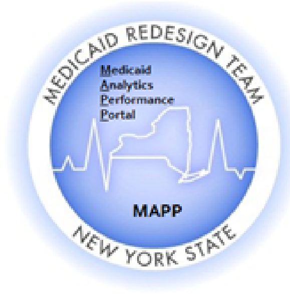
Adirondack Health Institute, Inc. (PPS ID:23)

Section	Module	Status
Section 01	IPQR Module 1.1 - PPS Budget Report	Completed
	IPQR Module 1.2 - PPS Flow of Funds	Completed
	IPQR Module 1.3 - Prescribed Milestones	Completed
	IPQR Module 1.4 - PPS Defined Milestones	Completed
	IPQR Module 1.5 - IA Monitoring	
Section 02	IPQR Module 2.1 - Prescribed Milestones	Completed
	IPQR Module 2.2 - PPS Defined Milestones	Completed
	IPQR Module 2.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 2.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 2.5 - Roles and Responsibilities	Completed
	IPQR Module 2.6 - Key Stakeholders	Completed
	IPQR Module 2.7 - IT Expectations	Completed
	IPQR Module 2.8 - Progress Reporting	Completed
	IPQR Module 2.9 - IA Monitoring	
Section 03	IPQR Module 3.1 - Prescribed Milestones	Completed
	IPQR Module 3.2 - PPS Defined Milestones	Completed
	IPQR Module 3.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 3.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 3.5 - Roles and Responsibilities	Completed
	IPQR Module 3.6 - Key Stakeholders	Completed
	IPQR Module 3.7 - IT Expectations	Completed
	IPQR Module 3.8 - Progress Reporting	Completed
	IPQR Module 3.9 - IA Monitoring	
Section 04	IPQR Module 4.1 - Prescribed Milestones	Completed
	IPQR Module 4.2 - PPS Defined Milestones	Completed
	IPQR Module 4.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 4.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 4.5 - Roles and Responsibilities	Completed



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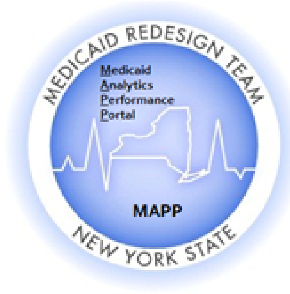
Adirondack Health Institute, Inc. (PPS ID:23)

Section	Module	Status
	IPQR Module 4.6 - Key Stakeholders	Completed
	IPQR Module 4.7 - IT Expectations	Completed
	IPQR Module 4.8 - Progress Reporting	Completed
	IPQR Module 4.9 - IA Monitoring	
Section 05	IPQR Module 5.1 - Prescribed Milestones	Completed
	IPQR Module 5.2 - PPS Defined Milestones	Completed
	IPQR Module 5.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 5.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 5.5 - Roles and Responsibilities	Completed
	IPQR Module 5.6 - Key Stakeholders	Completed
	IPQR Module 5.7 - Progress Reporting	Completed
	IPQR Module 5.8 - IA Monitoring	
Section 06	IPQR Module 6.1 - Prescribed Milestones	Completed
	IPQR Module 6.2 - PPS Defined Milestones	Completed
	IPQR Module 6.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 6.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 6.5 - Roles and Responsibilities	Completed
	IPQR Module 6.6 - Key Stakeholders	Completed
	IPQR Module 6.7 - IT Expectations	Completed
	IPQR Module 6.8 - Progress Reporting	Completed
	IPQR Module 6.9 - IA Monitoring	
Section 07	IPQR Module 7.1 - Prescribed Milestones	Completed
	IPQR Module 7.2 - PPS Defined Milestones	Completed
	IPQR Module 7.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 7.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 7.5 - Roles and Responsibilities	Completed
	IPQR Module 7.6 - Key Stakeholders	Completed
	IPQR Module 7.7 - IT Expectations	Completed
	IPQR Module 7.8 - Progress Reporting	Completed



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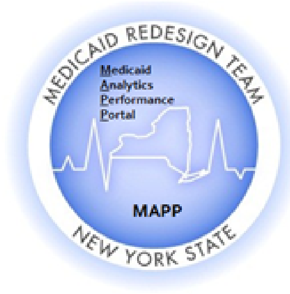
Adirondack Health Institute, Inc. (PPS ID:23)

