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

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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Quarterly Report - Implementation Plan for Nassau Queens Performing Provider System, LLC

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.b.ii	Development of co-located primary care services in the emergency department (ED)	Completed
2.b.iv	Care transitions intervention model to reduce 30 day readmissions for chronic health conditions	Completed
2.b.vii	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)	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.b.i	Evidence-based strategies for disease management in high risk/affected populations (adult only)	Completed
3.c.i	Evidence-based strategies for disease management in high risk/affected populations (adults only)	Completed
4.a.iii	Strengthen Mental Health and Substance Abuse Infrastructure across Systems	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed

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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	70,830,459	75,481,990	122,063,851	108,087,074	70,830,459	447,293,833
Cost of Project Implementation & Administration	**14,275,879**	**15,213,395**	**24,601,970**	**21,784,950**	**14,275,879**	90,152,073
Implementation	10,624,569	11,322,298	18,309,578	16,213,061	10,624,569	67,094,075
Administration	3,651,310	3,891,097	6,292,392	5,571,889	3,651,310	23,057,998
Revenue Loss	**7,083,046**	**7,548,199**	**12,206,385**	**10,808,707**	**7,083,046**	44,729,383
Internal PPS Provider Bonus Payments	**47,700,773**	**50,833,346**	**82,203,900**	**72,791,240**	**47,700,773**	301,230,032
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	0
Other	**0**	**0**	**0**	**0**	**0**	0
Total Expenditures	**69,059,698**	**73,594,940**	**119,012,255**	**105,384,897**	**69,059,698**	**436,111,488**
Undistributed Revenue	**1,770,761**	**1,887,050**	**3,051,596**	**2,702,177**	**1,770,761**	**11,182,345**

Current File Uploads

User ID	File Name	File Description	Upload Date

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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	70,830,459	75,481,990	122,063,851	108,087,074	70,830,459	447,293,833
Primary Care Physicians	10,624,569	11,322,298	18,309,578	16,213,061	10,624,569	67,094,075
Non-PCP Practitioners	7,083,046	7,548,199	12,206,385	10,808,707	7,083,046	44,729,383
Hospitals	18,415,919	19,625,317	31,736,601	28,102,639	18,415,919	116,296,395
Clinics	5,666,437	6,038,559	9,765,108	8,646,966	5,666,437	35,783,507
Health Home / Care Management	9,916,264	10,567,479	17,088,939	15,132,190	9,916,264	62,621,136
Behavioral Health	3,541,523	3,774,099	6,103,193	5,404,354	3,541,523	22,364,692
Substance Abuse	3,541,523	3,774,099	6,103,193	5,404,354	3,541,523	22,364,692
Skilled Nursing Facilities / Nursing Homes	4,958,132	5,283,739	8,544,470	7,566,095	4,958,132	31,310,568
Pharmacies	1,416,609	1,509,640	2,441,277	2,161,741	1,416,609	8,945,876
Hospice	708,305	754,820	1,220,639	1,080,871	708,305	4,472,940
Community Based Organizations	1,416,609	1,509,640	2,441,277	2,161,741	1,416,609	8,945,876
All Other	1,770,761	1,887,050	3,051,596	2,702,177	1,770,761	11,182,345
Total Funds Distributed	**69,059,697**	**73,594,939**	**119,012,256**	**105,384,896**	**69,059,697**	**436,111,485**
Undistributed Revenue	**1,770,762**	**1,887,051**	**3,051,595**	**2,702,178**	**1,770,762**	**11,182,348**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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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.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Submit preliminary budget and Funds flow	Completed	1) Submit preliminary Funds Flow Budget and Distribution Plan with Implementation Plan.	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	
Task Finance Committee refines Budget and Funds flow	In Progress	2) Finance Committee refines Funds Flow Budget and Distribution Plan, in consultation with project implementation committees, hub leaders, major PPS participants and others.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finance Committee makes recommendations	In Progress	3) Finance Committee Recommends Funds Flow Budget and Distribution Plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Executive Committee reviews and approves	In Progress	4) Executive Committee review and approval of Funds Flow Budget and Distribution Plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Communicate Budget and Funds flow with network	In Progress	5) Communicate Funds Flow Budget and Distribution Plan with PPS Network.	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
Complete funds flow budget and distribution plan and communicate with network	

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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

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IPQR Module 1.5 - IA Monitoring

Instructions :

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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 Operating Agreement	In Progress	1. Complete Operating Agreement for NQP, LLC.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Name the Executive Committee	In Progress	2. Formally install the 21 Executive Committee members identified in DSRIP application.	06/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Committees Established by vote of the Executive Committee	In Progress	3. Establish Committees, per DSRIP Application and Organizational Chart, including Clinical Oversight, IT, Workforce and Finance Committees.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Identify members for Committees.	In Progress	4. Identify members for Committees. Committee Members were identified and nominated by the three hub leaders and appointed and installed by the NQP Executive Committee	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop Committee guidelines that define the role and process (charter) for each Committee, as well as meeting schedule	In Progress	5. Develop Committee guidelines that define the role and process (charter) for each Committee, as well as meeting schedule. Committees Chartered and formed by vote of the NQP Executive Committee. Each Committee has met and reviewed its role and purpose (as set forth in the DSRIP Application and as approved by the NQP Executive Committee. Meetings have been scheduled for the near term. Recurring meeting schedules will be established after the initial phase.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task The Executive Committee to review and approve materials developed and make Committee appointments.	In Progress	6. The Executive Committee to review and approve materials developed and make Committee appointments.Executive Committee Review of All Committee appointments and materials has taken place in conjunction with the approval of the committees, and appointment of the committee members.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure,	In Progress	This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart	04/01/2015	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
including clinical quality committees for each DSRIP project							
Task 1. Establish Project Committees at the individual project level or for a number of interrelated projects.	In Progress	1. Establish Project Committees at the individual project level or for a number of interrelated projects. Project Committees have been formed to cover related projects. Rather than having separate Project Committees in the hubs, combined committees covering all 11 NQP DSRIP Projects have been developed, with representation from each hub. See attached Committee structure and membership chart.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Appoint members to Project Committees from hubs and Participating Partners. Each Project Committee shall develop a charter and meeting schedule.	In Progress	2. Appoint members to Project Committees from hubs and Participating Partners. Each Project Committee shall develop a charter and meeting schedule. Name the Project Committees, per the attached Committee structure and membership chart. Each Committee's role is to develop the Project Implementation Plan, and will be formalized into a charter document. Meetings have been scheduled and held (see minutes) on an as-needed basis. A schedule of recurring meetings will be adopted once the Projects are underway.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Project Committees will recommend and develop protocols for implementation for each project.	In Progress	3. Project Committees will recommend and develop protocols for implementation for each project. Project Protocols Development is underway. Protocols are being developed for implementation of each project. See meeting minutes.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Recommended protocols will be reviewed by Clinical Oversight Committee; revisions made, as necessary, and reviewed with the PAC for additional input. A recommendation then will be made to the Executive Committee	In Progress	4. Recommended protocols will be reviewed by Clinical Oversight Committee; revisions made, as necessary, and reviewed with the PAC for additional input. A recommendation then will be made to the Executive Committee. Protocols finalized by Clinical Oversight Committee	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. The Executive Committee will review/approve materials and Project Committee appointments.	In Progress	5. The Executive Committee will review/approve materials and Project Committee appointments. Executive Committee Oversight to Project Committee will take place in the form of review of Project Protocols, Quality Oversight approaches, and other materials, upon receipt of recommendations, including input from the PAC and other stakeholders.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	YES
Task 1. Identify required bylaws, policies and	In Progress	1. Bylaws Identified and issues are covered in the Operating Agreement. Committee charters have been developed, and any refinements will be	04/01/2015	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
guidelines.		developed by the end date of this task.					
Task 2. Assign to Committees for development, prioritizing those with direct impact on Compliance.	In Progress	2. Project Protocols and related policies and approaches have been assigned to Committees, including the Project Committees, as well as the Clinical Oversight, IT, Finance and Workforce Committees. Finally, NQP's Compliance Officer is reviewing and updating the Compliance Policy that was submitted in connection with the establishment of NQP as a Medicaid Provider that can receive DSRIP Funds.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Committee development of bylaws, policies and guidelines, including deployment plan.	In Progress	3. Bylaw Development and development of policies and guidelines is underway. Once policies are developed, reviewed and approved, following input from the PAC and others, they will be distributed to the relevant committees and participating providers, as well as CBOs and stakeholders.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. The Executive Committee will review and approve materials developed in Steps 1-3.	In Progress	4. Executive Committee Review and Approval of materials, with recommendations from the committees developing the materials, the PAC and other stakeholders.	08/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Deploy policies and guidelines as identified by the deployment plan.	In Progress	5. Once policies are developed, reviewed and approved, following input from the PAC and others, they will be distributed to the relevant committees and participating providers, as well as CBOs and stakeholders. Policy Deployment will take place by a variety of means, including posting on the NQP Website, meetings and training sessions in conjunction with meetings of the Project Committees, the hubs, the PAC, and other relevant groups.	04/01/2015	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 Reporting Identified	In Progress	1. Identify needed governance structure reporting, including quality, care management, project, administrative and compliance data. This structure will address all PPS providers and demonstrate how all providers are connected to PPS governance.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Reporting Process Developed	In Progress	2. Develop reporting processes that draws on existing data sources including Salient, SPARCS, EMR, RHIO, UDS, etc., and defines data reports that will be required from PPS Providers, in order to reach all PPS providers.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Data Reporting Communication Plan	In Progress	3. Develop Plan For Communicating Data Reporting Requirements to Participating Providers, so they are connected to the reporting process that ties into NQP's governance and operational processes.	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Executive Committee Review of Materials	In Progress	4. The Executive Committee to review and approve materials.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	5. Provide education to all PPS participants regarding reporting and data	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
Education Provided		collection requirements.					
Milestone #5 Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	In Progress	Community engagement plan, including plans for two-way communication with stakeholders.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Community Group Identification	In Progress	1. Review list of community groups already participating in the PAC or otherwise involved in the development of the PPS and the projects.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Community Outreach Efforts are being reviewed on an on-going basis to determine whether there are additional community groups, such as homeless services providers and other non-provider organizations who might provide additional input regarding project development and implementation	In Progress	2. Review community outreach efforts to date, including consultations, focus groups, surveys and other activities pursued in development of the Community Needs Assessment.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Community Partner Base	In Progress	3. Review Project Plans and their associated gap assessments. Review Hot Spot analysis related to Domain 2, 3, 4 measures. Actively solicit needed Community partnerships through an RFQ process.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Executive Committee Review of Materials	In Progress	4. Develop a plan for periodically assessing the community outreach efforts and to continue to obtain community input as the projects unfold. If necessary to fill gaps, pursue additional efforts, surveys or other strategies to obtain additional input.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Recommendations Approved by Executive Committee	In Progress	5. The Executive Committee to review and approve recommendations.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	In Progress	Signed CBO partnership agreements or contracts.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task CBO Current State Assessment	In Progress	1. Assess existing arrangements, agreements, and/or contracts that may be in place between PPS providers and CBOs.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task CBO Gap Assessment	In Progress	2. Address gaps (such as services, geographic shortages, hot spots), develop new arrangements, agreements and/or contracts with CBOs that can contribute to specific projects.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	3. Add CBO representatives to relevant Project Committees and/or the PAC, if	08/01/2015	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
Committee Representation Includes CBOs		not already participating.					
Task Recommendations and Agreements Approved by Executive Committee	In Progress	4. The Executive Committee to review and approve recommendations / agreements.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	NO
Task Agency Reviews.	In Progress	1. Review list of state and local public agencies already participating in the PAC or otherwise involved in the development of the PPS and the project	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Update Agency Participation, based on agency expressions of interest or NQP's identification of agencies whose input is needed or could be helpful.	In Progress	2. Identify additional agencies that are interested in participating, or that are needed to provide advice and input. Develop a plan to invite and engage these agencies.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Agency Partners	In Progress	3. Review Project Plans and their associated gap assessments. Review Hot Spot analysis related to Domain 2,3,4 measures. Actively solicit needed Agency partnerships	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Update Committees with Agency Representation	In Progress	4. Incorporate agency representatives on relevant Project Committees and/or the PAC, if not already participating, subject to review and approval by the Executive Committee.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Recommendations and Agreements Approved by Executive Committee	In Progress	5. The Executive Committee to review and approve recommendations.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
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	03/31/2017	03/31/2017	DY2 Q4	NO
Task CBO in PAC	In Progress	1.Establish Project Advisory Committee with representation of important CBOs	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task CBO in Workstream and Project team	In Progress	2. Include pertinent CBOs on workstream and project planning committees	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Engage CBO	In Progress	3. Engage CBOs to participate in projects for community education such as 2ai, 2bii, 2.d.i, and 3bi leveraging those that engage with patients in identified	04/01/2015	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
		hot spots and/or have expertise in culturally and linguistically appropriate care					
Task RFP for CBO contracts	In Progress	4. Draft Request for Proposals (RFP) for CBOs and partner organizations to apply for contracts to administer patient engagement tools	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task RFP Release	In Progress	5.Release RFP to the broadest audience of organizations possible.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Develop criteria	In Progress	6. Develop criteria against which RFP submissions can be evaluated, including experience with hot-spot communities.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Review submitted application	In Progress	7. Review submitted PROPOSALS against criteria.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Announce selected CBO	In Progress	8. Announce selection of CBOs to administer PAM and engage patients ON A ROLLING BASIS, AND NEGOTIATE AGREEMENTS WITH SELECTED CBOS.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Ongoing CBO application review	In Progress	9. REVIEW AND ACCEPT additional CBO PROPOSALS on an on-going basis.	10/01/2015	03/31/2017	03/31/2017	DY2 Q4	
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	06/30/2016	06/30/2016	DY2 Q1	NO
Task Workforce Committee Convened	In Progress	1. Convene Workforce Committee, with members appointed by the NQP, LLC Executive Committee.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Project Committee Reports on Workforce Impacts	In Progress	2. Obtain input from Project Committees regarding potential impacts on workforce.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Communication Strategies Developed .	In Progress	3. Develop strategies for communicating with and engaging the workforce regarding DSRIP Projects, milestones and metrics, as well as potential workforce impacts and opportunities	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Workforce Engagement Plan	In Progress	4. Document the above in a formal workforce communication plan and engagement plan	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Executive Committee Approval	In Progress	5. The Executive Committee will review and approve strategy.	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	dnemirof	14_MDL0203_1_1_20150804081425_Minutes of NQP Executive Committee 04-28-15.docx	Meeting Minutes from April 28th installing the Executive Committee	08/04/2015 08:13 AM
	dnemirof	14_MDL0203_1_1_20150804081135_NQPPS LLC Term Sheet - Operating Agreement copy.pdf	Operating Agreement	08/04/2015 08:10 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	The governance structure for NQP was set forth in a Term Sheet dated November 18th, 2014, which was updated in an Agreement dated as of March 31, 2015. Those Agreements make clear that the NQP Executive Committee is NQP's Governing Body. The Committee Structure was set forth in NQP's DSRIP Application and was ratified and adopted by the NQP Executive Committee on April 28, 2015.
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	The Clinical Oversight Committee has been formed, Committee members have been appointed and installed, and its role and process (charter) has been confirmed through approval of the NQP Executive Committee and acknowledgment by the Committee. The Clinical Oversight Committee will oversee clinical and quality issues in all projects. As the project plans and protocols are developed in more detail, additional quality and clinical oversight elements will be developed in consultation with the Clinical Oversight Committee, which then will perform the contemplated oversight role.
Finalize bylaws and policies or Committee Guidelines where applicable	In addition to the Operating Agreement submitted with this Quarterly Report, which serves the same function as By-Laws adopted, NQP as an LLC updates to the Operating Agreement and finalized Committee policies, charters and related materials will be completed by the end date of this task.
Establish governance structure reporting and monitoring processes	At each meeting of the NQP Executive Committee (the PPS's governing body), each Committee will provide a report on its activities since the last report, including input received from the PAC, Project Committees, hub leaders and participating providers. The Committee report will generate feedback from the Executive Committee, which will be taken back to the Committee for incorporation into their activities. Committee members, in turn, will communicate the Executive Committee's input to their Committee

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	for action. Minutes of the meetings will be distributed to the Executive Committee and Committee members to facilitate review and comment, and, where required, Executive Committee action. Significant policies and related materials will be posted on the NQP Website, to further facilitate two-way communication. When data collection begins, policies and processes will be put in place to foster similar two-way communication.
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	The PPS will build upon the engagement that has taken place to date through the Community Needs Assessment, Project Advisory Committee (PAC), Stakeholder consultations, and Project Workgroups. Communication has been and will continue to be two-way, in that the PPS has communicated a tremendous amount of information and has received input that has been critically important in the selection and development of projects.
Finalize partnership agreements or contracts with CBOs	CBOs will play a major role in outreach and other aspects of the Projects as they are developed and implemented. The precise number and timing of contracting with CBOs has not been determined yet. However, approximately 50 CBOs have actually participated in the PAC and Project selection. If the CBO members of umbrella organizations are counted, the number of CBOs involved in selection and development of NQP's DSRIP Projects is approximately 270. Now that potential funding levels for each Project are known, development of the funds flow and contracting approach will continue, and be completed within the timeframe set for this task.
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.)	NQP has worked closely with public sector agencies, including Nassau County Department of Health, Nassau County Department of Mental Health Chemical Dependence and Developmental Disabilities, Services, New York State Office of Mental Health, New York State Office of Alcoholism and Substance Abuse, New York City Department of Health and Mental Hygiene at the State and local level, in conjunction with the CNA, the PAC, selection of DSRIP Projects, and Project development. See excerpts from CNA, PAC participation lists, and meeting minutes. These working relationships will continue, and NQP to identify and seek out agency contacts as specified in Steps added to this Workstream.
Finalize workforce communication and engagement plan	NQP has convened a workforce committee from the three hubs with union representation that is discussing potential impacts of DSRIP projects on workforce and will develop strategies on communicating and engaging the workforce in DSRIP.
Inclusion of CBOs in PPS Implementation.	NQP has numerous appropriate CBOs as participants in the PPS, with representation on its PAC. This has enabled the PPS to gain input from CBOs throughout the DSRIP application and project development process to date. As the implementation process continues to develop, the PPS will assess existing arrangements, agreements, and/or contracts with CBOs that may be in place between the hubs and other PPS providers. Any gaps in CBO coverage necessary for one or more projects will be identified, and, if necessary, new arrangements, agreements and/or contracts will be developed with CBOs that can contribute to specific projects. Finally, CBO representatives will be added to relevant Project Committees and/or the PAC, if they are not already participating.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

1) The key challenges in our governance structure are common to the governing efforts in all complex organizations whose constituents are drawn from three founding organizations, and with Board members who have many other responsibilities in those founding organizations. It will be critically important that the energy and commitment of the Board members continue through the entire DSRIP period. At the same time, the Board members will rely on the committee structure, including the PAC, to provide input and recommendations from the participating partners and stakeholders. As the time period progresses, and as the emphasis is on implementing the projects, we will need to maintain the energy and commitment of those groups to provide general input to the Committees and the Executive Committee. We will mitigate these governance risks by providing support to the Board members in their efforts to receive, digest and provide guidance and approval with respect to the key issues involved in implementation of the DSRIP projects and operation of the PPS. At the same time, we will continue our program of communication with the PAC, the participating partners, and stakeholders, in order to obtain their ongoing input and advice, and to keep them informed and aligned with the PPS's efforts.

2) Another risk is maintaining transparency and accountability with respect to achievement of milestones and metrics, and related funds flow for project costs, lost revenue, incentive payments, PPS administrative costs, and reserves. We will address this risk by developing a clear and specific approach to data collection and analysis of progress on project milestones and metrics, and the related funds flow issues. As noted in the Funds Flow Tab of this Implementation Plan, input will be sought from representatives within the PPS in the development of these approaches. When approved by the Executive Committee, these approaches will be documented in the appendix to both contracts and participation agreements with participating partners and Community Based Organizations.

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 work stream is critically important to the success of the PPS because it establishes the decision-making and oversight structure for the PPS as a whole. It also provides the structure through which the three hubs within NQP, and the other hospitals and participating providers, will collaborate. The collaboration will include: development of project protocols; project implementation in the hubs; and the establishment of the mechanisms for defining, monitoring and collecting data. These interdependencies are described in more detail in other sections of the Implementation Plan.