Section	Module	Status
	IPQR Module 7.9 - IA Monitoring	
Section 08	IPQR Module 8.1 - Prescribed Milestones	Completed
	IPQR Module 8.2 - PPS Defined Milestones	Completed
	IPQR Module 8.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 8.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 8.5 - Roles and Responsibilities	Completed
	IPQR Module 8.6 - Key Stakeholders	Completed
	IPQR Module 8.7 - IT Expectations	Completed
	IPQR Module 8.8 - Progress Reporting	Completed
	IPQR Module 8.9 - IA Monitoring	
Section 09	IPQR Module 9.1 - Prescribed Milestones	Completed
	IPQR Module 9.2 - PPS Defined Milestones	Completed
	IPQR Module 9.3 - Major Risks to Implementation & Risk Mitigation Strategies	Completed
	IPQR Module 9.4 - Major Dependencies on Organizational Workstreams	Completed
	IPQR Module 9.5 - Roles and Responsibilities	Completed
	IPQR Module 9.6 - Key Stakeholders	Completed
	IPQR Module 9.7 - IT Expectations	Completed
	IPQR Module 9.8 - Progress Reporting	Completed
	IPQR Module 9.9 - IA Monitoring	
Section 10	IPQR Module 10.1 - Overall approach to implementation	Completed
	IPQR Module 10.2 - Major dependencies between work streams and coordination of projects	Completed
	IPQR Module 10.3 - Project Roles and Responsibilities	Completed
	IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects	Completed
	IPQR Module 10.5 - IA Monitoring	



New York State Department Of Health
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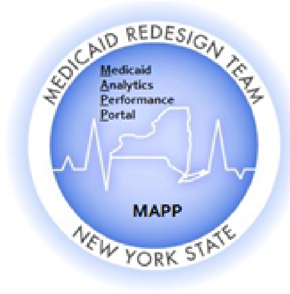
Adirondack Health Institute, Inc. (PPS ID:23)

Project ID	Module	Status
2.a.i	IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.i.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.i.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.i.5 - IA Monitoring	
2.a.ii	IPQR Module 2.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.ii.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.ii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.a.ii.4 - Prescribed Milestones	Completed
	IPQR Module 2.a.ii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.a.ii.6 - IA Monitoring	
2.a.iv	IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iv.2 - Project Implementation Speed	Completed
	IPQR Module 2.a.iv.3 - Patient Engagement Speed	Completed
	IPQR Module 2.a.iv.4 - Prescribed Milestones	Completed
	IPQR Module 2.a.iv.5 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iv.6 - IA Monitoring	
2.b.viii	IPQR Module 2.b.viii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.viii.2 - Project Implementation Speed	Completed
	IPQR Module 2.b.viii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.viii.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.viii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.viii.6 - IA Monitoring	
2.d.i	IPQR Module 2.d.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.d.i.2 - Project Implementation Speed	Completed
	IPQR Module 2.d.i.3 - Patient Engagement Speed	Completed
	IPQR Module 2.d.i.4 - Prescribed Milestones	Completed
	IPQR Module 2.d.i.5 - PPS Defined Milestones	Completed



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Adirondack Health Institute, Inc. (PPS ID:23)

Project ID	Module	Status
	IPQR Module 2.d.i.6 - IA Monitoring	
3.a.i	IPQR Module 3.a.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.i.5 - PPS Defined Milestones	Completed
	IPQR Module 3.a.i.6 - IA Monitoring	
3.a.ii	IPQR Module 3.a.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.ii.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.ii.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.ii.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.ii.5 - PPS Defined Milestones	Completed
	IPQR Module 3.a.ii.6 - IA Monitoring	
3.a.iv	IPQR Module 3.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.a.iv.2 - Project Implementation Speed	Completed
	IPQR Module 3.a.iv.3 - Patient Engagement Speed	Completed
	IPQR Module 3.a.iv.4 - Prescribed Milestones	Completed
	IPQR Module 3.a.iv.5 - PPS Defined Milestones	Completed
	IPQR Module 3.a.iv.6 - IA Monitoring	
3.g.i	IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.g.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.g.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.g.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.g.i.5 - PPS Defined Milestones	Completed
	IPQR Module 3.g.i.6 - IA Monitoring	
4.a.iii	IPQR Module 4.a.iii.1 - PPS Defined Milestones	Completed
	IPQR Module 4.a.iii.2 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - PPS Defined Milestones	Completed
	IPQR Module 4.b.ii.2 - IA Monitoring	