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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
Executive Director	David Nemiroff, Executive Director	Determine governance structure and drive deliverables according to the Implementation Plan
Legal Counsel	Jeff Thrope	Provide legal counsel to the governance team and report to executive committee as needed
Medical Director	Laurie Ward, MD, VP Ambulatory Services	Provide clinical leadership to the governance team and report to the executive committee on project progress and quality as warranted
Operations	Allison Hall, Director of Operations	Manage day to day PPS operations and report on project administration as warranted
Compliance	Megan Ryan, Chief Compliance Officer	Advise and oversee compliance concerns including contracting. Report to the executive committee as warranted
Finance	Roy Cordes, Director of Budget	Advise and oversee budget and agreed upon funds flow. Report to the executive committee on budget as warranted
Reporting	Olawale Akande, Director of Quality Management	Advise and oversee data colleciton and clinicalquality metrics. Report to the executive committee as warranted

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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		
David Nemiroff, Executive Director NQP	NQP PPS executive leadership	Provide administrative and policy oversight to NQP and all of its components.
Robert Ginsberg, Director, Strategy & Business Develop., CHS	CHS PPS executive leadership	Provide key governing members to the board, other committees, and workgroups
Jerry Hirsch, VP, Strategic Planning, NSLIJ	LIJ executive leadership	Provide key governing members to the board, other committees, and workgroups
Harold McDonald, CAO - NUMC	NUMC Operations	Provide key governing members to the board, other committees, and workgroups
Terence O'Brien - CHS	CHS Operations	Provide key governing members to the board, other committees, and workgroups
Jeff Kraut, EVP - LIJ	LIJ Operations	Provide key governing members to the board, other committees, and workgroups
Natalie Schwartz, MD - CHS/SJEH	St. Johns (CHS hub) Medical Director	Input, review, and recommendations to bylaws, membership, and other activities
Kris Smith, MD, VP/Medical Director, Care Solutions - LIJ	LIJ Medical Director	Input, review, and recommendations to bylaws, membership, and other activities
John Maher - NUMC	NUMC Finance executive	Input, review, and recommendations to bylaws, membership, and other activities
William Armstrong - CHS	CHS Finance executive	Input, review, and recommendations to bylaws, membership, and other activities
Grace Wong, VP, CFO, Medicaid Strategy, NSLIJ	LIJ Finance executive	Input, review, and recommendations to bylaws, membership, and other activities
Gwen O'Shea, CEO	Health & Welfare Council of Long Island – Umbrella organization of over 80 CBO's	Input, review, and recommendations to memberships of CBO engagement and participation.
Georgette Beal	United Way of LI – Umbrella organization of over 140 CBO's	Input, review, and recommendations to memberships of CBO engagement and participation.
Dr. Victor Politi - NUMC	Executive Committee - DSRIP	PPS Lead and Oversight on governance and all program deliverables. Oversight on governance and all program

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		deliverables. Active Participation in Required Meetings and Community Forums
Craig Rizzo - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
David DeCerbo - CHS	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Harold McDonald - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Jeffrey Kraut - LIJ	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
John Ciotti - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
John Maher - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Joseph Libertelli - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Dr. Kristofer Smith - LIJ	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Laurence Kraemer - LIJ	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Michael Gatto - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Dr. Natalie Schwartz - SJEH	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Dr. Patrick O'Shaughnessy - CHS	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Richard Brown - SJEH	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Richard Miller - LIJ	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Robert Hettenbach - PSCH	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Terence O'Brien - CHS	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Thomas Alfano - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Timothy Sullivan - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Vincent DiSanti - NUMC	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
Warren Zysman - NUMC Board Member	Executive Committee - DSRIP	Oversight on governance and all program deliverables. Active Participation in Required Meetings and Community Forums
External Stakeholders		
Larry Eisenstein, MD	Nassau County Health Department	Insight to public health concerns for the County of Nassau.
Mohammad Hack, Community Coordinator	Queens Borough President Office	Insight to public health concerns for the County of Queens.
James Dolan, Ph. D.	Nassau County Department of Mental Health, Chemical Dependency and Developmental Disabilities Services.	Provide input on Mental health, Chemical Dependency and Developmental Disabilities Services
Andrew Malekoff	North Shore Child and Family Guidance Center	Support program development to integrate Behavioral Health into DSRIP implementation
Rick McElroy	NSLIJ Health Home	Support program development to integrate Behavioral Health into DSRIP implementation
Jeffrey Friedman	Central Nassau Guidance and Counseling	Support program development to integrate Behavioral Health into DSRIP implementation
Jeff McQueen	Mental Health Association of Nassau County / Consumer Link Program	Peer-run program for individuals with mental illness

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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 Governance Committee will need to put significant input into the IT strategy, particularly where data is aggregated outside of the hubs at the PPS level, taking responsibility for monitoring and enforcement of requirements for data security at the hub and PPS levels. IT will be key to implementation and project monitoring by the Executive Committee as well as the Project Committees, Clinical Oversight, IT, Workforce and Finance Committees. The NQP website will be used as a central forum of communication to all stakeholders, soliciting input through the use of surveys, and sharing status with the posting of meeting minutes, committee membership / charters, progress reports, etc.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

The success of this work stream will be measured first by the extent to which the milestones identified in this portion of the implementation plan are achieved. In addition, success will be measured through the Executive Committee's ongoing oversight of the activities of the Project Committees and the Clinical Oversight, IT, Workforce and Finance Committees, and of the progress being made on achieving the milestones and metrics for each project undertaken by the PPS. The Executive Committee also will engage in self-evaluation and self-monitoring, taking into consideration input from the various Committees, the PAC, the Project Management Office (including the Compliance Officer), and stakeholders. Finally, ultimate success will be measured by the PPS's contribution to achievement of the goals of the DSRIP Program, and thereby improvement in the health of the population it serves. For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then reviewed for consolidation at the PPS level. The consolidated report will be approved as detailed in each milestone.

IPQR Module 2.9 - IA Monitoring

Instructions :

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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.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Financial Review of Governance Structure	In Progress	1. NQP will review PPS Governance Structure and determine which relevant functions, related to financial reporting and sustainability, require additional attention and detail.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Financial Roles and Responsibilities	In Progress	2. NQP will identify all necessary roles and responsibilities to manage the financial sustainability functions for the PPS.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finance Charter and Meeting Schedule	In Progress	3. NQP will develop a charter for the PPS Finance function and establish a schedule for Finance Committee meetings.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Financial Organization Structure	In Progress	4. NQP will develop an organizational structure to house all financial functions for the PPS. The structure must include, but is not limited to, leadership from each NQP hub. It will include a defined reporting structure to the Executive Committee.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Financial Review of Governance Structure	In Progress	5. The Executive Committee will review and approve the PPS finance structure and charter document.	04/01/2015	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	04/01/2015	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
Task Financial Health Assessment Methodology Determined	In Progress	1. Engage the Finance Committee in discussions regarding a methodology to determine the network members financial health current state.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Financial Health Current State Assessment	In Progress	2. Define a methodology for assessing the current state of DSRIP providers.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment Strategy Implemented	In Progress	3. Implement the strategy to assess current financial state including the ability to obtain baseline financial metrics.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Health Assessment Report	In Progress	4. Collect relevant data, including baseline metrics, to assess the current financial state of significant NQP providers as needed. Prepare a network financial health current state assessment report.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Executive Committee Approval	In Progress	5. Review and obtain approval from the Executive Committee.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Financial Monitoring Implemented	In Progress	6. Develop and implement monitoring procedures for ongoing financial functions.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Assessment of DSRIP Project Impacts	In Progress	7. Assessment of DSRIP Project Impacts -Develop an impact analysis by project including, but not limited to: expected impact on cost by provider type, utilization of services, revenue and other key metrics based on project goals and anticipated speed and scale.	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment of DSRIP Project Impacts	In Progress	8. Assessment of DSRIP Project Impacts -Review the draft of the project impact analysis and obtain approval from the Finance Committee and the Executive Committee of the PPS.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment of DSRIP Project Impacts	In Progress	9. Assessment of DSRIP Project Impacts - Finalize the project impact analysis and strategies to assess key metrics as defined above at baseline and on an ongoing basis.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment of DSRIP Project Impacts	In Progress	10. Assessment of DSRIP Project Impacts - Illustrate how the impact analysis will inform financial sustainability and funds flow planning for the Executive and Finance Committees.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment of DSRIP Project Impacts	In Progress	11. Assessment of DSRIP Project Impacts - Obtain final approval of the impact analysis methodology from the Finance and Executive Committees.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop Financially Fragile Watch List	In Progress	12. Develop Financially Fragile Watch List- Based upon financial assessment, identify providers who meet financially fragile criteria that require monitoring for other reasons (e.g. planning restructuring) as well as those who	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
		will be impacted by DSRIP implementation such that their financial status will be threatened. The "Financially Fragile Watch List" will be presented to the Finance Committee and the Executive Committee for their approval and will be monitored on an ongoing basis.					
Task Develop Network Financial Stability Plan and obtain approval from PPS Finance Committee-	In Progress	13. Develop a Network Financial Stability Plan among PPS leadership and obtain approval from the Finance Committee.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Develop Network Financial Stability Plan and obtain approval from PPS Finance Committee	In Progress	14. Develop Network Financial Stability Plan and obtain approval from PPS Finance Committee - Determine follow-up actions to take with regard to PPS level activities and/or any financially fragile partners. These actions are directed at the improvement of the partner's financial performance.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Implement Project Management oversight for Financial Stability Plan and Distressed Provider Plans	In Progress	15. Implement Project Management oversight for Financial Stability Plan and Distressed Provider Plans. - Define executive leadership, staff and governance responsibilities for monitoring the financial stability plan as well as for providers in financial distress.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Implement Project Management oversight for Financial Stability Plan and Distressed Provider Plans	In Progress	16. Implement Project Management oversight for Financial Stability Plan and Distressed Provider Plans - Implement roles and responsibilities as defined under Step 1.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Define Distressed Provider Plan and obtain approval of Finance Committee	In Progress	17. Define Distressed Provider Plan and obtain approval of Finance Committee. - Provide consultation regarding steps that may improve financial performance financially fragile providers (call the Distressed Provider Plan).	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Define Distressed Provider Plan and obtain approval of Finance Committee	In Progress	18. Define Distressed Provider Plan and obtain approval of Finance Committee. - Obtain Finance Committee approval of the Distressed Provider Plan.	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).	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Financial Review of Governance Structure	In Progress	1. Complete a review of NY Social Services Law 363-d compliance requirements, as well as current guidance from OMIG through their website.	06/01/2015	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
Task Policies and Procedures Developed	In Progress	2. Develop policies and procedures to enact Social Services Law 363-d.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Executive Committee Approval	In Progress	3. Obtain Executive Committee approval for the Compliance Plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Contract Template Compliance	In Progress	4. Incorporate requirements in the PPS Contracts consistent with the requirements of Social Services Law 363-d.	06/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Partner Compliance Verified	In Progress	5. Verify that PPS network providers have implemented a compliance plan consistent with the NY State Social Services Law 363-d.	09/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 3/31/2016. Value-based payment plan, signed off by PPS board	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	YES
Task Establish Value Based Payment Work Group	In Progress	1. Establish Value Based Payment Work Group -Develop VBP Work Group that includes NQP hubs, and consider inclusion of relevant providers that represent the continuum, particularly MCOs.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Establish Value Based Payment Work Group	In Progress	2. Establish Value Based Payment Work Group - Develop VBP Work Group goal and objectives as well as a work plan.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Establish Value Based Payment Work Group	In Progress	3. Establish Value Based Payment Work Group - Obtain Executive Committee approval for plan and resources.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task Develop education and communication strategy for PPS network.	In Progress	4. Develop education and communication strategy for PPS network. - Survey PPS providers to determine baseline knowledge of DSRIP, and VBP in order to inform the PPS education plan on projects, payment reform and other key educational efforts.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Develop education and communication strategy for PPS network.	In Progress	5. Develop education and communication strategy for PPS network. - Develop multi-pronged educational campaign (e.g. written, webinar, provider meetings) to engage providers in DSRIP implementation efforts with a focus on VBP and system transformation.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Conduct Stakeholder Engagement with PPS Providers	In Progress	6. Conduct Stakeholder Engagement with PPS Providers. - Implement educational strategy and campaign defined above to inform providers regarding various VBP models and strategies. NQP will include webinars, written materials and provider meetings to support the educational effort.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Conduct Stakeholder Engagement with PPS Providers	In Progress	7. Conduct Stakeholder Engagement with PPS Providers - Survey providers regarding the value of educational efforts, their knowledge of VBP post-training and needs for additional training.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	8. Conduct Stakeholder Engagement with PPS Providers- Compile	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
Conduct Stakeholder Engagement with PPS Providers		stakeholder engagement survey results and findings from provider engagement sessions and analyze findings.					
Task Conduct stakeholder engagement with MCOs	In Progress	9. Conduct stakeholder engagement with MCOs - Develop an MCO strategy, at the outset of DSRIP planning efforts, to engage MCOs in shared savings arrangements.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Conduct stakeholder engagement with MCOs	In Progress	10. Conduct stakeholder engagement with MCOs - Obtain sign-off from the Finance and Executive Committees on plans to collaborate with MCOs on shared savings and VBP initiatives.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Conduct stakeholder engagement with MCOs	In Progress	11. Conduct stakeholder engagement with MCOs - Conduct ongoing meetings with MCOs regarding shared savings initiatives with a focus on informing the MCOs re: DSRIP requirements and on collaboration strategies.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Finalize PPS VBP Baseline Assessment	In Progress	12. Finalize PPS VBP Baseline Assessment - Develop initial PPS VBP Baseline Assessment based on the program design and key metrics, stakeholder feedback, survey results and key metrics required to evaluate VBP results.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize PPS VBP Baseline Assessment	In Progress	13. Finalize PPS VBP Baseline Assessment - Identify best practices in VPB strategy including key metrics, based on the strategy selected.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize PPS VBP Baseline Assessment	In Progress	14. Finalize PPS VBP Baseline Assessment - Conduct provider meetings on the VBP Baseline Assessment to obtain comments with a focus on ensuring that providers understand, and seek their agreement with, the Assessment as it applies to VBP designs.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Finalize PPS VBP Baseline Assessment	In Progress	15. Finalize PPS VBP Baseline Assessment - Obtain approval from the Finance Committee and affected providers on a VBP design strategy with input from providers who will potentially contract under VBP incentive designs.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
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	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	YES
Task Prioritize potential opportunities and providers for VBP arrangements.	In Progress	1. Prioritize potential opportunities and providers for VBP arrangements. - Assess and prioritize opportunities to implement VBP with providers, based on the timing of project deliverables and attributed patients impacted.	07/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Prioritize potential opportunities and providers	In Progress	2. Prioritize potential opportunities and providers for VBP arrangements. - Research best practices in VBP design, with a focus on the Medicaid	07/01/2015	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
for VBP arrangements.		population as well as ACO and MCO models. Such practices studied might include, but not be limited to, care management models, strategies to incentivize non-medical providers, attribution for incentive payments and strategies to change provider behavior in VBP arrangements.					
Task Prioritize potential opportunities and providers for VBP arrangements.	In Progress	3. Prioritize potential opportunities and providers for VBP arrangements.- Develop strategies to implement best practices identified under #2 above to obtain provider buy-in. This will include a VBP contracting strategy and appropriate provider educational materials.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Prioritize potential opportunities and providers for VBP arrangements.	In Progress	4. Prioritize potential opportunities and providers for VBP arrangements. - Identify providers who are interested in, and willing to, negotiate VBP contracts and to act as champions of VBP strategy within the PPS. Identify providers with the greatest likelihood of participating in VBP efforts and obtain a commitment from them to participate in such efforts.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task Prioritize potential opportunities and providers for VBP arrangements.	In Progress	5. Prioritize potential opportunities and providers for VBP arrangements. - Leverage support from VBP "champions" within the PPS who will promote VBP strategy with colleagues.	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Prioritize potential opportunities and providers for VBP arrangements.	In Progress	6. Prioritize potential opportunities and providers for VBP arrangements. - Assess initial impact of champions and early adopters of VBP strategies within the PPS. Meet with such providers to understand "lessons learned" and progress on VBP contracting efforts. Extrapolate lessons learned to other providers and provider types within the PPS network.	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Develop timeline for VBP adoption.	In Progress	7. Develop timeline for VBP adoption. - Engage key financial stakeholders from MCOs, PPS and providers to discuss options for shared savings and funds flow, within current regulatory structure. 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.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Develop timeline for VBP adoption.	In Progress	8. Develop timeline for VBP adoption.- Develop a timeline to implement VBP designs based on available data, provider support and progress on DSRIP projects.	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Finalize VBP Adoption Plan	In Progress	9. Finalize VBP Adoption Plan - Collectively review the VBP Plan with the PPS, the Finance Committee and the Executive Committee.	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Finalize VBP Adoption Plan	In Progress	10. Finalize VBP Adoption Plan - Update, modify and finalize VBP plan.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #6	In Progress		04/01/2017	03/31/2018	03/31/2018	DY3 Q4	YES

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Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation							
Task Inventory of current VBP arrangements	In Progress	1. Inventory the providers within the PPS for PCMH/APC with current VBP arrangements and/or care bundles.	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Identify through analytics a sub-population	In Progress	2. Identify a sub-population in the PPS that VBP arrangements will be targeted towards through the analytics of SPARCS and other Utilization data.	04/01/2017	06/30/2017	06/30/2017	DY3 Q1	
Task Engage Stakeholders	In Progress	3. Engage key financial stakeholders such as MCOs, large PCMH/APCM, hospitals etc. to discuss options for VBPs within current regulatory structure.	04/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task Develop Strategy	In Progress	4. Develop a strategy to put in place Level 1 VBP arrangements for PCMH/APC care and one other care bundle or subpopulation	07/01/2017	09/30/2017	09/30/2017	DY3 Q2	
Task Review strategy	In Progress	5. Collectively review the Strategy with the PPS, the Finance Committee and the Executive Committee and secure approval from Executive Committee	07/01/2017	12/31/2017	12/31/2017	DY3 Q3	
Task Implement and Monitor for success	In Progress	6. Implement strategy in Step 4 and monitor for success	07/01/2017	03/31/2018	03/31/2018	DY3 Q4	
Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	In Progress		04/01/2015	03/31/2020	03/31/2020	DY5 Q4	YES
Task Stakeholder Engagement	In Progress	1. Building on the previous milestone, the PPS will convene key financial stakeholder will discuss options for implementing a broad VBP program that will focus on care cost with 50% through Level 1 VBP and >= 30% of Level 2 VBPs or higher	04/01/2018	06/30/2018	06/30/2018	DY4 Q1	
Task Develop Strategy	In Progress	2. Develop a strategy to put in place contracts on care cost with 50% through Level 1 VBP and >= 30% of Level 2 VBPs or higher	07/01/2018	09/30/2018	09/30/2018	DY4 Q2	
Task Review strategy	In Progress	3. Collectively review the Strategy with the PPS, the Finance Committee and the Executive Committee and secure approval from Executive Committee	10/01/2018	03/31/2019	03/31/2019	DY4 Q4	
Task Implement and Monitor for success	In Progress	4. Implement agreed on strategy and monitor for success	10/01/2018	03/31/2019	03/31/2019	DY4 Q4	
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		04/01/2019	03/31/2020	03/31/2020	DY5 Q4	YES
Task	In Progress	1. Building on the previous milestone, the key financial stakeholder will	04/01/2019	06/30/2019	06/30/2019	DY5 Q1	

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Stakeholder Engagement		discuss options for implementing a broad VBP program that will focus on care cost with 90% through Level 1 VBP and >= 70% of Level 2 VBPs or higher					
Task Develop Strategy	In Progress	2. Develop a strategy to put in place contracts on care cost with 90% through Level 1 VBP and >= 70% of Level 2 VBPs or higher	07/01/2019	09/30/2019	09/30/2019	DY5 Q2	
Task Review strateg	In Progress	3. Collectively review the Strategy with the PPS, the Finance Committee and the Executive Committee and secure approval from Executive Committee	10/01/2019	03/31/2020	03/31/2020	DY5 Q4	
Task yImplement and Monitor for success	In Progress	4. Implement agreed on strategy and monitor for success	10/01/2019	03/31/2020	03/31/2020	DY5 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 PPS finance structure, including reporting structure	A governance structure for financial sustainability has been established and approved by the Executive committee .Work is progressing on defining roles and responsibilities especially around PPS vs. hub level functions. A Finance Committee of the Executive committee has been established, charter drafted and accepted, and regular meeting have begun.
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	Discussions have begun about best methodology to assess the financial stability of the large and diverse network of providers and partners. Plans to assess project specific financial impacts, development of financial fragility criteria and watch list and distressed providers plan to be developed. The PPS had initially requested financial statements from all the hospitals and FQHCs' in the PPS and these documents will be the starting point to determine the financial viability of the PPS partners. Subsequently, others providers in the network will be reviewed.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	Nassau Queens PPS had adopted an initial compliance program at the time of application. The program is being evaluated and revised as further guidance emerges from the Office of the Medicaid Inspector General and the New York State Department of Health. Compliance training and education is being developed and will be available to each performing provider. This program is evolving and will be consistent with New York State Social Services Law Section 363-d. A finalized plan will be approved by the Nassau Queens PPS Executive Committee and ready for New York State Department of Health review.
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Preliminary work has begun on identifying appropriate member for a value based payment work group and learning collaborative. The PPS will begin the survey of PPS providers to determine current state of VBP strategies and identify educational needs. Meetings have begun with various MCOs to discuss DSRIP and transition to VBP. PPS level strategy for engaging MCOs in discussions concerning shared savings and other bundled payment models are in development.
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Efforts in this area have not begun pending strategy development as per Milestone 4.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	Efforts in this area have not begun pending strategy development as per Milestone 4. Steps and timing for this milestone will potentially change with more information about VBP being provided by NYSDOH/CMS.
Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher	Efforts in this area have not begun pending strategy development as per Milestone 4. Steps and timing for this milestone will potentially change with more information about VBP being provided by NYSDOH/CMS.
>=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	Efforts in this area have not begun pending strategy development as per Milestone 4. Steps and timing for this milestone will potentially change with more information about VBP being provided by NYSDOH/CMS.

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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

No Records Found

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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.

"Implementation risks to creating a financially sustainable PPS include, but are not limited to:
1. Overall Buy-in
To mitigate this challenge, NQP will develop a provider communications strategy, using webinars, in-person meetings and written materials to educate providers regarding DSRIP requirements. Such education will be made available, as a matter of urgency, to financially fragile partners whose financial health is especially important to the PPS. The PPS will also identify and deploy a set of provider champions from across the network who will assist in provider engagement efforts, especially with regard to VBP design and adoption. In particular, NQP will work closely and collaboratively with contracted MCOs. An MCO strategy will be developed/deployed to move the PPS to a VBP system within DSRIP timeframes.
2. Financially Fragile Providers
NQP will develop an identification/monitoring process and work closely and collaboratively with financially fragile partners. These partners may be reluctant to share data, and unwilling to accept help from the PPS. But, the PPS believes that the success of the entire PPS rests on the success of all partners, including financially fragile institutions. This process will be closely tied into the PPS compliance plan. It is anticipated that the early years of the DSRIP initiative could be at risk, due to startup-related revenue losses. To mitigate this challenge, NQP intends to develop highly collaborative partnerships with all providers in the network. Non-disclosure agreements will be utilized. Criteria for financial fragility will be known and potential remedies will be sought in a collaborative manner with financially fragile institutions.
3. Provider education
Providers will require significant education and re-orientation. Given that buy-in is a significant concern, NQP will continue to engage stakeholders throughout this process. NQP will facilitate a variety of web-based, office-based and community-based information on DSRIP metrics and VBP strategies within the PPS. The transition to VBP design will also occur gradually and with sensitivity to the dynamics of change management.
4. Data Collection and Management
Timely, accurate data is essential to NQP's ability to meet DSRIP reporting requirements and to create the type of connectivity that is essential to serving high-risk individuals with significant needs. NQP will develop a comprehensive performance measurement strategy that will incorporate the required measures at varying levels of detail to support the full range of executive leadership and front-line staff. NQP will develop a detailed performance measurement work plan that will support financial reporting as well as clinical and other types of reporting. The PPS will further share data at the provider level. This will be especially important to engaging providers in VBP designs – with input on best practices in similar efforts nationally.
5. RHIO Connectivity
NQP is aware that the functionalities developed and implemented by the RHIOs will have a significant impact on the success of the PPS. Connectivity is essential to expedited service for high risk-individuals having significant and varied needs. NQP will work closely and collaboratively with the RHIOs to support their success. At the same time, the PPS will develop strategies to maximize data connectivity across each hub within the PPS."

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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.)

"Interdependencies with other work streams are as follows:
1. Governance
Having a responsive, effective governance structure that is capable of monitoring PPS finances will support the development of plans to assess the financial viability of distressed providers. A strong Value Based Payment strategy is critical to the success of the PPS. As a result, NQP will carefully weave together governance and financial monitoring and compliance functions. This includes a strong VPB strategy and good relationships with providers, MCOs and others on whom opportunities to share savings depend.
2. Reporting Requirements
NQP understands the importance of not only measuring DSRIP metrics but also of monitoring key metrics to assess and continuously improve DSRIP program performance. Reporting is dependent upon data collection, analysis and report development, as well as distribution to key stakeholders. Data is key to the PPS's success and NQP seeks to maximize the IT system to ensure functional, accurate and timely reporting to perform all monitoring functions.
3. IT and Data
NQP is aware that having a strong IT system is critical to data collection, sharing, analysis and reporting for DSRIP. The IT system is critical to sharing information on patients, which is integral to financial sustainability, as well. Financial sustainability is integral to DSRIP operations and, therefore, NQP will manage this function carefully.
4. Workforce
NQP is in the process of reviewing the workforce impact on financial sustainability. While full and complete information is not available, NQP is developing plans to carefully monitor workforce results and the impact on direct workforce expenditures and care delivery costs.

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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
Executive Director	David Nemiroff, Executive Director	Drive Finance Committee deliverables consistent with overall DSRIP program.
Finance Director	Roy Cordes, Director of Budget	Chair the Finance Committee
Legal Counsel	Jeff Thrope	Ensure legal compliance
Chief Compliance Officer	Megan Ryan	Ensure regulatory and policy compliance
Network Management	TBD, Apurvi Mehta (representing until position filled)	Represent partners
Represent partners	TBD	Represent CBOs

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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 Blye, Chief Financial Office, CHS	CHS PPS executive leadership	Inform the financial sustainability strategy
Bill Armstrong, SVP Finance, CHSLI	CHS Finance executive	Inform the financial sustainability strategy
Robert Ginsberg, Director, Strategy & Business Dev., CHS	CHS Other Key Contributor	Inform the financial sustainability strategy
Michele Cusack, SVP Finance, NSLIJ	LIJ Finance executive	Inform the financial sustainability strategy
John McGovern, SVP, Finance, NSLIJ	LIJ Finance executive	Inform the financial sustainability strategy
John Maher, Exec VP & CFO, NUMC	NUMC Finance executive	Inform the financial sustainability strategy
Timothy Sullivan, Director of Finance, NUMC	NUMC Other Key Contributor	Inform the financial sustainability strategy
Tim Reilly, Winthrop Hospital	Winthrop Hospital Other Key Contributor	Inform the financial sustainability strategy
Karen Leslie, Chief Compliance Officer	NUMC Operations Chief Compliance Officer	Inform the financial sustainability strategy
Pegeen McGowan, VP Internal Audit and Compliance	CHS Operations Chief Compliance Officer	Inform the financial sustainability strategy
Greg Radinsay, Chief Compliance Office	LIJ Operations Chief Compliance Officer	Inform the financial sustainability strategy
Steve Guido	SJEH	Inform the financial sustainability strategy
Ri ch Miller, SVP Managed	LIJ Other Key Contributor	Inform the financial sustainability strategy
External Stakeholders		
Amerigroup, HealthFirst, FidelisCare, United Healthcare, Affinity	MCOs	Prepare for VBP contract negotiations

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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.

Data is essential to monitor utilization and costs associated with care delivery, especially at financially fragile facilities within the safety net system. The tools that will support the PPS's efforts to move away from a volume-driven system toward a value-driven health care delivery system that is financially sustainable include, but are not limited to:

1. Population Health Management tools such as registries and systems to track engagement in DSRIP projects.
2. Care Management software that will be available to providers to support patients regardless of where within the PPS patients present for care.
3. Electronic Health Records (EHRs) to support sharing of clinical information across the full care continuum.
4. Tools to stratify patients into high, moderate and low-risk groups to determine appropriate, cost-effective interventions.
5. Point of service warning systems that inform the PPS when patients require additional support (e.g. ED utilization, inpatient admissions).
6. Reporting tools to monitor and report DSRIP results both within the PPS and to DOH especially for financially fragile institutions.

The PPS's shared infrastructure will support patients' abilities to receive preventative care and further decrease avoidable hospital use, creating a financially sustainable system.

To manage the Financial Sustainability work stream, NQP will develop a system that supports reporting by hub and, in the aggregate across the PPS for all required DSRIP metrics. The reporting structure will support oversight by the governance structure, at the executive level, at the hub level and for each of the DSRIP project workgroups. DOH reports will be produced by the NQP PMO under the direction and management of the Quality Oversight Council.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

"The PMO will be responsible for monitoring progress associated with each project, based on Speed and Scale targets and against all required DSRIP metrics. Measurement will be integrated across clinical, financial, utilization and satisfaction metrics and will be reviewed by the Quality Oversight Council holistically for opportunities to improve the way in which the PPS delivers care. As part of this strategy, the PPS will develop dashboards that support management efforts to continuously improve care delivery and DSRIP results.

The PPS will share results with providers across the network so that providers have a sense of how their performance compares to their colleagues within the network. Among the measures that will be reviewed on an ongoing basis, the PPS will monitor financially fragile providers and will develop strategies to identify those providers, and work with them to effectively address identified issues.

NQP will regularly report to PPS leadership, the Finance and Clinical Committees and to the Executive Committee, which is ultimately responsible for DSRIP implementation. For each of the work stream reporting requirements, a document will be produced by the Committee that documents

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work flow of data collection, report templates, timing requirements, and roles and responsibilities. NQP will regularly report to PPS leadership, the Finance and Clinical Committees and to the Executive Committee, which is ultimately responsible for DSRIP implementation. Reporting will be generated at the hub level, and then reviewed for consolidation at the PPS level. The consolidated report will be approved as detailed in each milestone.
"

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.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	YES
Task Prevention Strategy Review	In Progress	1. Review the US National Prevention Strategy and applicability to the NQP Cultural Competency/Health Literacy Strategy. Also study best practices nationally.	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Assess Current Efforts in the PPS	In Progress	2. Review all existing cultural competence and health literacy efforts in the PPS; determine gaps to best practices (as applicable), and which best practices to leverage in the PPS Plan.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task DSRIP Project Review	In Progress	3. Reviewing DSRIP projects, identify priority groups and determine which are key factors to impact the reduction of disparity. Analyze these across the population and throughout the network to determine the largest opportunities for improvement.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Assessment Tools Deployed	In Progress	4. Identify specific assessment tools to assist patients with self-management based on cultural, linguistic and other factors. Include a tool for health literacy assessment that can play on most EMRs. Deploy these tools to the network.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	In Progress	5. Identify strategies to reduce health disparities and improve outcomes by	04/01/2015	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
Strategies Identified		leveraging community based organizations. Develop platforms with a focus on health literacy, such as forums and interventions, for two-way communication with the population and community groups.					
Task Strategy Documented	In Progress	6. Document the PPS's Cultural Competency/Health Literacy strategy including timelines for implementation. Consider the involvement of CBOs, physicians, and patients in implementation planning.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Executive Committee Sign Off	In Progress	7. Obtain sign-off from the NQP Executive Committee approving the cultural competence strategy.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	YES
Task Training Candidates Identified	In Progress	1. Identify patient-facing staff and CBO staff who would benefit from training on cultural competency and health literacy issues.	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Training Schedule and Materials Developed	In Progress	2. Create training schedule and materials to execute training. The focus of the training will be on strategies to improve effective patient engagement; and the use of data oriented approaches to identify those likely to suffer from health disparities.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Training Plans Developed	In Progress	3. Develop training plans for clinicians, CBOs and other workforce segments based on best practice research that addresses the needs of ethnic and racial minority groups served by the PPS who suffer from health disparities.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Executive Committee Signoff	In Progress	4. Obtain NQP Executive Committee sign-off on training plans.	04/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Training Execution	In Progress	5. Execute trainings for all organizations and individuals identified in Step 1 based on training plans.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Training Evaluation	In Progress	6. Evaluate training sessions regarding specific engagement strategies and patient engagement approaches.	04/01/2015	06/30/2016	06/30/2016	DY2 Q1	

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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Delivery System Reform Incentive Payment Project

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	Review of best practices for cultural competency and health literacy to be initiated at the PPS level. In addition, inventory of current resources around CC/HL among PPS providers and the hubs will be evaluated. Capacity and appropriateness for expansion for these existing services to others will be assessed. Based on these results, a PPS CC/HL strategy will be developed and implemented. The PPS plans to utilize the resources and health disparity data identified in the Community Needs Assessment conducted during the DSRIP application period.
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	In addition to the outcomes of milestone 1, an inventory of all levels of staff that interact with the PPS patient population will be conducted to define population that would benefit from training activities. Based on the results of milestone 1 and the inventory of staff, a training strategy will be developed and implemented targeting specific population needs and effective patient engagement approached.

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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

No Records Found

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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.

Major risks to implementation and risk mitigation strategies are as follows:
1. NQP will mitigate challenges collecting data that is necessary to identify and address disparities in care delivery by developing a consistent method to obtain race, ethnicity and primary language from patients at the point of service.
2. NQP will mitigate risks associated with provider participation in training activities by offering multiple training mediums and by holding trainings at locations and at times of the day that are convenient for providers.
3. NQP will address risks associated with providers having the ability to easily obtain information on race, ethnicity and primary language by ensuring an IT strategy that allows providers to quickly and easily obtain this information.

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.)

Major dependencies on other work streams include the following:
1. Workforce, given that employees and new hires must be trained to address issues associated with cultural competency and health literacy in order to ensure that the cultural competency strategy is impactful.
2. Governance, given that the governance committees must review and oversee the cultural competency strategy and will further identify opportunities to improve cultural competency efforts and achieve the strategy that is developed.
3. Additional dependencies exist with Financial Sustainability, Practitioner Engagement, Population Health and Clinical Integration given that a strong cultural competence and health literacy strategy is essential to meeting DSRIP outcome goals including, but not limited to, the ability to decrease avoidable inpatient hospitalization by 25% in a five year period.

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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
Communications Director - NQP	TBD, Allison Hall, Operations covering until hired	Responsible for overall communications strategy and ensuring initiatives adhere to cultural competency guidelines
Executive Director - NQP	David Nemiroff	Assist with strategy for cultural competency and health literacy. Assist in developing a training strategy.
Chief Compliance Officer- NQP	Megan Ryan	Assist with strategy for cultural competency and health literacy. Look over and review all contracts in place to assure they are in compliance.
Medical Director- NQP	Laurie Ward, MD	Assist with strategy for cultural competency and health literacy. Assist in developing a training strategy.
Operations, NQP	Allison Hall	Assist with strategy for cultural competency and health literacy. Assist in developing a training strategy.

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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		
Jennifer Mieres, SVP, Community & Public Health, NSLIJ	LIJ executive leadership	Support PPS cultural competency training and communication
Diane Bachor, Director, Grants & Special Programs, Winthrop Hospital	Other Key Contributor	Support PPS cultural competency training and communication
Christine Hendriks, VP Public and External Affairs, CHS	CHS CBO Relations	Support PPS cultural competency training and communication
Julie Harnisher, Director Physician Outreach, NUMC	NUMC CBO Relations	Support PPS cultural competency training and communication
Jessica Wyman, Manager, Associate Director, DSRIP, CHS	Other Key Contributor	Support PPS cultural competency training and communication
Nancy Copperman, Director, Public Health Initiatives, NSLIJ	LIJ CBO Relations	Support PPS cultural competency training and communication
Michael Gatto, VP, NUMC	Executive leadership	Support PPS cultural competency training and communication
Jacqueline Delmont, MD	Other Key Contributor	Support PPS cultural competency training and communication
External Stakeholders		
Lisa Murphy , Nassau Dept. County Executive Human Services	County Health Department	Support PPS cultural competency training and communication
Queens Dept. County Executive Human Services	County Health Department	Support PPS cultural competency training and communication
Gwen O'Shea, President/CEO	Health and Welfare Council of LI (Umbrella of 500+ CBOs)	Support PPS cultural competency training and communication
Nathan Krasnovsky, Executive Director	Jewish Community Center of the Rockaway Peninsula (JCCRP)	Support PPS cultural competency training and communication
Corey Terry, Leader	Ocean Bay Community Development Corp.	Support PPS cultural competency training and communication
Denean Ferguson, Community Organizer	Church of God Christian Academy	Support PPS cultural competency training and communication
Yuseff Parris	Hope and A Prayer Center	Support PPS cultural competency training and communication
Martha Pollack, Director	Jewish Association for Serving the Aging (JASA)	Support PPS cultural competency training and communication
Lisa Gaon, Program Manager	CAMBA	Support PPS cultural competency training and communication
Sara Kim, Project Coordinator Public Health and Research Center	Korean Community Services	Support PPS cultural competency training and communication

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
J.D. Kim, Executive Vice President	Korean American Association of Queens	Support PPS cultural competency training and communication
Becca Telzak, Director of Health Programs	Make the Road NY (Hispanic Advocacy Org)	Support PPS cultural competency training and communication
Mohammad Hack, Community Coordinator	Queens Borough President Office	Support PPS cultural competency training and communication
Rehan Mehmood, Program Manager	South Asian Council for Social Services	Support PPS cultural competency training and communication
Cruz Susana Torres Cano, Healthcare Advocate	1199SEIU/GNYHA Healthcare Education Project	Support PPS cultural competency training and communication
Susan Weigele, Director	Nassau County Metal Health	Support PPS cultural competency training and communication
Ted Lehmann, Director Community Services	NS/LIJ Health System	Support PPS cultural competency training and communication
Cheryl Keshner, Senior Paralegal/Community Advocate	Empire Justice Center	Support PPS cultural competency training and communication
Theresa A. Regnante, President & Chief Executive Officer	United Way of LI	Support PPS cultural competency training and communication
Sheena Wright, President & Chief Executive Officer	United Way of NYC	Support PPS cultural competency training and communication

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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.

The Cultural Competency and Health Literacy strategy depends on accurate and timely data on race, ethnicity and language across the entire attributed population. Specifically, data on population needs and characteristics will be integral to developing and implementing a strong Cultural Competency and Health Literacy strategy.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

Ultimately, NQP will measure the success of the PPS's cultural competency/health literacy strategy by measuring, on an ongoing basis, changes in disparities of care among racial and ethnic minority populations that are specifically related to NQP's 11 projects. NQP will further evaluate the success of efforts to increase cultural and linguistic competence, as well as health literacy, by assessing changes in utilization of ED and inpatient services by race and ethnicity over time. NQP will seek to evaluate the relationship between clinical outcomes for DSRIP projects and cultural competence strategies for DSRIP projects. For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then reviewed for consolidation at the PPS level. The consolidated report will be approved as detailed in each milestone. Training will be evaluated using surveys and selected focus groups. A training feedback survey will occur immediately after training occurs with lessons learned routed back into content for future sessions. In addition, a survey will go out approximately 3 months after training occurs to gauge the effectiveness of training on communication with patients regarding cultural and linguistic issues. Finally, select focus groups will be held with and/or surveys will be disseminated to patients to monitor their perception of culturally and linguistically appropriate communication.

IPQR Module 4.9 - IA Monitoring

Instructions :

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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 Current State IT Assessment	In Progress	1. Document the current IT state of each hub, and for the PPS overall. This assessment will focus on key functional requirements including care management software; registry functionality; project tracking functionality; RHIO connectivity in collaboration with the RHIO; interoperability; and data sharing capabilities. In addition, the PPS will assess the current IT state of providers regarding Electronic Health Records capabilities and PCMH readiness. The PPS will perform the provider assessment using an provider survey.	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task IT Gap Assessment	In Progress	2. Assess gaps in IT capabilities, based on the overall PPS IT design for the individual hubs and for the PPS overall.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Gap Closure Plan	In Progress	3. Document IT gaps as part of the overall design process including a plan to address such gaps to meet DSRIP goals and objectives.	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: -- 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	07/01/2015	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
Task IT Committee Formed	In Progress	1. Form an IT Committee, develop its charter and meeting schedule.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Workflow redesign plan	In Progress	2. Develop plans for clinical and community-based workflow re-design as a first step in defining business needs that require attention as part of the IT strategy.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Gap Closure Plan	In Progress	3. Develop an approach to governing the communications process for IT and all other workstreams in a consistent, organized manner.	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Gap Closure Plan	In Progress	4. Conduct an impact/risk assessment for the IT change process, focusing on gaps and weaknesses uncovered through the provider survey.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task IT Change Workflow	In Progress	5. Define workflows for authorizing and implementing IT changes through out the DSRIP timeline.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task IT Education and Training	In Progress	6. The IT Committee will develop an IT specific education and training plan. This training plan will be integrated with NQP's overall training strategy.	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
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 shared and the purpose of this sharing).	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Vendor Selection Strategy	In Progress	1. Define a vendor selection strategy (as necessary), based on the overall IT design and IT needs; and resources provided by the State DOH; to meet DSRIP project requirements for the overall PPS.	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Clinical Data Sharing Rules Defined	In Progress	2. Define specific rules regarding all aspects of clinical data sharing including, but not limited to, patient identification and matching protocols.	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Data Sharing Specifications Defined	In Progress	3. Define data sharing specifications, including, but not limited to, specifications, nomeclature, standards, data formats and other necessary requirements based on DSRIP project specifications.	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task Gap Closure Plan	In Progress	4. Develop training plans to support successful implementation of new platforms and processes.	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
Task Executive Committee Approval	In Progress	5. Obtain Executive Committee approval for plan and resources.	10/01/2016	03/31/2017	03/31/2017	DY2 Q4	
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.	06/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task Medicaid Member Registry	In Progress	1. Obtain registry of PPS Medicaid members from NYSDOH.	06/06/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Uninsured Registry Overlay	In Progress	2. Overlay the registry with data regarding the uninsured, as available from NYSDOH.	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Member Mapping	In Progress	3. Map member/potential member numbers by zip code.	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Map Overlay	In Progress	4. Overlay map with cultural and linguistic attributes.	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Risk Assessment through Hot Spotting	In Progress	5. Hot spot the map for areas of risk.	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Risk Assessment through Hot Spotting	In Progress	6. Create a training plan with a focus on community based workers participation	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Executive Committee Approval	In Progress	7. Obtain Executive Committee approval for plan and resources.	06/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task CHW Training and Deployment	In Progress	8. Train and deploy CHWs in strategic safety net locations and CBOs.	06/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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.	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task Security Assessment	In Progress	1, Conduct a security level assessment at the application, network and operational levels. The analysis will address information security risks and design of controls to mitigate risks.	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Security Roles Defined	In Progress	2. Define security roles (e.g. who has access to what data and when).	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Security Plans	In Progress	3. Create plans for ongoing security testing and controls, leveraging an understanding of current methods in the hubs.	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Executive Committee Approval	In Progress	4. Obtain Executive Committee approval for plan.	06/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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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
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).	The PPS has contracted to a vendor to perform a current state assessment of IT capabilities across network to identify gaps on functional requirements which will serve as input to DSRIP deliverables in DY1 and DY2, summary of specific technology and governance considerations based on NQP Hubs and PPS level of technical maturity, identify options or alternatives to mitigate the gaps and leverage the PPS' hub structure with recognition of functionality that is essential for the hubs and the PPS to succeed. The aligned deliverable of this assessment will be documented recommendations and considerations for future state technology model options and high-level investment estimates to support initial phases.
Develop an IT Change Management Strategy.	The PPS has formed an IT committee with full representation of the Chief Information Officer of the three (3) hubs and the committee is tasked with developing plans for clinical workflow redesign which will define the business needs of the IT strategy. Post IT assessment in Milestone 1, the committee will be tasked with authorizing and implementing IT changes through the DSRIP period. The PPS has representation at the DSRIP CIO Workgroup and DSRIP CIO Performance Measurement workgroup.
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	While this milestone has not begun, the PPS will definitely develop a roadmap to achieving clinical data sharing and interoperable systems across PPS network. The Performance Reporting Workstream has included this concern in their discussions especially since data breach and security is a major of the DOH. The resolution for now, until opt-out process is completed, is to keep patient level details at the hub level. There were also discussions on developing a secured server for data transfer from hubs to the PPS PMO.
Develop a specific plan for engaging attributed members in Qualifying Entities	The PPS is awaiting the first version of the PPS Medicaid Enrollment list which will serve as a source of demographic data for engagement after the opt-out process,
Develop a data security and confidentiality plan.	Work has not begun on this milestone but there is a unique understanding that a data security and confidentiality plan will be developed.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

Major risks for IT implementation relate to creating a cohesive system across all three hubs. The system must support comparable data collection, analysis and distribution of information to manage care delivery throughout the PPS and at all levels in the PPS. To mitigate this risk, the PPS will evaluate existing resources at the hub level and determine a streamlined approach to IT infrastructure that leverages existing resources and builds only what is necessary to meet DSRIP requirements at the hub and PPS levels. Another risk in the IT work stream relates to the lack of certainty regarding the functionality available at the RHIO level. NQP will work closely and collaboratively with the RHIO to mitigate this risk and intends to maximize any connectivity available at the RHIO level.

IPQR Module 5.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The IT work stream supports all other work streams. It is the integration of the care delivery system throughout the partner network and is the integration of all related clinical and non-clinical work streams.

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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
IT Director (PMO)	Farooq Ajmal – CIO NUMC is responsible for this workstream pending when IT Director for PPS is hired.	Oversee current state analysis, and Gap analysis. Work directly with HUB CIO's to develop and implement a work plan for clinical data sharing and interoperable systems across the PPS, as well an IT change management strategy. Works with analyst to on training programs. Keeps track of major risks during planning and implementation. Assists in creating a reporting structure. Reviews and oversees any training taking place PPS.
Analyst (s)	tbd	Works to create a training plan throughout the PPS. Keeps track of major risks during planning and implementation.
Compliance Director	Megan Ryan, NQP-PPS Chief Compliance Officer	Assure all work done by vendors is within compliance, and all agreements and contracts are executed appropriately and timely.
Operations	Allison Hall, NQP-PPS Operations Director	Keeps track of major risks to implementation & risk Keeps track of major risks to implementation & risk mitigation strategies. Notes the dependencies of this work stream on the others. Assist in the reporting structure and communication PPS wide. Reviews any training materials for organizations or individuals.
CHSLI CIO	Marcy Dunn	Assist in the current state analysis, as well as reviews the gap analysis once performed. Works with the IT Director in developing an IT change strategy, as well as provides feedback pertaining to their hub regarding the work plan to achieve clinical data sharing & interoperable systems across the PPS.
LIJ CIO	John Bosco	Assist in the current state analysis, as well as reviews the gap analysis once performed. Works with the IT Director in developing an IT change strategy, as well as provides feedback pertaining to their hub regarding the work plan to achieve clinical data sharing & interoperable systems across the PPS.
NUMC CIO	Farooq Ajmal, CIO	Assist in the current state analysis, as well as reviews the gap analysis once performed. Works with the IT Director in developing an IT change strategy, as well as provides feedback pertaining to their hub regarding the work plan to achieve clinical data sharing & interoperable systems across the PPS.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Specialist	Olawale Akande, Quality Management Director	Assists in creating and establishing PPS-wide performance reporting structure.
SJEH CIO	Kelly Barland	Assist n the current state analysis, as well as reviews the gap analysis once performed. Works with the IT Director in developing an IT change strategy, as well as provides feedback pertaining to their location regarding the work plan to achieve clinical data sharing & interoperable systems across the PPS.
Behavioral Health Stakeholder	Robert Hettenbach, President of PSCH	Support program development to integrate BH data and record into RHIOs
Community Stakeholder	James Dolan, Jr, Ph.D. Director of Community Services, Nassau County Dept of Mental Health, Chemical Dependency and Developmental Disabilities Services.	Work as a liaison between the CBOs and primary care practices through development of IT infrastructure to ensure continuity of care for patients

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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		
John Bosco, CIO	LIJ IT infrastructure and strategy	Design, plan, and implement
Michael Oppenheim, MD, CMIO	LIJ clinical infratructure and strategy	Design, plan, and implement
Simita Mishra, Program Director, CIO	Clinical infrastructure and strategy	Design, plan, and implement
Faisal Zakaria, Chief Applications Officer	Winthrop clinical infrastructure and strategy	Coordination and strategy alignment with hub IT strategies
External Stakeholders		
Tom Moore, VP Innovation - Healthix	Input and Review	Coordination and strategy alignment with hub IT strategies
Robert Dulak, Allscripts	Input and Review	Coordination and strategy alignment with hub IT strategies
Ehealth Network of LI	Input and Review	Coordination and strategy alignment with hub IT strategies
KPMG	IT Vendor	Performing IT Gap Assessment. Coordination and strategy alignment with hub IT strategies
Caryl Shakshober, Privacy Coordinator, NYS DOH	Facilitating privacy and data sharing security	Data Exchange Application Agreement and Business Associate Agreement Documentation

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

NQP will evaluate progress against this Implementation Plan to evaluate success of this organizational work stream. In addition, NQP will evaluate the degree to which other work streams and project groups validate that DSRIP business needs for each project group are met by this work stream. For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then reviewed for consolidation at the PPS level. The consolidated report will be approved as detailed in each milestone.

IPQR Module 5.8 - IA Monitoring

Instructions :

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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	12/31/2016	12/31/2016	DY2 Q3	NO
Task Metric Inventory	In Progress	1. Conduct an inventory of required clinical and utilization metrics; current / alternate sources of data.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Reporting Responsibilities	In Progress	2. Identify appropriate PPS participants who are responsible for reporting of clinical and utilization outcomes.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Committee Formation	In Progress	3. Develop appropriate committees that reflect performance communications and related responsibilities.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Performance Communication	In Progress	4. Develop strategies to leverage existing communication platforms and tools to communicate provider performance.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Dashboard Best Practices	In Progress	5. Identify best practices in provider communication including dashboard templates, network management workflow, review of performance metrics, development of action plans aimed at achieving PPS performance measures.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Current Use of Rapid Cycle Evaluation	In Progress	6. Review current practices for Rapid Cycle Evaluation. Identify preferences and strategies across hubs.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Rapid Cycle Evaluation Methodology Designed	In Progress	7. Design Rapid Cycle Evaluation methodology.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Reporting Process Finalized	In Progress	8. Finalize process, timing, and responsible parties for reporting (monthly or quarterly)	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task	In Progress	9. Obtain sign-off from the PPS Executive Committee on the overall strategy	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
Executive Committee Approval		and the timeline performance measurement.					
Task Dashboard Testing	In Progress	10. Develop and implement test dashboards with a group of super users.	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Training	In Progress	11. Conduct training throughout network for reporters.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Training	In Progress	12. Implement dashboards and share broadly with the provider network for engaged providers and CBOs.	10/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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	12/31/2016	12/31/2016	DY2 Q3	NO
Task Billing and Documentation Assessment	In Progress	1. Identify practices regarding billing and documentation that require training in order to ensure accurate and comparable submission of data to perform DSRIP measurement requirements.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Training Capability Assessment	In Progress	2. Identify PPS training capabilities and network training needs.	07/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Training Strategy	In Progress	3. Develop a training strategy for performance measurement activities that includes organizations and individuals across the network, focused on clinical quality and performance reporting.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Provider Training Developed	In Progress	4. Develop provider training based on needs and the strategy identified above.	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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	To date, a core Performance reporting workgroup with representation from the three hubs has been established and is meeting regularly. Responsible parties for reporting hub level information into the PMO have been identified. Assessment of hub reporting capabilities are currently being undertaken on a project-by-project basis and areas of potential gaps will be identified. Standardized definitions and reporting tools for actively engaged patients for all projects are also in development. When resolution has been reached on strategies for reporting and communication, the team will proceed to evaluating rapid cycle evaluation and dashboard development strategies.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Work has not yet begun for this milestone pending assessment of network status with regard to quality and performance improvement including inventory of billing system among our 8000+ partners and report generating capabilities at a local level.

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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

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

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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.

"NQP recognizes challenges associated with implementing performance reporting structures and processes and the potential impact on DSRIP implementation activities. The PPS recognizes the importance of having strong training and communication processes to support the implementation, measurement and improvement of DSRIP metrics over the course of the project.
NQP recognizes many challenges that may present during the implementation of a performance measurement strategy for DSRIP. Key are:
1. The potential for inadequate provider interest and participation in collecting and using performance measurement data. To mitigate this challenge, NQP will develop an incentive system that truly engages and rewards providers in performance measurement activities. NQP will solicit user input in the development process and will develop user-friendly formats and data that providers believe is helpful in delivering quality care.
2. Variation in systems, complexities and technological tools, as well as knowledge regarding data and quality improvement strategies across the network and, across the NQP hubs. To mitigate this challenge, NQP will identify and proactively address such variation and will ensure that hubs understand the importance of achieving similar outcomes, while respective variability in systems across the PPS. NQP will address these issues in training efforts. When possible, NQP will also create automated systems.
3. The level of resources required in obtaining non-claims-based data, including chart abstraction for NYSDOH-generated data for MDF lists, PAMs, CAHPS Survey, and patient engagements. All major providers within the PPS have experience extracting data from non-claims-based provider systems and NQP will leverage that experience.
4. Ability to obtain accurate data, in a timely manner, from NYSDOH. Mitigation will focus communication to State wide CIO Performance Management Work Group.

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.)

The Performance Reporting workstream is dependent on the following work streams:
1) Workforce Strategy: To conduct the Performance Reporting workstream and share performance reporting data in a meaningful way, NQP must identify, engage and train appropriate staff to work with providers across the network.
2) Governance: NQP will seek Executive Committee approval on the performance measurement strategy and timeline.
3) Financial Sustainability: Providers' abilities to utilize performance reporting data in a meaningful way can have a significant financial impact on the PPS. In particular, performance reporting will be a key activity that will support the PPS's ability to meet DSRIP requirements and metrics and to achieve positive financial outcomes.
4) IT Systems and Processes: A robust IT system is essential to NQP's ability to produce and distribute performance measurement data. Such

data will form the foundation of DSRIP performance management efforts. In particular, NQP must realize the IT system design, including the ability to aggregate data and reporting functions at the PPS level, in order to efficiently and effectively measure, analyze and report DSRIP performance measurement activities.
5) Practitioner Engagement: This workstream is integrally related to a successful Performance Reporting workstream. In particular, strong Provider Engagement and interest is an important prerequisite to a successful Performance Reporting strategy.
6) Population Health Management: A strong Performance Reporting system will form the basis of Population Health Management activities including the ability to proactively respond to registry data.
7) Funds Flow: Performance Measurement data will ultimately inform funds flow, VBP activities and the distribution of provider incentive monies across the PPS network.

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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
Performance Reporting - NQP	Olawale Akande, Quality Management Director	Design, plan, and implement the performance reporting process and tools.
Medical Director - NQP	Laurie Ward, MD, VP Ambulatory Services	Identification of key indicators and informing development of dashboards and reports
Project management - NQP	Kathleen Giangarra, Project Manager	Design, plan, and implement the performance reporting process and tools.
Operations- NQP	Allison Hall, Operations Director	Identification of key indicators and informing development of dashboards and reports
Project management - NQP	Apurvi Mehta, Project Manager	Design, plan, and implement the performance reporting process and tools.
Project management - NQP	Aashna Taneja, Project Manager	Design, plan, and implement the performance reporting process and tools.
Project management - NQP	Chanukka Smith, Project Manager	Design, plan, and implement the performance reporting process and tools.

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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		
Maureen Shannon, VP Quality Mgmt -NUMC	NUMC PPS executive leadership	Ensure coordination of data submissions from hubs to central PPS.
Corrinne Tramontana, AVP of Quality Programs and Clinical Data Analysis - CHS	CHS PPS leadership	Ensure coordination of data submissions from hubs to central PPS.
Fran Ganz-Lord, MD - LIJ	LIJ executive leadership	Ensure coordination of data submissions from hubs to central PPS.
Ulka Kothari, MD	Other Key Contributor	Ensure coordination of data submissions from hubs to central PPS.
Jessica Wyman, Program Development, CHS	CHS Performance Management	Ensure coordination of data submissions from hubs to central PPS.
Christopher Chewens, Manager, Accountable Care Analytics, NSLIJ	LIJ Performance Management	Ensure coordination of data submissions from hubs to central PPS.
External Stakeholders		
HealthFirst Clinical Quality	Validation of PPS performance against external reporting requirements	Coordinate provision of claims data as required to inform progress.
Amerigroup Clinical Quality	Validation of PPS performance against external reporting requirements	Coordinate provision of claims data as required to inform progress.
Affinity Clinical Quality	Validation of PPS performance against external reporting requirements	Coordinate provision of claims data as required to inform progress.
Fideliscare Clinical Quality	Validation of PPS performance against external reporting requirements	Coordinate provision of claims data as required to inform progress.

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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.

By DY3, NQP will develop the ability to create IT systems at the hub and at the PPS levels that support automated data collection and reporting through a "pipeline" that connects the hubs' data and IT systems, offering the PPS the ability to meet all DSRIP Performance Reporting requirements. Such information will further support the calculation and distribution of incentive-based payments to providers.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

The PPS will need to track progress in several dimensions:
- Provider participation
- Patient Engagement
- Domain 2 and 3 ,4 measures and outcomes (although NYS will provide data for many of the measures, there will be time lags, so the PPS plans to implement a process to internally generate ad-hoc reports on Outcomes)
- Milestone status, task plans, and associated resources

The PPS plans to adopt a vendor program management tool (Performance Logic) to assist in tracking decomposed work breakdown structures for each work stream and project deliverables.
Each element of progress will need a detailed work flow, reporting template, timing requirements, and roles and responsibilities delineated.
Generally, reporting will originate at the hub level, with the three hubs consolidating data for its partners. Then the PPS will consolidate hub data in order to deliver a cohesive quarterly report tracking narratively the Domain 1 measures and statistically the Domain 2, 3 and 4 progress measures calculated by the DOH in the reporting period.

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	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Provider Data Base Developed	In Progress	1. Create a provider data base identifying provider types and key identifiers; by hub and by geographic area.	05/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Provider Engagement Structure	In Progress	2. Create a PPS-wide structure to conduct provider engagement activities.	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task Provider Communications Strategy	In Progress	3. Develop a PPS-wide provider communications strategy that supports all provider engagement activities by provider type and geographic location.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Provider Champions Identified	In Progress	4. Identify provider champions to act as DSRIP ambassadors and as representatives for relevant governing bodies such as the Clinical Oversight Committee who can also support educational efforts across the network.	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Reporting Templates Developed	In Progress	5. Develop standard performance reporting templates for professional groups by provider type.	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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.	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Provider Training Needs Identified	In Progress	1. Identify training needs among providers for DSRIP projects, utilizing both provider surveys and gap assessments derived from the project plans. Identify available professional groups and subject matter experts to assist in	05/01/2015	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
		training efforts.					
Task Training Plans Developed	In Progress	2. Develop training and education plans overall and for individual DSRIP projects. The scope of training should address identified training gaps and cover all practitioners touched by the DSRIP project.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Trainers Identified	In Progress	3. From the gap assessment in prior task steps, create a directory of topics, trainer types and skills needed. Reach out to professional groups and subject matter experts to identify appropriate trainers.	10/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Training Executed	In Progress	4. Schedule and execute training for DSRIP projects.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Evaluate Training	In Progress	5. Evaluate initial training, and report out as appropriate.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Ongoing Training Strategy	In Progress	6. Determine content for onboarding, semi annual, and annual refresher training.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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.	NQP PPS has engaged a consultant to create a database of network providers with accurate contact information, including email addresses and a contact person. Practitioners of all types and at a variety of practice sites have been included on the Project Advisory Committee, on sub committees of the Executive Committee and on project and workstream planning committees. A PPS wide communication strategy which includes a newsletter and a website has been developed. Expanding to utilize social media is being explored as an option. An assessment of current capabilities at the individual practice level with regard to performance reporting and quality improvement is planned in upcoming months. In addition, work to map providers by type and geography is underway.
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.	Surveys, in-person meetings and via participation in key PPS level committees will be used to create an inventory of both provider educational needs as well as subject matter experts for various topics. Additional work to be accomplished is assessing preferred educational methodologies, locations and timing. Based on this information, an educational strategy will be formulated and implemented. The educational strategy will include a methodology to assess effectiveness of training. This is intended to be an ongoing assessment and re-assessment because it is expected that as projects evolve and performance data becomes available at a more local level, additional training needs will be identified.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text

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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

No Records Found

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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.

Risks associated with provider training include lack of willingness among providers to participate in training efforts. NQP recognizes the importance of securing the participation of providers, as well as office staff, among others. To mitigate this risk, NQP will schedule trainings at locations and at times of the day that are convenient for providers. NQP will further evaluate opportunities to provide incentives to network providers to attend trainings. NQP believes that if providers' goals do not align with DSRIP goals, the PPS will be at risk. NQP recognizes that training efforts must focus on helping providers align their financial goals with those of DSRIP, while improving care delivery.

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.)

Multiple workstreams are dependent on NQP's DSRIP Provider Engagement strategy. Without adequate provider engagement and training efforts, key workstreams such as Clinical Integration, Population Health Management and Financial Sustainability may suffer. In many regards, the Provider Engagement workstream is central to DSRIP development efforts. As a result, NQP will place significant effort on this, among other workstreams. With regard to clinical integration, NQP is aware that there is a dependency between 2.a.i. and Provider Engagement, given the primacy of training and the impact of engagement efforts on the PPS's ability to implement a value based payment strategy and a financially sustainable PPS. Reporting will be generated at the hub level, and then reviewed and consolidated at the PPS level. The consolidated report will be approved as detailed in each milestone.

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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
Network Management Director - NUMC	Julie Harnisher – Responsible until Network Management Director is hired.	Develop strategy, plan, and implement network management activities.
CBO Specialists - NUMC	Irene Koundourakis	Support the network management efforts, identify CBO specific training needs via steps outlined. Survey CBOs for areas of expertise to act as trainers for identified gaps.
Network Relations - NQP	Apurvi Mehta	Support the network management efforts. Serve as contact for network members, responsible for overseeing newsletter and website content, and communicating training opportunities.
Practitioner Engagement - NQP	Laurie Ward, MD, VP Ambulatory Services	Support the network management efforts, serve as contact for community providers. Oversee results of practitioner training gap analysis and survey data. Compile list of areas of expertise to serve as trainers as warranted
Practitioner Engagement / PCMH - CHS	Jacqueline Delmont, MD	Support the network management efforts, Oversee results of practitioner training gap analysis and survey data. Compile list of areas of expertise to serve as trainers as warranted. Act as a subject matter expert for PCMH related training needs.
Operations- NQP	Allison Hall, Operations Director	Support the network management efforts, oversee operations of all arms of the communication strategy including website function and newsletter and other communications distribution.
Project Management	Apurvi Mehta	Support the network management efforts.

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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		
Julie Harnisher, Director, Physician Outreach, NUMC	NUMC PPS executive leadership	Input on NUMC provider network characteristics and liaison to community based providers.
Grace Wong, VP, CFO, Medicaid Strategy LIJ	LIJ executive leadership	Input on LIJ provider network characteristics and liaison to community based providers.
Richard Mulry, SVP of Physician Network Development	Other Key Contributor	Input on provider network characteristics and liaison to community based providers.
Marcus Friedrich, Assoc Director Medicine Service Line, NSLIJ	LIJ Network management	Inform PPS with regard to training needs and methodologies, assist in identifying subject matter experts for identified training needs.
Robert Heatley, EVP Business Development and Ambulatory Services NUMC	NUMC key contributor	Provide expertise with regard to business planning for provider network.
Irene Koundourakis, Provider Relations NUMC	NUMC key contributor	Input on NUMC provider network characteristics and liaison to community based providers.
External Stakeholders		
Michael Chambers, Executive Director	Mental Health Association	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects.
Kevin Dahill, CEO	Nassau Suffolk Hospital Association	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects.
Managed Care Organization	Healthfirst	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects.
Dr. James Dolan, PhD	Nassau County Department of Social Services	Serve as liaison to PPS with regard to social service programs available to the target population of specific DSRIP projects.
Pharmacists and Pharmacy Organizations	Advisory	Provide expertise and advise to address training gaps as identified in areas concerning medication adherence and reconciliation.
South Shore Rockaway IPA	Paiel Chakrabarty	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
		projects.
Beacon IPA	Jonathan Goldstein	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects.
Karen Bassuk, Director	Rockaway Wellness Partnership	Serve as liaison to PPS with regard to physician engagement on programs available to the CBO population of specific DSRIP projects
Gwen O'Shea, President	Health and Welfare Council of Long Island	Serve as liaison to PPS with regard to physician engagement on programs available to the CBO population of specific DSRIP projects

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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.

NQP will develop a database to identify providers by provider type and by hub and will further support efforts to track provider participation. NQP will rely on this database to distribute information to engaged providers. The Provider Engagement work stream will further rely on IT to provide performance measurement tools (e.g. a provider portal that offers the ability to compare performance to other network providers as well as gaps in care reports). In turn, performance measurement data will support the PPS's ability to calculate and distribute provider incentive payments.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

NQP will evaluate the success of this organizational work stream by reviewing provider participation in DSRIP. To measure success for this work stream, NQP plans to collect provider feedback that supports the PPS's ability to assess the quality and impact of Provider Engagement efforts. For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then reviewed for consolidation at the PPS level. The consolidated report will be approved as detailed in each milestone.

IPQR Module 7.9 - IA Monitoring

Instructions :

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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	03/31/2016	03/31/2016	DY1 Q4	NO
Task Data Collection	In Progress	1. Obtain necessary data on population health factors including, but not limited to: housing, food, employment supports, community-based supports, ethnic/cultural beliefs, linguistic needs and other socioeconomic factors. In particular, assess health literacy skills and the impact on outcomes and population health measures.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Strategy Development	In Progress	2. Develop strategies to specifically target individuals with with high risk conditions, such as cardiovascular disease and diabetes, identified in the CNA.	07/01/2015	03/31/2016	03/31/2016	DY1 Q4	
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.	01/01/2016	03/31/2017	03/31/2017	DY2 Q4	NO
Task Data Collection	In Progress	1. Identify relevant data on opportunities to reduce avoidable inpatient hospitalization rates for the PPS overall and for the hubs, including individual hospitals within each hub. This will rely on the SPARCS dataset, bed census counts, number of certified beds in PPS, Number of patient Days, PPS admission data, Average LOS in hospitals in PPS, other utilization data, and occupancy history at all hospital and nursing homes involved in the PPS.	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	In Progress	2. Using the data analysis performed in Step I, the PPS will identify most	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
Strategy Development		significant clinical conditions by geographic sub-area and hospital where a reduction in beds is possible, given prevalence rates of inpatient stays associated with avoidable hospital admissions. This analysis will model the impact of bed reduction targets as they relate to hospital specific avoidable admissions data.					
Task Impact Bed Reduction Plan with Project Plans	In Progress	3. Review DSRIP project interventions and forecast impact on potential bed reduction based on avoidable hospital admissions.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Training and Workforce Needs Identified	In Progress	4. Identify workforce impact and training needs where potential exists to reduce beds based on data on both avoidable hospital admission and DSRIP project impact.	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Training Plans Developed	In Progress	5. Develop training plans based on workforce needs to reduce beds and shift care to outpatient settings, based on data on avoidable hospital admissions and DSRIP project impact.	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task Executive Committee Review	In Progress	6. Document bed reduction plan for review by the PPS Executive Committee based on data on avoidable hospitalzations, DSRIP project impact and other key factors.	10/01/2016	03/31/2017	03/31/2017	DY2 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 population health management roadmap.	Work has begun leveraging hub level resource and data to assess status of the population and linking this information to key areas identified in the community needs assessment undertaken by the PPS. As additional sources of data are aggregated and analysis is done, this will inform our strategy to address high need populations. In addition, the PPS is evaluating various population health and care management solution software to implement at the PPS and/or hub level to provide data aggregation, identification at-risk patients, monitoring outcomes, and gaps in care. In addition, the PPS had a representative attend the PHM Vendor Fair who has made recommendation on the Care Management/PHM Software that the PPS can use for hub-level data aggregation, identification of at-risk patients, engagement of at-risk patients, monitoring outcomes, and managing gaps in care at the provider level.
Finalize PPS-wide bed reduction plan.	The PPS plans to identify relevant data on opportunities to reduce avoidable inpatient hospitalization rates for the PPS overall and for the hubs. The New York State SPARCS data set will be used to inform the completion of the PPS-wide bed reduction plan. The data set will first be utilized to assess PPS-wide inpatient bed utilization at baseline and then, given the constraints of data updates to SPARCS, on a yearly basis thereafter. At baseline the data will be analyzed by service line to determine which service lines have the most avoidable inpatient bed utilization and at which PPS facilities. These are

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	the services lines and facilities that will be reviewed for opportunities to improve the quality of outpatient care and care coordination. To further refine the ability of the PPS to programmatically target areas where the greatest improvement in services is needed, the data can be drilled down to both DRG and ICD-9 code level. Additional analyses will be completed to look at patient origin to identify "hot spots." If "hot spots" are identified, a determination can then be made as to what changes in outpatient services are necessary and where additional interfaces with community based organizations can be made.

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

Major risks to implementation that affect the bed reduction plan include, but are not limited to whether the following take place:
1. The DSRIP projects have the intended impact, as desired.
2. The PPS is able to secure appropriate workforce participation to support a shift from an inpatient to outpatient setting.
3. Patients are able to increase self-care and health literacy skills, including more appropriate use of healthcare services.

To address these risks, the PPS will carefully monitor key factors to determine whether or not a shift in utilization is occuring and whether or not beds can be closed without denying needed access to inpatient care. NQP will carefully monitor DSRIP outcomes and will close beds in a stepwise fashion as DSRIP projects achieve results.

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.)

NQP recognizes that the Population Health workstream depends on Information Technology tools such as registries. NQP further recognizes that this workstream depends on the Practitioner workstream given that provider support is a key component of taking a population health oriented approach to care delivery. It is also dependent on the Workforce workstream as recruitment of appropriate outpatient focused workforce and retraining of inpatient focused workforce is critical to success.

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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
Workstream Director, NQP	Laurie Ward, MD	Assist in development of population health management roadmap. Will work directly with hospital leadership regarding bed reduction plan. Working with hubs regarding PCMH certification
NQP Executive Director	David Nemiroff, Executive Director	Risk assessment and gap analysis. Will facilitate discussions and plans towards bed reduction amongst the PPS.
Performance Reporting and Analytics - NQP	Olawale Akande, Quality Management Director	Risk assessment and gap analysis, as well as data analysis and reporting.
Project Manager	Kathleen Giangarra	Analysis and reporting, as well as strategy development to reach targeted populations.
Operations	Allison Hall	Assist in strategy development to reach targeted populations. Work on data analytics for populations. Make sure communication is open and active amongst CBO's and providers to ensure the total patient is being served.
Compliance Officer	Megan Ryan	Assure compliance when related to patient data, and PHI as well as assuring all necessary contracts are in place correctly.
IT Director	Farooq Ajmal	Ensure the proper IT infrastructure is in place.

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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		
Grace Wong, VP/CFO - LIJ	LIJ leadership	Lead hub and regional level analysis
Patrick O'Shaughnessy,MD, CMO - CHS	CHS Medical Director	Lead hub and regional level analysis
Kris Smith, MD - LIJ	LIJ Medical Director	Lead hub and regional level analysis
Lisa McLaughlin, Director of Social Work - NUMC	Community Interactions	Lead hub and regional level analysis
Terry Gray, NP, PhD. Director Care Transitions - NUMC	Community Interactions	Lead hub and regional level analysis
Lyn Quintos, MD _ Winthrop	Winthrop	Lead hub and regional level analysis
Michelle Eckert, NHCC Transitions of Care	Support and inform	Provide support for the targeted population after discharge from hospital.
Tarika James, LIFQHC	Medical Director LIFQHC	Population health data management for Medicaid population. Achieve PCMH 2014 level 3 at FQHC's, and share experience among PPS.
Gwen O'Shea	Health & Welfare Council of Long Island (Umbrella of >100 Organizations)	Work as a liaison between CBO's and providers to ensure the total patient is being served and treated.
James Sinkoff	Community Healthcare Collaborative / HRHCare	Outreach to those patients within Health Home.
External Stakeholders		
Nassau County Health Department, tbd	Government and Community Interactions	Guidance on Population Health Roadmap
John Imhoff, PhD, Commmissioner DSS	Government and Community Interactions	Guidance on Population Health Roadmap
Addabbo Family Health Center	Outpatient Clinic	Guidance on HEDIS and Population Health Roadmap
Dr. Acevedo Herrera	Outpatient Clinician	Guidance on Population Health Roadmap
Dr. Jean Kapadia	Outpatient Clinician	Guidance on Population Health Roadmap

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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.

NQP anticipates that the Population Health work stream will rely on IT tools, given the importance of patient registries, data warehousing and measurement tools to conduct Population Health activities. IT tools will further be used for supporting measurement efforts to identify and understand population health needs.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

To assess NQP's progress within this organization work stream, NQP will measure and monitor, on an ongoing basis, data associated with population health outcomes generally and DSRIP projects specifically. In addition, NQP will monitor structure and process measures to ensure that DSRIP projects are implemented as intended. For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then consolidated at the PPS level. The consolidated report will be approved as detailed in each milestone.

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	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task Data Collection and Assessment	In Progress	1. The PPS provider types will be mapped against project deliverables and key interfaces to organizational workstream will be identified. Needs will be identified where there are hot spots, and insufficient provider types in the hot spot area.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task Work flow inventory	In Progress	2. The various project work groups will identify existing clinical integration work flows for each hub.	05/01/2015	03/31/2016	03/31/2016	DY1 Q4	
Task Future State Work Flow Development	In Progress	3. Ideal clinical integration workflows will be identified for each project by assessing existing workflows and comparing these with national best practices which will be approved by the PPS Clinical Oversight Committee.	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task Executive Committee Approval	In Progress	4. The Executive Committee will review and approve this plan.	05/01/2015	06/30/2016	06/30/2016	DY2 Q1	
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	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter	AV
		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					
Task Strategy Developed	In Progress	1. The various project work groups will develop a clinical integration strategy based on population and project needs and best practices in clinical integration. The output from Milestone 1 will be used in developing both individual and cross project strategies.	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Optimize Work Flow Given IDS Future State	In Progress	2. The various project work groups will optimize the strategy to take advantage of existing hub-specific characteristics and operational specifications, while considering the evolution towards the Delivery System's future state.	05/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task Standard Protocol Development	In Progress	3. The strategy will detail which protocols and work flows shall be standardized across the network.	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Care Transitions Strategy	In Progress	4. A specific Care Transitions Strategy will be developed, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health, and substance use providers.	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Training planned and executed	In Progress	5. Training for all provider types will be developed and executed. Training will cover new work flows, new tools, and the underlying concepts of care coordination.	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task Strategy Development	In Progress	6. The Executive Committee will review and approve this plan.	05/01/2016	09/30/2016	09/30/2016	DY2 Q2	

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
Perform a clinical integration 'needs assessment'.	The PPS has begun preliminary work on hotspotting of key clinical conditions (diabetes, behavioral health, and cardiovascular disease), areas of high need/utilization and locations of key providers of support services (housing, food pantries, other CBOs). Analysis of PPS provider types and location are awaiting revised provider list with provider type and attribution. Current work flow assessment in project groups are highlighting areas of clinical integration needs. These issues will be further evaluated at

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	the Clinical Oversight Committee of the Executive Committee and as well as the group overseeing 2ai (Integrated Health Care Delivery System). In addition, given the vital importance of behavioral health in the success of DSRIP, the area health homes, community BH organizations and county social service agencies will be needed to provide necessary insight.
Develop a Clinical Integration strategy.	Work on this milestone is dependent on clinical integration needs identified in Milestone 1. However, early discussions of data sharing and security have already begun given the importance of patient confidentiality. In all the project workgroups, current and future state assessments are evaluating data sharing needs and capabilities especially around the areas of care transitions and care coordination. These evaluations will inform both clinical integration strategy and provider training needs. The PPS has chosen to work with a global vendor to provide a gap analysis of the NQP current state IT environment against the selected DSRIP project set's functional requirements which will serve as input to DSRIP deliverables in DY1 and DY2, summary of specific technology and governance considerations based on NQP Hubs and PPS level of technical maturity, identify options or alternatives to mitigate the gaps and leverage the PPS' hub structure with recognition of functionality that is essential for the hubs and the PPS to succeed. The aligned deliverable of this assessment will be documented recommendations and considerations for future state technology model options and high-level investment estimates to support initial phases. Additionally, the PPS placed high emphasis on IT on the capital application; thus, looking to support one of the most challenging areas within DSRIP.

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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.

1. One implementation risk for Clinical Integration relates to the importance of attending to the overall PPS processes while still respecting and addressing hub-specific needs and characteristics. To address this risk, NQP will carefully develop overall strategies -- with a focus on requirements and design criteria-- while supporting local implementation at each hub. In this manner, NQP will achieve consistent results while supporting the networks, operational characteristics and other needs at local hubs with a focus on outcomes.
2. Another risk to implementation is the need to attend to a wide variety of population needs that cross medical, behavioral and psychosocial population needs. NQP will attend to this risk through a careful assessment process with input from a variety of stakeholders. In particular, NQP will develop a clinical integration strategy that is culturally and linguistically responsive to the specific needs of the population which vary substantially across Nassau and Queens Counties.
3. NQP recognizes that there is a risk associated with identifying a strategy to deliver the right care, at the right time, at the right level of intensity for individuals with low, moderate and high risk for poor outcomes. NQP will develop a clinical integration strategy that meets the needs of all individuals who receive care from PPS network providers through a review of best practices and a design process that will meet the needs of the population in all clinical strata.
4. NQP further recognizes that the clinical integration strategy is heavily dependent on data and IT tools. NQP will carefully attend to the development of IT tools and strategies that support the wide range of population needs as described below under "IT Expectations".

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.)

The clinical integration strategy relies on multiple work streams as follows:
1. Workforce
Without an appropriate workforce, NQP will not be able to implement clinical integration strategies that rely on a workforce design that requires redeployment, retraining and hiring of new staff. In particular, the clinical integration strategy will require navigators, peers and other culturally and linguistically appropriate staff that can support community-based care.
2. Governance
The Clinical Integration work stream will require careful monitoring by the Clinical Oversight Committee, an important component of NQP's Governance structure.
3. Cultural Competence and Health Literacy
The success of the Clinical Integration work stream is intertwined with the Cultural Competence and Health Literacy work stream and the synergy

of the two sets of requirements will be important to a successful DSRIP implementation.
4. IT Systems and Processes
As stated above, Clinical Integration will rely heavily on a successful IT strategy with tools that support adequate data collection, analysis and distribution, as well as tools that support population health, risk stratification and care management functions.
5. Performance Reporting
Clinical Integration will require careful monitoring through the Performance Reporting functions for DSRIP. As such, the two work streams are dependent on one another.
6. Practitioner Engagement
Key to Clinical Integration is the engagement of practitioners in a meaning manner. Without engaging providers in a manner that supports transformation and work flow re-design, DSRIP cannot succeed. Therefore, NQP will design and implement these two work streams together, attending to the relationship between requirements whenever possible and necessary.

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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 Oversight - CHSLI	Natalie Schwartz, MD	Input and oversight on clinical integration needs assessment and strategy. Assist in performing a needs assessment, and in developing a clinical integration strategy.Provider leadership of 3ci workgroup and as part of the Clinical Oversight committee
Clinical Oversight - NUMC	Laurie Ward, MD	Input and oversight on clinical integration needs assessment and strategy. Assist in performing a needs assessment, and in developing a clinical integration strategy. Provide leadership of 2bii workgroup and as part of the Clinical Oversight committee. Act as the Medical DIrector for the PPS
Clinical Oversight - LIJ	Kris Smith, MD	Input and oversight on clinical integration needs assessment and strategy. Assist in performing a needs assessment, and in developing a clinical integration strategy. Provider leadership of 2ai workgroup and as part of the Clinical Oversight committee.
Clinical Oversight – Outpatient PCP	Jacqueline Delmont, MD, Beacon Health Partners	Input and oversight on clinical integration needs assessment and strategy. Assist in performing a needs assessment, and in developing a clinical integration strategy.

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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		
Grace Wong, VP/CFO - LIJ	Provide clinical integration advisory	Provide insights into development of clinical integration strategy
Patrick O'Shaughnessy, CMO - CHSLI	Provide clinical integration advisory	Faciliate provider engagment
Lisa McLaughlin, Director of Social Work - NUMC	Provide community interaction advisory	Faciliate provider engagment
Terry Gray, NP PhD, Director Care Transitions - NUMC	Provide community interaction advisory	Faciliate provider engagment and help promote the care transitions section of the milestone
Lyn Quintos, MD- Winthrop Hospital	Provide clinical integration advisory	Faciliate provider engagment
Michelle Eckert, NHCC Transitions of Care- NUMC	Government and Community Interactions	Promote the clinical integration strategy
Warren Zysman	Provide advisory on community and governmental interaction	Promote the clinical integration strategy
External Stakeholders		
New York City Department of Health	Government and Community Interactions	Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.
Department of Social Services	Government and Community Interactions	Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.
Office of Mental Health	Government and Community Interactions	Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.
Jim Dolan, Nassau County	Government and Community Interactions	Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.

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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.

For Clinical Integration, NQP recognizes the importance of the IT work stream. Specifically, NQP anticipates that the IT infrastructure must support population health functions (e.g. registries), patient stratification tools (e.g. predictive models), care management platforms, interoperability of medical records and performance reporting tools to measure and improve quality. NQP is aware that the Clinical Integration work stream cannot succeed without adequate IT functionality.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

NQP will measure the success of clinical integration over time through process measures that evaluate project implementation efforts and, through metrics such as decreased ED utilization and unnecessary hospitalization and enhanced patient satisfaction. All metrics from Domain 2, 3, 4 have some relationship to Clinical Integration, and Dashboard review by the Clinical Quality Committee will be used to evaluate and adjust plans.
For each of the work stream reporting requirements, a document will be produced by the Committee that documents work flow of data collection, report templates, timing requirements, and roles and responsibilities. Reporting will be generated at the hub level, and then consolidated at the PPS level. The consolidated report will be approved as detailed in each milestone.

IPQR Module 9.9 - IA Monitoring:

Instructions :

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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.

NQP seeks to leverage centralized support and resources to drive unified implementation and results. This approach enables the success of the PPS by capitalizing on the unique characteristics of the three hubs and their local partners. Key components of the implementation structure include day to day Executive leadership, senior led PPS level workgroups, and active participation of all three hubs. The PPS will set the strategy, implementation tenets, and common process, while the hub lead organizations will be responsible for implementing each of the DSRIP projects, utilizing both traditional and community based partnerships. In this manner, the PPS will achieve the benefits of shared resources across the three hubs, with common requirements and desired results. The network will also have the flexibility to respond to local conditions and challenges.
NQP's Clinical and Administrative leaders, reporting directly to the PPS Executive Committee, oversees all DSRIP implementation activities. The Clinical Oversight Committee will monitor project implementation efforts with a focus on performance measurement activities, project design, clinical outcomes, and patient safety. The Clinical Oversight Committee reports, through the Leadership Group, to the Executive Committee.
NQP's overall approach to implementation fully supports the hubs in local implementation efforts by providing centralized resources and guidance to ensure consistency of the PPS's ability to meet measure and report on DSRIP requirements. The intent is to work towards meaningful collaboration. Structures that support the local hubs, which are staffed by the NQP PMO at the PPS level and, from each hub (which will participate in each and every work group) include:
1) Project workgroups that will address projects related to: the creation of an Integrated Delivery System (2.a.i.) and Integration of Primary and Behavioral Health Care (3.a.i.); Mental Health Infrastructure and Crisis (3.a.ii. and 4.a.iii); Care Transitions/INTERACT (2.b.iv. and 2.b.vii); Co-located Primary Care (2.b.ii.); Chronic Disease Management (3.b.i, 3.c.i, and 4.b.i); and, Patient Activation (2.d.i.). Project workgroups will include representation from each of the three hubs and PPS Project Management Office (PMO) staff.
2) NQP project work groups will work closely with each of the key work streams. Work streams will include representation from each of the three hubs and NQP PMO staff.
The NQP PMO will staff all workgroups in order to allow for information sharing as well as the facilitation of cross-hub collaboration. Project work groups will inform work stream leaders on relevant business requirements. The PPS will actively combine like work stream requirements across projects to execute work efficiently and effectively, rather than making the same decision as it relates to various projects in different committees. Activities that are required by multiple projects (e.g. PCMH recognition, MCO collaboration) will be planned centrally at the PPS level.
Key steps that NQP plans to take to initiate implementation planning efforts include, but are not limited to:
1) A systematic review of the relationship between project requirements across all projects and work stream deliverables and related tasks. In this manner, the PPS will aggregate tasks in a logical and efficient manner, seeking to achieve economies of scale in planning and implementation efforts
2) Develop a clear design process for each DSRIP project that articulates PPS level efforts that will support each of the three hubs and hub level efforts related to actual implementation of the projects
3) Analyze gaps between current practices and process and DSRIP requirements, by project
NQP will identify design processes and work plans for each of the project workgroups and, for each of the work streams.

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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.

As part of the implementation planning process, NQP aggregates similar projects to achieve efficient planning efforts, either because of requirements or the issues that a given set of projects address. Project groupings reflect dependencies as follows: 1) Integrated Delivery System and Integration of Primary and Behavioral Health Care; 2) Mental Health Infrastructure and Crisis; 3) Chronic Disease Management ; 4) Care Transitions/INTERACT; 5) Co-located Primary Care; and, 6) Patient Activation.
In addition,NQP workstream consist of representatives from each hub. Workstreams will also efficiently contribute information regarding specific tasks as subject matter experts and, will also contribute expertise on capabilities within their hubs. Workstreams will address tasks, with input from each project group, for the PPS overall and then, within their local hubs.The PPS will seek to identify interdependent decisions and tasks that cross projects and workstreams, and through the PMO, and make every effort to coordinate such work efficiently. Both project groups and work stream groups will be responsible for integrating interdependencies across projects with direction from the Executive Committee.
NQP's HIT infrastructure will include: 1) As needed, deployment and/or upgrade of Electronic Health Records (EHRs) 2) Deployment of systems to facilitate interoperability and real time data sharing among the EHRs deployed at the Hub level, with consolidation at the PPS level 3) Development of data warehouse functionality allowing Population Health Analytics, and Business Intelligence services 4) Deployment of tools that facilitate provider and patient engagement; a CBO Portal, Patient Portal, and a Care Management and Coordination Platform. In sum, these core components will support data collection at the PPS level, interoperability between Hubs, and ensure PPS-wide success in realizing DSRIP goals.
A fully functioning IT system will achieve those outcomes most associated with an IDS, including: 1) Improved population health supported by the widespread capture and analysis of both claims and clinical information 2) Transformational change achieved through the provision of care management, reducing ED and hospital utilization in favor of more effective, lower cost settings like patient centered medical homes 3) A reduction in health care spending and associated shared savings 4) Enhanced access to appropriate care as patients are treated in appropriate settings; and 5) the strengthening of the PPS's status as safety net providers enabling the PPS to better serve its target population. All of the core components, described above play a role in NQP's DSRIP projects.
NQP also considers continuous improvement, quality reporting and creating opportunities to improve care delivery as a core component of the PPS. Each of the NQP hubs considers continuous improvement a core value within their systems. As part of DSRIP, NQP has already developed a structure where the PPS's Clinical Oversight Committee, reporting to the Executive Committee, will infuse Performance Measurement, reporting and improvement in all of the PPS's work. In addition, measurement, reporting and improvement activities will be integral to all project and work stream work groups across the PPS. Performance will monitored at the hub level, with consolidated feedback at the PPS level.
NQP recognizes that Medicaid populations require medical, behavioral and psycho-social care. The PPS further understands that to succeed, we must transform our delivery systems to fully incorporate community-based organizations. CBOs are historically focused on addressing the psychosocial needs of Medicaid consumers and uninsured individuals in a culturally and linguistically appropriate manner. To do so, the PPS will include community-based organizations in all 11 of NQP's DS

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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
Executive Director, NQP	David Nemiroff, LCSW	Oversight and integration of hubs for project implementation and reporting responsibilities. Liaison to PPS Executive Committee
Medical Director - NQP	Laurie Ward, MD	Clinical project integration and leadership for clinical aspects of project design including approval of clinical guidelines and protocols
Project Manager - NQP	Chanukka Smith	Oversight and facilitation of project implementation. Coordination of meetings and follow up of key deliverables and data collection of assigned project(s)
Project Manager - NQP	Apurvi Mehta	Oversight and facilitation of project implementation. Coordination of meetings and follow up of key deliverables and data collection of assigned project(s)
Operations - NQP	Allison Hall	Oversight and Coordinate activities of all project managers and insure data collection and reporting of required metrics.
Performance Management Director - NQP	Olawale Akande	Performance Reporting and Analysis including tracking of progress and escalation of identified areas of opportunity for improvement
Compliance - NQP	Megan Ryan	Oversight of compliance including contracting with community partners and consultants, data sharing, data integrity and data reporting
Finance and Budget - NQP	Roy Cordes	Financial Support and funds flow to hub partners based on agreed upon methodologies

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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		
David Nemiroff, LCSW - NUMC	Executive Director, NQP and Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Victor Politi - NUMC	CEO NuHealth and Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Rajvee Vora - NUMC	Behavioral Health	Active Participation in Required Meetings and Community Forums
Dr. Larry Diamond - NUMC	Nursing Homes	Active Participation in Required Meetings and Community Forums
Michael Gatto - NUMC	PAM and Care Transitions and Executive Committee	Active Participation in Required Meetings and Community Forums
John Maher, CFO - NUMC	Finance and Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Amgad Makaryus - NUMC	Cardiology	Active Participation in Required Meetings and Community Forums
Dr. Laurie Ward - NUMC	Co-location Projects	Active Participation in Required Meetings and Community Forums
Craig Rizzo - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
David DeCerbo - CHS	Executive Committee	Active Participation in Required Meetings and Community Forums
Harold McDonald - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
Jeffrey Kraut - LIJ	Executive Committee	Active Participation in Required Meetings and Community Forum
John Ciotti - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
Joseph Libertelli - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Kristofer Smith - LIJ	IDS and Executive Committee	Active Participation in Required Meetings and Community Forums
Laurence Kraemer - LIJ	Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Natalie Schwartz - SJEH	Executive Committee	Active Participation in Required Meetings and Community Forums
Dr. Patrick O'Shaughnessy - CHS	Executive Committee	Active Participation in Required Meetings and Community Forums
Richard Brown - SJEH	Executive Committee	Active Participation in Required Meetings and Community Forums
Richard Miller - LIJ	Executive Committee	Active Participation in Required Meetings and Community Forums
Robert Hettenbach - PSCH	Executive Committee	Active Participation in Required Meetings and Community Forums
Terence O'Brien - CHS	Executive Committee	Active Participation in Required Meetings and Community Forums
Thomas Alfano - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
Timothy Sullivan - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
Vincent DiSanti - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Warren Zysman - NUMC	Executive Committee	Active Participation in Required Meetings and Community Forums
External Stakeholders		
Medicaid Managed care organizations	Key to delivery system payment reform	Engage in discussions of transforming to value based payment methodologies
Nassau County Dept of Health	Advisory	Input and advice on both available and necessary social services
Nassau and Queens Health Homes	Collaboration	Interact with PPS on health home eligible patients
Steve Kramer, Union representation, 1199	Union representation	Provide input on risks and mitigations relative to union represented employees
1199 Training Fund	Union Training Stakeholder	Provide input on training strategy and training materials development.
Nancy Kaleda, Union representation, NYSNA	Union representation	Provide input on risks and mitigations relative to union represented employees
Kenneth Nicholson, Union representation, CSEA	Union representation	Provide input on risks and mitigations relative to union represented employees
Felicia Staub, Union representation, CSEA	Union representation	Provide input on risks and mitigations relative to union represented employees
Sheryl Taylor - HR Director, EPIC Long Island	Workforce Advisory	Support program development and serve as workforce liaison within the developmental disabilities community.
Robert White- HR Director, FREE	Workforce Advisory	Support program development and serve as workforce liaison within the developmental disabilities community.
Lori Barraud- HR Director, OPTIONS for Community Living.	Workforce Advisory	Support program development and serve as workforce liaison within the Mental Health and people with HIV/AIDS community.
Carla Olzinski- HR Director, MERCY HAVEN, Inc.	Workforce Advisory	upport program development and serve as workforce liaison within the homeless and support services community.
Sandra Carrasquillo- HR Director, CONCERN for Independent Living	Workforce Advisory	Support program development and serve as workforce liaison within the support services community.
Cynthia Owens- HR Director, South Shore Association for Independent Living.	Workforce Advisory	Support program development and serve as workforce liaison within the developmental disabilities community.
Larry Eisenstein, MD, Nassau County Health Department	Governance - Public Health	Insight to public health concerns for the County of Nassau.
Mohammad Hack, Community Coordinator, Queens Borough President Office	Governance - Public Health	Insight to public health concerns for the County of Queens.
James Dolan, Ph. D., Nassau County Department of Mental Health, Chemical Dependency and Developmental Disabilities Services.	Governance on BH and Agency Resource	Provide input on Mental health, Chemical Dependency and Developmental Disabilities Services. Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.
Andrew Malekoff, North Shore Child and Family	Governance on BH	Support program development to integrate Behavioral Health into

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Guidance Center		DSRIP implementation
Rick McElroy NSLIJ Health Home	Governance on BH	Support program development to integrate Behavioral Health into DSRIP implementation
Jeffrey Friedman, Central Nassau Guidance and Counseling	Governance on BH	Support program development to integrate Behavioral Health into DSRIP implementation
Lisa Murphy , Nassau Dept. County Executive Human Services	Nassau County Health Department	Support PPS cultural competency training and communication
Queens Dept. County Executive Human Services	Queens County Health Department	Support PPS cultural competency training and communication
Gwen O'Shea, President/CEO, Health and Welfare Council of LI (Umbrella of 500+ CBOs)	CBO Integration into DSRIP	Support PPS cultural competency training and communication
Nathan Krasnovsky, Executive Director, Jewish Community Center of the Rockaway Peninsula (JCCRP)	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Corey Terry, Leader, Ocean Bay Community Development Corp.	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Denean Ferguson, Community Organizer, Church of God Christian Academy	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Yuseff Parris, Hope and A Prayer Center	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Martha Pollack, Director, Jewish Association for Serving the Aging (JASA)	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Lisa Gaon, Program Manager, CAMBA	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Sara Kim, Project Coordinator Public Health and Research Center, Korean Community Services	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
J.D. Kim, Executive Vice President, Korean American Association of Queens	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Becca Telzak, Director of Health Programs, Make the Road NY (Hispanic Advocacy Org)	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Rehan Mehmood, Program Manager, South Asian Council for Social Services	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Cruz Susana Torres Cano, Healthcare Advocate, 1199SEIU/GNYHA Healthcare Education Project	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Susan Weigele, Director, Nassau County Mental Health	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Ted Lehmann, Director Community Services, NS/LIJ Health System	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Cheryl Keshner, Senior Paralegal/Community Advocate, Empire Justice Center	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Theresa A. Regnante, President & Chief Executive Officer, United Way of LI	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Sheena Wright, President & Chief Executive Officer, United Way of NYC	Cultural Competency and Health Literacy resource	Support PPS cultural competency training and communication
Tom Moore, VP of Innovation - Healthix	Insight on IT Change Strategy and RHIO connectivity	Coordination and strategy alignment with hub IT strategies
Robert Dulak, Allscripts	Insight on IT Change Strategy and Care Management	Coordination and strategy alignment with hub IT strategies
Ehealth Network of LI	Input and Review	Coordination and strategy alignment with hub IT strategies
KPMG	IT Vendor	Performing IT Gap Assessment. Coordination and strategy alignment with hub IT strategies
Mike Chambers, Executive Director, Mental Health Association	Engagement of Behavioral health providers	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects
Pharmacists and Pharmacy Organizations	Pharmacists and Pharmacy Organizations	Provide expertise and advise to address training gaps as identified in areas concerning medication adherence and reconciliation
Paiel Chakroparty, South Shore Rockaway IPA	Physician Engagement	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects
Jonathan Goldstein, Beacon IPA	Physician Engagement	Serve as liaison to PPS with regard to physician engagement on programs available to the target population of specific DSRIP projects
John Imhoff, PhD, Commmissioner DSS	Government and Community Interactions	Guidance on Population Health Roadmap
New York City Department of Health	Government and Community Interactions	Provide input into development of the clinical integration strategy; drawing on agency resources and experiences.

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IPQR Module 10.5 - IA Monitoring

Instructions :

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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.

1. The requirement to achieve PCMH Level 3 / APCM recognition by DY3Q4 applies to all primary care practices. The tremendous resources required to achieve this goal for 100% of all practices risks diluting support to Safety Net practices. To mitigate the risk of Safety Net Practices failing to achieve PCMH recognition, the NQP will create a detailed plan to adequately support those practices. Furthermore, NQP will front load Safety Net practices in the process to assure adequate time to achieve PCMH recognition with adequate time and resources. NQP will further develop robust tools for Safety Net hospitals and then, leverage them for other practices to enhance overall PCMH implementation. Finally, NQP will further mitigate workload associated with PCMH recognition by building target dates into the partner contracting process for Safety Net and other practices.

2. Within the IDS, there is a requirement that certain Medicaid-eligible provider types (MD, DO, NP, Certified Midwife, DDS) use a Meaningful Use certified EMR. The current state of the network is fragmented (i.e. many different EMRs are in use, while some providers do not use EMRs at all and some use non-certified EMRs). To mitigate this problem, NQP will review and suggest preferred EMR software that meets DSRIP requirements. NQP will further create a registry of these provider types, noting EMR version, to customize reporting functions and advice to providers.

3. Within the IDS, all partners must establish connectivity with the RHIO, (i.e. specifically, the use of secure messaging, alerts and patient record lookup). To mitigate the risk of practices failing to contract with the RHIO, NQP will incorporate appropriate requirements within the contracting process.

4.

NQP recognizes that the PPS will require reporting of utilization data that is not currently uniform or automated. To mitigate this issue (until automated reporting functions are available), NQP will develop manual reporting strategies to meet DSRIP reporting requirements. Furthermore, to track DSRIP projects, NQP will develop a web-based registry that will allow partners to enter data that supports PPS efforts to aggregate data for reporting purposes and to further monitor data quality, completeness and accuracy of data submissions.

5. The IT System Architecture will need to interface with numerous EMR vendors and numerous data structures. For example, pulling structured PHQ2 data is easily available with some EMRs, but difficult/costly with others. To mitigate this challenge, NQP will assess and catalog ""favored"" vendors as a means to create the necessary leverage to drive vendor software changes on time and within budget.

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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	1,526	0	0	0	0	76	153	229	305	458	610
Non-PCP Practitioners	3,648	0	0	0	0	182	365	547	730	1,094	1,459
Hospitals	22	0	0	0	0	1	2	3	4	7	9
Clinics	66	0	0	0	0	3	7	10	13	20	26
Health Home / Care Management	23	0	0	0	0	1	2	3	5	7	9
Behavioral Health	354	0	0	0	0	18	35	53	71	106	142
Substance Abuse	51	0	0	0	0	3	5	8	10	15	20
Skilled Nursing Facilities / Nursing Homes	77	0	0	0	0	4	8	12	15	23	31
Pharmacies	43	0	0	0	0	2	4	6	9	13	17
Hospice	6	0	0	0	0	0	1	1	1	2	2
Community Based Organizations	7	0	0	0	0	0	1	1	1	2	3
All Other	2,639	0	0	0	0	132	264	396	528	792	1,056
Total Committed Providers	**8,462**	**0**	**0**	**0**	**0**	**422**	**847**	**1,269**	**1,692**	**2,539**	**3,384**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**4.99**	**10.01**	**15.00**	**20.00**	**30.00**	**39.99**

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	1,526	763	1,526	1,526	1,526	1,526	1,526	1,526	1,526	1,526	1,526
Non-PCP Practitioners	3,648	1,824	3,648	3,648	3,648	3,648	3,648	3,648	3,648	3,648	3,648

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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	22	11	22	22	22	22	22	22	22	22	22
Clinics	66	33	66	66	66	66	66	66	66	66	66
Health Home / Care Management	23	12	23	23	23	23	23	23	23	23	23
Behavioral Health	354	177	354	354	354	354	354	354	354	354	354
Substance Abuse	51	26	51	51	51	51	51	51	51	51	51
Skilled Nursing Facilities / Nursing Homes	77	39	77	77	77	77	77	77	77	77	77
Pharmacies	43	22	43	43	43	43	43	43	43	43	43
Hospice	6	3	6	6	6	6	6	6	6	6	6
Community Based Organizations	7	4	7	7	7	7	7	7	7	7	7
All Other	2,639	1,320	2,639	2,639	2,639	2,639	2,639	2,639	2,639	2,639	2,639
Total Committed Providers	**8,462**	**4,234**	**8,462**	**8,462**	**8,462**	**8,462**	**8,462**	**8,462**	**8,462**	**8,462**	**8,462**
Percent Committed Providers(%)		**50.04**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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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	03/31/2018	03/31/2018	DY3 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	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify, across the full continuum of care, providers to participate in the IDS including community-based organizations.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a provider communications campaign to educate and engage PPS partners.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Establish standing subcommittees with representation from behavioral, post-acute, long-term care, and community-based service providers.	Project		In Progress	08/01/2015	03/13/2016	03/31/2016	DY1 Q4
Task 4. Develop a contracting strategy with providers including payment incentives.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Execute a contracting strategy with the provider network.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Actively engage providers in learning collaborative, communications and other activities throughout the course of DSRIP.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS produces a list of participating HHs and ACOs.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Participating HHs and ACOs demonstrate real service integration which	Project		In Progress	08/01/2015	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
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.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Inventory and analyze Health Home and other care management capabilities already in place in the NQP relative to DSRIP requirements.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a strategy to apply and scale capabilities, based on DSRIP requirements.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Incorporate existing capabilities into DSRIP design plans.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
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	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	01/01/2016	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	10/01/2016	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	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop a care management model based on need for low-, moderate- and high-risk individuals that incorporates medical, behavioral, post-acute, long-term care, prevention and community-based services across the full continuum.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Develop an approach to patient identification, outreach, enrollment and ongoing engagement.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. Develop high-level work flows and requirements to deliver care management models for patients, by risk stratification based on best practices both within the PPS and nationally.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop and implement IT infrastructure to support the care management	Project		In Progress	03/01/2016	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
model(s) and work flows.							
Task 5. Develop and implement Workforce infrastructure to support the delivery of care within the IDS.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop and implement the Cultural Competency strategy to support the delivery of appropriate health care within the IDS.	Project		In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7 Conduct performance measurement and performance management activities, based on process and outcome measures.	Project		In Progress	10/01/2016	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	08/01/2015	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	08/01/2015	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	08/01/2015	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	08/01/2015	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	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.	Project		In Progress	08/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. Safety net providers implement 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.	Project		In Progress	08/01/2015	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 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.	Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
6. Support certified EHR implementation to participating safety net providers at the hub level.							
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	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify complete population health business requirements for the PPS.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify existing population health management tools within the PPS.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Conduct gap analysis between existing and needed population health tools to meet DSRIP requirements and population needs.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop, as part of the IT approach, strategies to leverage existing capabilities and create new capabilities to meet DSRIP project requirements and meet population needs, including patient registry and patient tracking.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Implement and test population health management tools using process and outcome measurement data.	Project		In Progress	08/01/2015	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	05/01/2015	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	05/01/2015	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	05/01/2015	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	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Inventory PCMH recognition status among PCPs (e.g. no recognition status,	Project		Completed	05/01/2015	07/01/2015	09/30/2015	DY1 Q2

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2011 Level 1, 2 or 3 status).							
Task 2. Survey providers on capabilities relative to PCMH 2014 Level 3 / APCM requirements.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3 Conduct a gap analysis, expected costs of implementation between current PCP recognition status and 2014 Level 3 requirements.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop a strategy, by recognition status category to achieve PCMH Level 3 / APCM recognition by the end of DY 3.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Identify resources to assist providers in achieving PCMH / APCM recognition status based on current state.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Implement strategy to support PCMH / APCM recognition status by the end of DY 3 across all DSRIP primary care providers in the NQP network.	Project		In Progress	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Medicaid Managed Care contract(s) are in place that include value-based payments.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create a PPS workgroup tasked with developing a VBP strategy and approach to MCOs.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Develop a value-based payments contracting strategy with MCOs in collaboration with DOH based upon a consistent set of DSRIP-related quality measures and performance metrics.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop MCO contracts to support value-based contracting strategy.	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Negotiate contracts with MCOs to support value-based payment strategy.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Implement value-based contracting strategy with MCOs.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify key stakeholders including, but not limited to, clinical integration, performance outcomes, financial and network PPS staff to participate in monthly MCO meetings.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Attempt to develop uniform expectations for MCOs regarding data exchange, including file formats, timing, data elements.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Assemble an MCO workgroup, convened by the PPS, which will meet monthly and establish a regular schedule.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop a charter, goals, meeting frequency, etc. for monthly MCO meetings.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Implement MCO meeting schedule and monitor progress with a focus on reviewing utilization trends, performance issues, payment reform and strategies to leverage MCO care management and other capabilities in a collaborative manner.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish Value-Based Payment Work Group.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop timeline for VBP contracting.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Conduct the Baseline Assessment for Value Based Payment.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Finalize a plan towards achieving 90% value-based payments across	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
network by year 5 of the waiver at the latest.							
Task 5. Prioritize potential opportunities and providers for VBP arrangements.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Finalize VBP Adoption Plan.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify patient needs and preferences for patient navigation activities based on patient input, stakeholder input in the community (e.g. health workers, peers, culturally competent CBOs, etc.) and data analysis. Create subgroups (e.g. behavioral health) based on population need.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Collaborate with culturally-competent community-based organizations and stakeholders to develop an understanding of specific cultural, linguistic and ethnic needs across the PPS service area as hubs. Create subgroups to focus on outreach and engagement within these populations.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop an engagement strategy, based on community needs, PAC involvement, other stakeholder input and review of best practices to outreach patients as appropriate. Ensure engagement strategy reflects the needs of individuals with behavioral health disorders.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Develop a workforce and training plan to train/retrain/redeploy community health workers, peers, care managers and other PPS staff in outreach and navigation. The training program will include modules on cultural competency and behavioral health to help PPS achieve high levels of patient engagement in all communities.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. Implement the workforce and training plan as stated in task 4.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Conduct and evaluate outreach and navigation activities to determine opportunities to improve engagement efforts, including what roles (community health workers, peers) generate the highest rates of engagement.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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.										
Task PPS includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.										
Task 1. Identify, across the full continuum of care, providers to participate in the IDS including community-based organizations.										
Task 2. Develop a provider communications campaign to educate and engage PPS partners.										
Task 3. Establish standing subcommittees with representation from behavioral, post-acute, long-term care, and community-based service providers.										
Task 4. Develop a contracting strategy with providers including payment incentives.										
Task 5. Execute a contracting strategy with the provider network.										
Task 6. Actively engage providers in learning collaborative, communications and other activities throughout the course of DSRIP.										
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.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Inventory and analyze Health Home and other care										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 capabilities already in place in the NQP relative to DSRIP requirements.										
Task 2. Develop a strategy to apply and scale capabilities, based on DSRIP requirements.										
Task 3. Incorporate existing capabilities into DSRIP design plans.										
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 reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task 1. Develop a care management model based on need for low-, moderate- and high-risk individuals that incorporates medical, behavioral, post-acute, long-term care, prevention and community-based services across the full continuum.										
Task 2. Develop an approach to patient identification, outreach, enrollment and ongoing engagement.										
Task 3. Develop high-level work flows and requirements to deliver care management models for patients, by risk stratification based on best practices both within the PPS and nationally.										
Task 4. Develop and implement IT infrastructure to support the care management model(s) and work flows.										
Task 5. Develop and implement Workforce infrastructure to support the delivery of care within the IDS.										
Task 6. Develop and implement the Cultural Competency strategy to support the delivery of appropriate health care within the IDS.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 7 Conduct performance measurement and performance management activities, based on process and outcome measures.										
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	17	34	50	67	101	134
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	15	31	46	61	92	123
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	1	1	2	3	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	7	13	20	27	40	54
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	4	7	11	14	22	29
Task PPS uses alerts and secure messaging functionality.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. Safety net providers implement 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.										
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	17	34	50	67	101	134
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.										
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.										

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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 identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.										
Task 1. Identify complete population health business requirements for the PPS.										
Task 2. Identify existing population health management tools within the PPS.										
Task 3. Conduct gap analysis between existing and needed population health tools to meet DSRIP requirements and population needs.										
Task 4. Develop, as part of the IT approach, strategies to leverage existing capabilities and create new capabilities to meet DSRIP project requirements and meet population needs, including patient registry and patient tracking.										
Task 5. Implement and test population health management tools using process and outcome measurement data.										
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	76	153	229	305	458	610
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 1. Inventory PCMH recognition status among PCPs (e.g. no recognition status, 2011 Level 1, 2 or 3 status).										
Task 2. Survey providers on capabilities relative to PCMH 2014 Level 3 / APCM requirements.										

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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 3 Conduct a gap analysis, expected costs of implementation between current PCP recognition status and 2014 Level 3 requirements.										
Task 4. Develop a strategy, by recognition status category to achieve PCMH Level 3 / APCM recognition by the end of DY 3.										
Task 5. Identify resources to assist providers in achieving PCMH / APCM recognition status based on current state.										
Task 6. Implement strategy to support PCMH / APCM recognition status by the end of DY 3 across all DSRIP primary care providers in the NQP network.										
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 1. Create a PPS workgroup tasked with developing a VBP strategy and approach to MCOs.										
Task 2. Develop a value-based payments contracting strategy with MCOs in collaboration with DOH based upon a consistent set of DSRIP-related quality measures and performance metrics.										
Task 3. Develop MCO contracts to support value-based contracting strategy.										
Task 4. Negotiate contracts with MCOs to support value-based payment strategy.										
Task 5. Implement value-based contracting strategy with MCOs.										
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 1. Identify key stakeholders including, but not limited to, clinical										

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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
integration, performance outcomes, financial and network PPS staff to participate in monthly MCO meetings.										
Task 2. Attempt to develop uniform expectations for MCOs regarding data exchange, including file formats, timing, data elements.										
Task 3. Assemble an MCO workgroup, convened by the PPS, which will meet monthly and establish a regular schedule.										
Task 4. Develop a charter, goals, meeting frequency, etc. for monthly MCO meetings.										
Task 5. Implement MCO meeting schedule and monitor progress with a focus on reviewing utilization trends, performance issues, payment reform and strategies to leverage MCO care management and other capabilities in a collaborative manner.										
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 1. Establish Value-Based Payment Work Group.										
Task 2. Develop timeline for VBP contracting.										
Task 3. Conduct the Baseline Assessment for Value Based Payment.										
Task 4. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.										
Task 5. Prioritize potential opportunities and providers for VBP arrangements.										
Task 6. Finalize VBP Adoption Plan.										
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.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 Community health workers and community-based organizations utilized in IDS for outreach and navigation activities.										
Task 1. Identify patient needs and preferences for patient navigation activities based on patient input, stakeholder input in the community (e.g. health workers, peers, culturally competent CBOs, etc.) and data analysis. Create subgroups (e.g. behavioral health) based on population need.										
Task 2. Collaborate with culturally-competent community-based organizations and stakeholders to develop an understanding of specific cultural, linguistic and ethnic needs across the PPS service area as hubs. Create subgroups to focus on outreach and engagement within these populations.										
Task 3. Develop an engagement strategy, based on community needs, PAC involvement, other stakeholder input and review of best practices to outreach patients as appropriate. Ensure engagement strategy reflects the needs of individuals with behavioral health disorders.										
Task 4. Develop a workforce and training plan to train/retrain/redeploy community health workers, peers, care managers and other PPS staff in outreach and navigation. The training program will include modules on cultural competency and behavioral health to help PPS achieve high levels of patient engagement in all communities.										
Task 5. Implement the workforce and training plan as stated in task 4.										
Task 6. Conduct and evaluate outreach and navigation activities to determine opportunities to improve engagement efforts, including what roles (community health workers, peers) generate the highest rates of engagement.										

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										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
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 1. Identify, across the full continuum of care, providers to participate in the IDS including community-based organizations.										
Task 2. Develop a provider communications campaign to educate and engage PPS partners.										
Task 3. Establish standing subcommittees with representation from behavioral, post-acute, long-term care, and community-based service providers.										
Task 4. Develop a contracting strategy with providers including payment incentives.										
Task 5. Execute a contracting strategy with the provider network.										
Task 6. Actively engage providers in learning collaborative, communications and other activities throughout the course of DSRIP.										
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.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery.										
Task 1. Inventory and analyze Health Home and other care management capabilities already in place in the NQP relative to DSRIP requirements.										
Task 2. Develop a strategy to apply and scale capabilities, based on DSRIP requirements.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 3. Incorporate existing capabilities into DSRIP design plans.										
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 reminders are followed.										
Task PPS trains staff on IDS protocols and processes.										
Task 1. Develop a care management model based on need for low-, moderate- and high-risk individuals that incorporates medical, behavioral, post-acute, long-term care, prevention and community-based services across the full continuum.										
Task 2. Develop an approach to patient identification, outreach, enrollment and ongoing engagement.										
Task 3. Develop high-level work flows and requirements to deliver care management models for patients, by risk stratification based on best practices both within the PPS and nationally.										
Task 4. Develop and implement IT infrastructure to support the care management model(s) and work flows.										
Task 5. Develop and implement Workforce infrastructure to support the delivery of care within the IDS.										
Task 6. Develop and implement the Cultural Competency strategy to support the delivery of appropriate health care within the IDS.										
Task 7 Conduct performance measurement and performance management activities, based on process and outcome measures.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 #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.	168	336	336	336	336	336	336	336	336	336
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	154	307	307	307	307	307	307	307	307	307
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	5	9	9	9	9	9	9	9	9	9
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	67	134	134	134	134	134	134	134	134	134
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	36	72	72	72	72	72	72	72	72	72
Task PPS uses alerts and secure messaging functionality.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 6. Safety net providers implement 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.										
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.	168	336	336	336	336	336	336	336	336	336
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.										
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										

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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
reporting.										
Task 1. Identify complete population health business requirements for the PPS.										
Task 2. Identify existing population health management tools within the PPS.										
Task 3. Conduct gap analysis between existing and needed population health tools to meet DSRIP requirements and population needs.										
Task 4. Develop, as part of the IT approach, strategies to leverage existing capabilities and create new capabilities to meet DSRIP project requirements and meet population needs, including patient registry and patient tracking.										
Task 5. Implement and test population health management tools using process and outcome measurement data.										
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.	763	1,526	1,526	1,526	1,526	1,526	1,526	1,526	1,526	1,526
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 1. Inventory PCMH recognition status among PCPs (e.g. no recognition status, 2011 Level 1, 2 or 3 status).										
Task 2. Survey providers on capabilities relative to PCMH 2014 Level 3 / APCM requirements.										
Task 3 Conduct a gap analysis, expected costs of implementation between current PCP recognition status and 2014 Level 3										

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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
requirements.										
Task 4. Develop a strategy, by recognition status category to achieve PCMH Level 3 / APCM recognition by the end of DY 3.										
Task 5. Identify resources to assist providers in achieving PCMH / APCM recognition status based on current state.										
Task 6. Implement strategy to support PCMH / APCM recognition status by the end of DY 3 across all DSRIP primary care providers in the NQP network.										
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 1. Create a PPS workgroup tasked with developing a VBP strategy and approach to MCOs.										
Task 2. Develop a value-based payments contracting strategy with MCOs in collaboration with DOH based upon a consistent set of DSRIP-related quality measures and performance metrics.										
Task 3. Develop MCO contracts to support value-based contracting strategy.										
Task 4. Negotiate contracts with MCOs to support value-based payment strategy.										
Task 5. Implement value-based contracting strategy with MCOs.										
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 1. Identify key stakeholders including, but not limited to, clinical integration, performance outcomes, financial and network PPS staff to participate in monthly MCO meetings.										

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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 2. Attempt to develop uniform expectations for MCOs regarding data exchange, including file formats, timing, data elements.										
Task 3. Assemble an MCO workgroup, convened by the PPS, which will meet monthly and establish a regular schedule.										
Task 4. Develop a charter, goals, meeting frequency, etc. for monthly MCO meetings.										
Task 5. Implement MCO meeting schedule and monitor progress with a focus on reviewing utilization trends, performance issues, payment reform and strategies to leverage MCO care management and other capabilities in a collaborative manner.										
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 1. Establish Value-Based Payment Work Group.										
Task 2. Develop timeline for VBP contracting.										
Task 3. Conduct the Baseline Assessment for Value Based Payment.										
Task 4. Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest.										
Task 5. Prioritize potential opportunities and providers for VBP arrangements.										
Task 6. Finalize VBP Adoption Plan.										
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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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 1. Identify patient needs and preferences for patient navigation activities based on patient input, stakeholder input in the community (e.g. health workers, peers, culturally competent CBOs, etc.) and data analysis. Create subgroups (e.g. behavioral health) based on population need.										
Task 2. Collaborate with culturally-competent community-based organizations and stakeholders to develop an understanding of specific cultural, linguistic and ethnic needs across the PPS service area as hubs. Create subgroups to focus on outreach and engagement within these populations.										
Task 3. Develop an engagement strategy, based on community needs, PAC involvement, other stakeholder input and review of best practices to outreach patients as appropriate. Ensure engagement strategy reflects the needs of individuals with behavioral health disorders.										
Task 4. Develop a workforce and training plan to train/retrain/redeploy community health workers, peers, care managers and other PPS staff in outreach and navigation. The training program will include modules on cultural competency and behavioral health to help PPS achieve high levels of patient engagement in all communities.										
Task 5. Implement the workforce and training plan as stated in task 4.										
Task 6. Conduct and evaluate outreach and navigation activities to determine opportunities to improve engagement efforts, including what roles (community health workers, peers) generate the highest rates of engagement.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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	am1013	14_PMDL2003_1_1_20150804121051_NQP Communication Plan DRAFT.docx	NQP Communication Plan Draft	08/04/2015 12:09 PM
	am1013	14_PMDL2003_1_1_20150731140531_PCP PCMH Survey.pdf	PCP and PCMH Survey	07/31/2015 02:03 PM
	am1013	14_PMDL2003_1_1_20150731140237_Community Stakeholder List July 2015.pdf	Community Stakeholder List	07/31/2015 02:01 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
organizations, as necessary to support its strategy.				

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.	The PPS has a roster of attested providers, of all types, with representation across the three hubs. Focus in DY1Q1 has been in developing accurate contact information for all attested providers across the PPS. NQP has devoted time and energy to developing a more robust list of CBO partners as well, along with a CBO Strategy. The attested provider list in MAPP reflects the current base network, with the uploaded attachment representing the CBO work recently completed. NQP further developed a draft communication plan for providers and other stakeholders. This plan will guide the number and types of communications that will be used over the DSRIP development period for the network and other stakeholders. The PPS held two meetings of all SNFs in the network to educate these providers on DSRIP and to move the project forward. Such meetings will continue over time, based on the content of this Implementation Plan as well as the Communications Plan. NQP will continue to address tasks that have not yet been started as stated in this Implementation Plan under Milestone 1.
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	This milestone will be further detailed in subsequent quarterly reports.
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	This milestone will be further detailed in subsequent quarterly reports.
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.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.
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.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	Work has begun leveraging hub level resource and data to assess status of the population and to further link this information to key areas identified in the community needs assessment. As additional sources of data are aggregated and analysis is done, this will inform our strategy to address high need populations. In addition, the PPS is evaluating various population health and care management solution software to implement at the PPS and/or hub level to provide data aggregation, identification at-risk patients, monitoring outcomes, and gaps in care. The PPS had a representative attend the PHM Vendor Fair who has made recommendation on the Care Management/PHM Software that the PPS can use for hub-level

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	data aggregation, identification of at-risk patients, engagement of at-risk patients, monitoring outcomes, and managing gaps in care at the provider level. Additional work on this milestone will be reported in subsequent quarterly reports.
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.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed.
Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	The PPS has had preliminary conversations with multiple MCOs. All appear willing to work with the PPS on value-based contracting, shared data analysis, and collaboration for population health. Structured work on moving this Milestone forward will be initiated and reported in the coming quarters.
Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	Monthly meetings with MCOs have not yet begun. The PPS plans to establish regularly scheduled meetings shortly and will report on progress in the next quarterly update.
Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	This milestone will be further detailed in subsequent quarterly reports.
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.	This milestone will be further detailed in subsequent quarterly reports.

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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

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

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

Instructions :

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Project 2.b.ii – Development of co-located primary care services in the emergency department (ED)

IPQR Module 2.b.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.

1. There are a number of operational and financial challenges associated with development of co-located services. There may be physical space constraints, which will be managed through utilization of excess space elsewhere in the facilities impacted. NQP will mitigate this challenge by developing programmatic designs and related spaces to house PCMH practices that support a successful approach to co-location of ED and PCMH services. In particular, NQP and/or particular facilities may contract to develop innovative solutions to space optimization which do not negatively impact the PPS's ability to meet Speed & Scale requirements.

2. In addition to the challenges posed by the Speed and Scale requirements, the requirement that a patient can only be transferred to co-located primary care after a Medical Screening Exam (MSE) is performed presents challenges with patient satisfaction and acceptance. Patients who are most appropriate for co-located primary care (e.g., ESI Level 4 and 5 for non-emergent conditions) are likely only to need a MSE and brief treatment. Once a MSE is completed and a patient is transferred to co-located primary care, it is likely that the PCP would perform an additional assessment. The additional time to be seen by a PCP is likely not favored by patients with non-emergent conditions and patients may choose to not be transferred, thus posing risk to speed and scale or if transferred, patients are unhappy the additional time. Furthermore, the assessment by both the ED physician and PCP is duplicative. To mitigate this challenge, NQP will look to create a workflow that optimally transitions a patient to the co-located PCMH or utilize the alternative option to schedule and attend a PCP follow up/prevantative exam.

3. Within the IDS, there is a requirement that certain Medicaid-eligible provider types (MD, DO, NP, Certified Midwife, DDS) are using a Meaningful Use certified EMR. The current state of EMR adoption within the network is fragmented (i.e. providers use many different EMRs -- some of which are MU certified and others of which are not. To mitigate this risk, NQP will create a registry of these provider types, noting EMR version and provide information regarding optimal EMR practices to promote consistency and interoperability across the PPS. The adoption and/or maintenance of a certified EMR will be built into the partner contracting process. The local hubs will provide technical assistance to providers in meeting these requirements.

4. 2.b.ii.. requires a significant dependency on capital. To mitigate challenges associated with capital needs, NQP will develop a contingency plan which will support the opportunity to seek out sources of capital other than the DSRIP Capital Grants process including grant programs. NQP will also explore opportunities to identify less capital-intensive opportunities to meet requirements.

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IPQR Module 2.b.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
Emergency Departments which contain co-located primary care services	7	0	0	1	1	1	1	1	1	1	1
Total Committed Providers	**7**	**0**	**0**	**1**	**1**	**1**	**1**	**1**	**1**	**1**	**1**
Percent Committed Providers(%)		**0.00**	**0.00**	**14.29**	**14.29**	**14.29**	**14.29**	**14.29**	**14.29**	**14.29**	**14.29**

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
Emergency Departments which contain co-located primary care services	7	1	7	7	7	7	7	7	7	7	7
Total Committed Providers	**7**	**1**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**	**7**
Percent Committed Providers(%)		**14.29**	**100.00**	**100.00**	**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

No Records Found

Narrative Text :

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IPQR Module 2.b.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	26,213

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	2,621	3,932	5,243	3,932	7,864	11,796	15,728	6,553	13,107
Percent of Expected Patient Engagement(%)	**0.00**	**10.00**	**15.00**	**20.00**	**15.00**	**30.00**	**45.00**	**60.00**	**25.00**	**50.00**

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	19,660	26,213	6,553	13,107	19,660	26,213	6,553	13,107	19,660	26,213
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

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

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

IPQR Module 2.b.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 appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Relocated PCMH practices located in the ED achieve NCQA 2014 Level 3 PCMH standards and/or APCM 2 years after relocation.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop PPS-level workgroup to address project deliverables for 2.b.ii. including individuals such as ED physicians, administrative executives and charge nurses, navigators and community-based service providers and other interested stakeholders.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Assess current state of ED intake overall at the PPS level, EMTALA requirements, and challenges associated with co-location.	Project		Completed	06/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3. Identify PPS-wide co-location strategy based on EMTALA requirements, lessons learned from case studies on co-location, current workflow, DSRIP requirements and revenue impact on ED services with input from project workgroups.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Issue PPS-level guidance regarding protocols and requirements for co-location of ED services including flexible elements for customization at the hospital level.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Identify potential physical locations for PCMH/APCM practices at individual NQP participating hospitals for this project. Customize designs by ED based on factors that are unique to individual emergency department locations, build-outs and other key factors using overall PPS-level guidance and approach.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6. Determine build-out needs and establish contingency plans based on capital	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
grants decisions from DOH at individual hospitals.							
Task 7. Develop PPS-wide PCMH / APCM implementation strategy for hospitals with relocated practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from PPS Workgroup.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 8. Convene team at hub-level to implement the co-located ED project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 9. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 10. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at the PPS-level.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED.	Project	N/A	In Progress	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All new practices meet NCQA 2014 PCMH 1A scheduling standards.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All new practices meet NCQA 2014 PCMH 1B scheduling standards.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct assessment of organizational capacity to meet PCMH / APCM requirements for hospitals that intend to create co-located practices anew at the PPS level with local hospital involvement.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop overall implementation strategy to achieve PCMH / APCM standards status for hospitals with new primary care practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from project workgroup.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Convene team at hub-level to implement the co-located ED project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.							
Task 4. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Create opportunities for periodic review of implementation progress with ED and primary care staff.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Develop care management protocols for medical screening in compliance with EMTALA standards.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care management protocols and procedures, consistent with EMTALA standards, for medical screening are developed in concert with practitioners at the PCMHs and/or APCM sites and are in place.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify current state for care management and triage practices and use of protocols consistent also with PCMH / APCM requirements.	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS level, develop Care management protocols and procedures, consistent with EMTALA standards, for medical screening exam.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Convene team at hub-level to implement and tailor the PPS protocols and procedures. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Implement strategy at the hub-level via the multi-disciplinary hub-level teams.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR supports secure notifications/messaging and the sharing of medical records.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Hospitals	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
EHR supports secure notifications/messaging and the sharing of medical records.							
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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Work with REC and other resources to create an EMR implementation or upgrade plan for SN PCPs and Hospitals that will provide secure notification/messaging, sharing of medical records, and meet meaningful use stage 2 requirements.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Support certified EHR implementation to participating safety net providers at the hub level.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care Coordinator and ED policies and procedures are in place to manage overall population health and perform as an integrated clinical team.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS to identify current patient education efforts among EDs and current hospital-based primary care practices that utilize care coordination teams within the PPS (e.g. Health Homes, health system-based, etc.).	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify best practices in patient education by care coordinators on self-management and knowledge of appropriate care that are culturally and linguistically competent at the PPS level.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Analyze current vs. future state of patient education within the EDs and PCPs that will offer co-located services at the PPS level and then, in greater detail at the local hospital level.	Project		In Progress	08/01/2015	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
Task 4. Develop guidance on care coordination requirements between the EDs and PCP practices with input across EDs and primary care practices at the PPS level.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Tailor approach at the hub level to employ care coordination teams to educate patients on the use of the health system, including self-management and knowledge of appropriate care.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Review ongoing progress on care coordination efforts in project work group meetings across health systems at the PPS level. Monitor opportunities to improve the delivery of services.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task The PCP bills only primary care, not emergency, billing codes.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify current state of billing practices for ED visits, specifically those that use a "Fast Track" for non-emergent visits.	Project		In Progress	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Develop PPS-wide guidance for billing that only bills primary care for patient redirected to the primary care site on the same day with input from workgroup members.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 3. Implement protocol for billing at the local hospital level.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as applicable.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR System with Real Time Notification System is in use.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify current state of protocols regarding connectivity to assigned PCPs and real-time notifications to PCPs and Health Homes.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify best practices in connectivity to the assigned health plan PCP.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop PPS-level protocol for notifying Health Homes and PCPs following ED use with input from project workgroup at the PPS level.	Project		In Progress	08/01/2015	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
Task 4. Convene hub-level Workgroup to tailor protocols to hospital EDs. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. At the hub level, adopt protocols at participating hospitals.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Review ongoing progress on connectivity efforts in project work group meetings across health systems at the PPS level. Act on and monitor opportunities to improve the delivery of services.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Community awareness program to raise awareness of alternatives to the emergency room is established with community-based organizations.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify all relevant CBOs and social service agencies capable of providing community-based supports at both the PPS and the local hub levels.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Convene CBOs at the PPS level to develop relationships, identify and strategize on awareness of alternatives to the emergency room.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Work with the CBO workgroup at the PPS level with attention to cultural competency and health literacy requirements to develop a process to educate patients on alternatives to the emergency room, including the development of culturally competent education materials.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Implement the education program at the hub level.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement open access scheduling in all primary care practices.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS monitors and decreases no-show rate by at least 15%.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	08/01/2015	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
1. Develop a PPS-wide strategy on open access scheduling based on PCMH/APCM best practices with project workgroup input.							
Task 2. As part of the PCMH/APCM requirements and steps described in Milestones 1 &2, provide support from the local Hubs to co-located practices in implementing open access appointments.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Implement open access scheduling at the hub level based on PPS-level guidance.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. At the hub level, develop and implement a performance improvement program to decrease no show rates and report back to PPS.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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 #1 Ensure appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.										
Task Relocated PCMH practices located in the ED achieve NCQA 2014 Level 3 PCMH standards and/or APCM 2 years after relocation.	0	0	0	0	0	0	0	0	0	0
Task 1. Develop PPS-level workgroup to address project deliverables for 2.b.ii. including individuals such as ED physicians, administrative executives and charge nurses, navigators and community-based service providers and other interested stakeholders.										
Task 2. Assess current state of ED intake overall at the PPS level, EMTALA requirements, and challenges associated with co-location.										
Task 3. Identify PPS-wide co-location strategy based on EMTALA requirements, lessons learned from case studies on co-location, current workflow, DSRIP requirements and revenue impact on ED services with input from project workgroups.										
Task 4. Issue PPS-level guidance regarding protocols and requirements for co-location of ED services including flexible elements for customization at the hospital level.										
Task 5. Identify potential physical locations for PCMH/APCM practices at individual NQP participating hospitals for this project. Customize designs by ED based on factors that are unique to individual emergency department locations, build-outs and other key factors using overall PPS-level guidance and approach.										
Task 6. Determine build-out needs and establish contingency plans based on capital grants decisions from DOH at individual hospitals.										
Task 7. Develop PPS-wide PCMH / APCM implementation strategy for hospitals with relocated practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from PPS Workgroup.										

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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 8. Convene team at hub-level to implement the co-located ED project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										
Task 9. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.										
Task 10. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at the PPS-level.										
Milestone #2 Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	0	0	0	0	0	0	0	0	0
Task All new practices meet NCQA 2014 PCMH 1A scheduling standards.	0	0	0	0	0	0	0	0	0	0
Task All new practices meet NCQA 2014 PCMH 1B scheduling standards.	0	0	0	0	0	0	0	0	0	0
Task 1. Conduct assessment of organizational capacity to meet PCMH / APCM requirements for hospitals that intend to create co-located practices anew at the PPS level with local hospital involvement.										
Task 2. Develop overall implementation strategy to achieve PCMH / APCM standards status for hospitals with new primary care practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from project workgroup.										
Task 3. Convene team at hub-level to implement the co-located ED project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										

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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 4. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.										
Task 5. Create opportunities for periodic review of implementation progress with ED and primary care staff.										
Milestone #3 Develop care management protocols for medical screening in compliance with EMTALA standards.										
Task Care management protocols and procedures, consistent with EMTALA standards, for medical screening are developed in concert with practitioners at the PCMHs and/or APCM sites and are in place.										
Task 1. At the PPS level, identify current state for care management and triage practices and use of protocols consistent also with PCMH / APCM requirements.										
Task 2. At the PPS level, develop Care management protocols and procedures, consistent with EMTALA standards, for medical screening exam.										
Task 3. Convene team at hub-level to implement and tailor the PPS protocols and procedures. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										
Task 4. Implement strategy at the hub-level via the multi-disciplinary hub-level teams.										
Milestone #4 Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements.										
Task EHR supports secure notifications/messaging and the sharing of medical records.	0	0	0	0	0	0	0	0	0	0
Task EHR supports secure notifications/messaging and the sharing of medical records.	0	0	0	0	0	0	0	0	0	0
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated										

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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
into the assessment criteria.)										
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Work with REC and other resources to create an EMR implementation or upgrade plan for SN PCPs and Hospitals that will provide secure notification/messaging, sharing of medical records, and meet meaningful use stage 2 requirements.										
Task 4. Support certified EHR implementation to participating safety net providers at the hub level.										
Milestone #5 Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.										
Task Care Coordinator and ED policies and procedures are in place to manage overall population health and perform as an integrated clinical team.										
Task 1. PPS to identify current patient education efforts among EDs and current hospital-based primary care practices that utilize care coordination teams within the PPS (e.g. Health Homes, health system-based, etc.).										
Task 2. Identify best practices in patient education by care coordinators on self-management and knowledge of appropriate care that are culturally and linguistically competent at the PPS level.										
Task 3. Analyze current vs. future state of patient education within the EDs and PCPs that will offer co-located services at the PPS level and then, in greater detail at the local hospital level.										
Task 4. Develop guidance on care coordination requirements between the EDs and PCP practices with input across EDs and primary care practices at the PPS level.										
Task 5. Tailor approach at the hub level to employ care coordination										

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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
teams to educate patients on the use of the health system, including self-management and knowledge of appropriate care.										
Task 6. Review ongoing progress on care coordination efforts in project work group meetings across health systems at the PPS level. Monitor opportunities to improve the delivery of services.										
Milestone #6 Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)										
Task The PCP bills only primary care, not emergency, billing codes.										
Task 1. Identify current state of billing practices for ED visits, specifically those that use a "Fast Track" for non-emergent visits.										
Task 2. Develop PPS-wide guidance for billing that only bills primary care for patient redirected to the primary care site on the same day with input from workgroup members.										
Task 3. Implement protocol for billing at the local hospital level.										
Milestone #7 Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as applicable.										
Task EHR System with Real Time Notification System is in use.										
Task 1. Identify current state of protocols regarding connectivity to assigned PCPs and real-time notifications to PCPs and Health Homes.										
Task 2. Identify best practices in connectivity to the assigned health plan PCP.										
Task 3. Develop PPS-level protocol for notifying Health Homes and PCPs following ED use with input from project workgroup at the PPS level.										
Task 4. Convene hub-level Workgroup to tailor protocols to hospital EDs. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, adopt protocols at participating hospitals.										

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 6. Review ongoing progress on connectivity efforts in project work group meetings across health systems at the PPS level. Act on and monitor opportunities to improve the delivery of services.										
Milestone #8 Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.										
Task Community awareness program to raise awareness of alternatives to the emergency room is established with community-based organizations.										
Task 1. Identify all relevant CBOs and social service agencies capable of providing community-based supports at both the PPS and the local hub levels.										
Task 2. Convene CBOs at the PPS level to develop relationships, identify and strategize on awareness of alternatives to the emergency room.										
Task 3. Work with the CBO workgroup at the PPS level with attention to cultural competency and health literacy requirements to develop a process to educate patients on alternatives to the emergency room, including the development of culturally competent education materials.										
Task 4. Implement the education program at the hub level.										
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	4	4	4	4	4	4	4	4
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	0	0	4	4	4	4	4	4	4	4
Task PPS monitors and decreases no-show rate by at least 15%.	0	0	0	0	0	0	0	0	0	0
Task 1. Develop a PPS-wide strategy on open access scheduling based on PCMH/APCM best practices with project workgroup input.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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. As part of the PCMH/APCM requirements and steps described in Milestones 1 &2, provide support from the local Hubs to co-located practices in implementing open access appointments.										
Task 3. Implement open access scheduling at the hub level based on PPS-level guidance.										
Task 4. At the hub level, develop and implement a performance improvement program to decrease no show rates and report back to PPS.										
Milestone #10 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to track patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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 appropriate location of the co-located primary care										

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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
services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.										
Task Relocated PCMH practices located in the ED achieve NCQA 2014 Level 3 PCMH standards and/or APCM 2 years after relocation.	0	36	36	36	36	36	36	36	36	36
Task 1. Develop PPS-level workgroup to address project deliverables for 2.b.ii. including individuals such as ED physicians, administrative executives and charge nurses, navigators and community-based service providers and other interested stakeholders.										
Task 2. Assess current state of ED intake overall at the PPS level, EMTALA requirements, and challenges associated with co-location.										
Task 3. Identify PPS-wide co-location strategy based on EMTALA requirements, lessons learned from case studies on co-location, current workflow, DSRIP requirements and revenue impact on ED services with input from project workgroups.										
Task 4. Issue PPS-level guidance regarding protocols and requirements for co-location of ED services including flexible elements for customization at the hospital level.										
Task 5. Identify potential physical locations for PCMH/APCM practices at individual NQP participating hospitals for this project. Customize designs by ED based on factors that are unique to individual emergency department locations, build-outs and other key factors using overall PPS-level guidance and approach.										
Task 6. Determine build-out needs and establish contingency plans based on capital grants decisions from DOH at individual hospitals.										
Task 7. Develop PPS-wide PCMH / APCM implementation strategy for hospitals with relocated practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from PPS Workgroup.										
Task 8. Convene team at hub-level to implement the co-located ED										

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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
project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										
Task 9. Support implementation and provide technical assistance and training as needed to each co-located primary care practice on meeting the NCQA requirements.										
Task 10. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at the PPS-level.										
Milestone #2 Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.	0	36	36	36	36	36	36	36	36	36
Task All new practices meet NCQA 2014 PCMH 1A scheduling standards.	0	36	36	36	36	36	36	36	36	36
Task All new practices meet NCQA 2014 PCMH 1B scheduling standards.	0	36	36	36	36	36	36	36	36	36
Task 1. Conduct assessment of organizational capacity to meet PCMH / APCM requirements for hospitals that intend to create co-located practices anew at the PPS level with local hospital involvement.										
Task 2. Develop overall implementation strategy to achieve PCMH / APCM standards status for hospitals with new primary care practices, in collaboration with related efforts in the 2.a.i. Integrated Delivery System project, with input from project workgroup.										
Task 3. Convene team at hub-level to implement the co-located ED project and tailor the PPS-approach. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										
Task 4. Support implementation and provide technical assistance										

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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
and training as needed to each co-located primary care practice on meeting the NCQA requirements.										
Task 5. Create opportunities for periodic review of implementation progress with ED and primary care staff.										
Milestone #3 Develop care management protocols for medical screening in compliance with EMTALA standards.										
Task Care management protocols and procedures, consistent with EMTALA standards, for medical screening are developed in concert with practitioners at the PCMHs and/or APCM sites and are in place.										
Task 1. At the PPS level, identify current state for care management and triage practices and use of protocols consistent also with PCMH / APCM requirements.										
Task 2. At the PPS level, develop Care management protocols and procedures, consistent with EMTALA standards, for medical screening exam.										
Task 3. Convene team at hub-level to implement and tailor the PPS protocols and procedures. Local team members may include, but not limited to, clinical staff, and administrative staff, CBOs and navigators.										
Task 4. Implement strategy at the hub-level via the multi-disciplinary hub-level teams.										
Milestone #4 Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements.										
Task EHR supports secure notifications/messaging and the sharing of medical records.	0	36	36	36	36	36	36	36	36	36
Task EHR supports secure notifications/messaging and the sharing of medical records.	0	5	5	5	5	5	5	5	5	5
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										

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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 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Work with REC and other resources to create an EMR implementation or upgrade plan for SN PCPs and Hospitals that will provide secure notification/messaging, sharing of medical records, and meet meaningful use stage 2 requirements.										
Task 4. Support certified EHR implementation to participating safety net providers at the hub level.										
Milestone #5 Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.										
Task Care Coordinator and ED policies and procedures are in place to manage overall population health and perform as an integrated clinical team.										
Task 1. PPS to identify current patient education efforts among EDs and current hospital-based primary care practices that utilize care coordination teams within the PPS (e.g. Health Homes, health system-based, etc.).										
Task 2. Identify best practices in patient education by care coordinators on self-management and knowledge of appropriate care that are culturally and linguistically competent at the PPS level.										
Task 3. Analyze current vs. future state of patient education within the EDs and PCPs that will offer co-located services at the PPS level and then, in greater detail at the local hospital level.										
Task 4. Develop guidance on care coordination requirements between the EDs and PCP practices with input across EDs and primary care practices at the PPS level.										
Task 5. Tailor approach at the hub level to employ care coordination teams to educate patients on the use of the health system, including self-management and knowledge of appropriate care.										

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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 6. Review ongoing progress on care coordination efforts in project work group meetings across health systems at the PPS level. Monitor opportunities to improve the delivery of services.										
Milestone #6 Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)										
Task The PCP bills only primary care, not emergency, billing codes.										
Task 1. Identify current state of billing practices for ED visits, specifically those that use a "Fast Track" for non-emergent visits.										
Task 2. Develop PPS-wide guidance for billing that only bills primary care for patient redirected to the primary care site on the same day with input from workgroup members.										
Task 3. Implement protocol for billing at the local hospital level.										
Milestone #7 Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as applicable.										
Task EHR System with Real Time Notification System is in use.										
Task 1. Identify current state of protocols regarding connectivity to assigned PCPs and real-time notifications to PCPs and Health Homes.										
Task 2. Identify best practices in connectivity to the assigned health plan PCP.										
Task 3. Develop PPS-level protocol for notifying Health Homes and PCPs following ED use with input from project workgroup at the PPS level.										
Task 4. Convene hub-level Workgroup to tailor protocols to hospital EDs. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, adopt protocols at participating hospitals.										
Task 6. Review ongoing progress on connectivity efforts in project										

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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
work group meetings across health systems at the PPS level. Act on and monitor opportunities to improve the delivery of services.										
Milestone #8 Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.										
Task Community awareness program to raise awareness of alternatives to the emergency room is established with community-based organizations.										
Task 1. Identify all relevant CBOs and social service agencies capable of providing community-based supports at both the PPS and the local hub levels.										
Task 2. Convene CBOs at the PPS level to develop relationships, identify and strategize on awareness of alternatives to the emergency room.										
Task 3. Work with the CBO workgroup at the PPS level with attention to cultural competency and health literacy requirements to develop a process to educate patients on alternatives to the emergency room, including the development of culturally competent education materials.										
Task 4. Implement the education program at the hub level.										
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.	4	36	36	36	36	36	36	36	36	36
Task PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.	4	36	36	36	36	36	36	36	36	36
Task PPS monitors and decreases no-show rate by at least 15%.	0	36	36	36	36	36	36	36	36	36
Task 1. Develop a PPS-wide strategy on open access scheduling based on PCMH/APCM best practices with project workgroup input.										
Task 2. As part of the PCMH/APCM requirements and steps described in Milestones 1 &2, provide support from the local										

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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
Hubs to co-located practices in implementing open access appointments.										
Task 3. Implement open access scheduling at the hub level based on PPS-level guidance.										
Task 4. At the hub level, develop and implement a performance improvement program to decrease no show rates and report back to PPS.										
Milestone #10 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to track patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Ensure appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated	am1013	14_PMDL2603_1_1_20150727093757_2.b.ii. Project Wkgrp Minutes.pdf	2.b.ii Project Workgroup Meeting Minutes	07/27/2015 09:37 AM
	am1013	14_PMDL2603_1_1_20150727093703_2.b.ii. Current	2.b.ii Current Workflow	07/27/2015 09:36 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.		Workflow.pdf		
	am1013	14_PMDL2603_1_1_20150727093348_2.b.ii. Best Practices.pdf	2.b.ii Best Practices	07/27/2015 09:32 AM
	am1013	14_PMDL2603_1_1_20150727092945_2.b.ii. References.pdf	2.b.ii References	07/27/2015 09:28 AM
	am1013	14_PMDL2603_1_1_20150727092701_2.b.ii. Survey.pdf	2.b.ii Survey of EDs	07/27/2015 09:25 AM
	am1013	14_PMDL2603_1_1_20150727092416_2.b.ii. Gap Analysis Deck.pdf	2.b.ii Gap Analysis Deck	07/27/2015 09:23 AM
	am1013	14_PMDL2603_1_1_20150727092233_2.b.ii. Introduction Deck.pdf	2.b.ii Introduction Deck	07/27/2015 09:19 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure appropriate location of the co-located primary care services in the ED to be located on the same campus of the hospital. All relocated PCMH practices will meet NCQA 2014 Level 3 PCMH standards and/or APCM within 2 years after relocation.	NQP developed a PPS-level workgroup to develop an evidence-based approach to co-location of ED and primary care services with representation from all three hubs. To implement appropriate co-location of primary care services in the ED, to date, NQP has focused on understanding the overall current state of the manner in which ED and primary care services are delivered with an eye toward the most efficient solution to co-locate services as follows. Specifically, NQP: • Developed and analyzed current state of ED intake, EMTALA requirements, and challenges associated with co-location. • Conducted research regarding promising case studies of co-location practices to leverage their lessons learned and best practices to reduce non-emergent ED visits. • Surveyed the participating EDs regarding current practices with regard to patients who present to the ED with non-emergent conditions. Planned next steps at the local level, within individual EDs that plan to co-locate services, are included as tasks under this milestone. A current work flow has been included as supplementary materials, as well as the gap analysis, and best practices to reduce non-emergent ED visits. Please note: Per the IA (Michael Kelleher) NQP has committed 36 PCPs in total to this project by either being involved in a relocated PCMH OR a new one. Not 36 for both relocated and new PCMHs.
Ensure that new participating PCPs will meet NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. At start up, the participating PCPs must have open access scheduling extended hours, and have EHR capability that is interoperable with the ED.	The PPS-level Workgroup identified steps to achieve this milestone which include assessing PCMH or APCM requirements including, but not limited to, open-access scheduling, extended hours and interoperable EHR capability. For more information regarding planned steps to meet this requirement, see the tasks included under the milestone. Please note: Per the IA (Michael Kelleher) NQP has committed 36 PCPs in total to this project by either being involved in a relocated PCMH OR a new one. Not 36 for both relocated and new PCMHs.
Develop care management protocols for medical screening in compliance with EMTALA standards.	NQP has researched EMTALA requirements and promising case studies for co-located practices elsewhere. NQP has also begun a review of the current state of medical screening and referral practices in the participating EDs, in conjunction with the 2.b.iv. Care Transitions project. For more information regarding planned steps to meet this requirement, see the tasks included under the milestone.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Ensure utilization of EHR that supports secure notification/messaging and sharing of medical records between participating local health providers, and meets Meaningful Use Stage 2 CMS requirements.	As assessment of current practices around PCP identification and notification is planned. Similarly, an assessment of current practices around identification of health home patients and health home notification will be done as well. An IT assessment is planned for cataloguing current capabilities of the various partners within the hub including health homes, insurance carriers and primary care providers. The assessment will include an analysis and proposed solution approaches to close gaps in functional requirements in order to meet DSRIP deliverables. This includes connectivity to the RHIO, real time notifications and issues related to data exchange and data security.
Establish protocols and training for care coordinators to assist patients in understanding use of the health system, and to promote self-management and knowledge on appropriate care.	This milestone will be further detailed in subsequent quarterly reports.
Implement a comprehensive payment and billing strategy. (The PCP may only bill usual primary care billing codes and not emergency billing codes.)	The PPS-wide workgroup identified steps to achieve this milestone which include a review of the current state of billing practices for ED visits and billing practices, which will vary based on billing practices at participating hospitals. The PPS-wide Co-Located ED Workgroup discussed revenue loss implications for billing primary care visits as compared to billing an ED visit. For more information regarding planned steps to meet this requirement, see the tasks included under the milestone.
Develop protocols for connectivity to the assigned health plan PCP and real-time notification to the Health Home care manager as applicable.	This milestone will be further detailed in subsequent quarterly reports.
Utilize culturally competent community based organizations to raise community awareness of alternatives to the emergency room.	NQP developed a comprehensive survey to assess Community-based Organizations' (CBOs) roles and capacity in Nassau County and the Borough of Queens to identify specific partners for this project. NQP intends for CBOs to play a central role in raising community awareness of alternatives to the ED in a culturally and linguistically competent manner. For more information regarding planned steps to meet this requirement, see the tasks included under the milestone.
Implement open access scheduling in all primary care practices.	Planned next steps to meet this requirement have been included as tasks under this milestone in conjunction with NQP's efforts to develop a PCMH/APCM strategy.
Use EHRs and other technical platforms to track all patients engaged in the project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development.

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IPQR Module 2.b.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

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

Instructions :

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Project 2.b.iv – Care transitions intervention model to reduce 30 day readmissions for chronic health conditions

IPQR Module 2.b.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.

1. Within the IDS, there is a requirement that certain Medicaid-eligible provider types (MD, DO, NP, Certified Midwife, DDS) are using a Meaningful Use certified EMR and establish connectivity to the RHIO (in order to share patient information across inpatient, ED and community based settings). The current state of EMR adoption and RHIO connectivity within the network is highly variable (i.e. providers use many different EMRs -- some of which are MU certified and others of which are not). To mitigate this risk, NQP will create a registry of EMR version by provider type and offer information regarding optimal EMR practices to promote consistency and interoperability across the PPS. The registry will also include RHIO connectivity status. The adoption and/or maintenance of a certified EMR/RHIO connectivity will be built into the partner contracting process. The local hubs will provide technical assistance to providers in meeting these requirements.
2. While a number of agencies (Health homes, MCO's, CBO's) recognize the importance of the time of care transitions and the 30 days after hospital discharge and have programs in place to support this, the efforts among these organizations is not often coordinated or integrated with hospital based discharge planning and this poses a risk to successful care transition planning. To mitigate this risk, an inventory of current care transitions protocols will be created and all involved partners will be included in the drafting of a future state model and a strategy to achieve it.
3. PPS providers will be required to establish new processes -- both within and outside of the hospital -- to successfully manage care transitions. In particular, there is a risk that hospital-based providers will have difficulty establishing relationships with CBOs. To mitigate this risk, NQP will integrate hospital-based and CBO-based providers in project planning and implementation efforts. NQP will further develop strategies to link medical, behavioral and community-based providers in order to serve patients in an integrated manner that prevents avoidable re-hospitalizations.

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IPQR Module 2.b.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
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	1,372	0	0	14	69	137	206	274	412	549	686
Non-PCP Practitioners	365	0	0	4	18	37	55	73	110	146	183
Hospitals	12	0	0	1	1	1	2	2	4	5	6
Health Home / Care Management	23	0	0	0	1	2	3	5	7	9	12
Community Based Organizations	7	0	0	0	0	1	1	1	2	3	4
All Other	132	0	0	0	1	13	20	26	40	53	66
Total Committed Providers	**1,911**	**0**	**0**	**19**	**90**	**191**	**287**	**381**	**575**	**765**	**957**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.99**	**4.71**	**9.99**	**15.02**	**19.94**	**30.09**	**40.03**	**50.08**

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	1,372	960	1,372	1,372	1,372	1,372	1,372	1,372	1,372	1,372	1,372
Non-PCP Practitioners	365	256	365	365	365	365	365	365	365	365	365
Hospitals	12	8	12	12	12	12	12	12	12	12	12
Health Home / Care Management	23	16	23	23	23	23	23	23	23	23	23
Community Based Organizations	7	5	7	7	7	7	7	7	7	7	7
All Other	132	92	132	132	132	132	132	132	132	132	132
Total Committed Providers	**1,911**	**1,337**	**1,911**	**1,911**	**1,911**	**1,911**	**1,911**	**1,911**	**1,911**	**1,911**	**1,911**
Percent Committed Providers(%)		**69.96**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

IPQR Module 2.b.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**
DY3,Q4	47,929

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	11,982	17,974	23,965	9,586	19,172	28,758	38,343	11,982	23,965
Percent of Expected Patient Engagement(%)	**0.00**	**25.00**	**37.50**	**50.00**	**20.00**	**40.00**	**60.00**	**80.00**	**25.00**	**50.00**

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	35,946	47,929	11,982	23,965	35,946	47,929	11,982	23,965	35,946	47,929
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

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IPQR Module 2.b.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 standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop PPS-wide Workgroup with participation from groups such as the Health Homes, hospitals, care management agencies, home health care agencies, nursing homes and SNFs, behavioral health and substance abuse services providers, and other related stakeholders.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 2. At the PPS level, identify current state and future state workflows for care transitions.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3. Identify evidence-based best practices for care transitions and related models (e.g. Eric Coleman's Care Transitions Intervention model).	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 4. At the PPS level, develop current state and future state workflows that incorporate current workflow, DSRIP requirements, best practices.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 5. Convene hub-level Workgroup to implement care transitions protocols and tailor the PPS approach. Team members may include clinical staff, administrative staff, Health Homes and CBOs.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. At the hub level, develop and implement a mechanism to monitor and measure protocol implementation. Test protocols and make adjustments at hub level as needed. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at	Project		In Progress	01/01/2016	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
the PPS-level.							
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Inventory existing care management and care coordination practices in the PPS including Health Homes, MCOs, health system and CBO initiatives.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a PPS-level strategy to engage with MCOs with a focus on resources associated with transitions of care.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop a PPS-level strategy to engage with Health Homes to develop a process to identify eligible patients and link them to services as required by the ACA.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. At hub-level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance transitions of care.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. At the hub level, create agreements with MCOs and Health Homes around transition of care services.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #3 Ensure required social services participate in the project.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Required network social services, including medically tailored home food services, are provided in care transitions.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Using data identifying social needs from the CNA, the PPS will inventory social services available in the geographical location defined as hot-spots with high utilization of in-patient services.	Project		In Progress	05/01/2015	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 2. At the PPS level, identify current state of referrals to social services in care transitions.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. At the PPS level, develop a strategy for social service engagement, including the development of county relationships.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 4. At the hub-level, social services organization will be engaged in managing care transitions for patients with emphasis on those from identified locations with poor access to support services.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Non-PCP Practitioners	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for early notification of planned discharges.	Provider	Hospitals	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS-level, identify current state for planned discharges via transitions of care survey, a survey to care management agencies, and project workgroup meetings.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS-level, develop future state for early notification of planned discharges consistent with project requirements.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop a strategy at the PPS-level to document care transition planning efforts in the EHR and, to ensure that records are interoperable across NQP in collaboration with the IT workgroup.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Convene hub-level Workgroup to tailor, implement and monitor the	Project		In Progress	08/01/2015	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
approach proposed by the PPS-wide Workgroup.							
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.	Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At PPS-level, select a third party vendor to perform gap analysis of EHR connectivity capabilities, including PCMH practices and ED sites, IT capacity with the RHIO's HIE and SHIN-NY at the PPS level and current state of alert and communication functionalities.	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Outline gaps and align with IT work stream to develop cohesive approach across the hubs at the PPS level.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 4. Develop a PPS-level strategy to implement a system that shares information across provider types and EHRs about care transition plans.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. At the PPS-level, convene providers from different care settings to define necessary information and clinical data elements to be included as part of the care transition record.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. At the PPS level, develop policy and procedure to transfer patient care plan and medical record update to primary care provider via interoperable EHR or primary care provider record	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Implement protocol at the hub level via the identified responsible parties across care providers within each hub and report back to the PPS-wide Workgroup about progress.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that a 30-day transition of care period is established.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.	Project		In Progress	08/01/2015	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
Task 1. At the PPS level, develop a protocol and workflow for the 30 day transition of care period.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Convene hub-level workgroup to tailor the approach proposed by the PPS-wide workgroup and adapt to the specific needs and capacity.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. At the hub level, develop and implement a strategy to monitor compliance with the care transitions protocol including strategies to improve compliance and further decrease- re-admissions within 30 days.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor discharges during the 30-day transition of care period. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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 #1 Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										
Task Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task 1. Develop PPS-wide Workgroup with participation from groups such as the Health Homes, hospitals, care management agencies, home health care agencies, nursing homes and SNFs, behavioral health and substance abuse services providers, and other related stakeholders.										
Task 2. At the PPS level, identify current state and future state workflows for care transitions.										
Task 3. Identify evidence-based best practices for care transitions and related models (e.g. Eric Coleman's Care Transitions Intervention model).										
Task 4. At the PPS level, develop current state and future state workflows that incorporate current workflow, DSRIP requirements, best practices.										
Task 5. Convene hub-level Workgroup to implement care transitions protocols and tailor the PPS approach. Team members may include clinical staff, administrative staff, Health Homes and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure protocol implementation. Test protocols and make adjustments at hub level as needed. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at the PPS-level.										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										

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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 A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task 1. Inventory existing care management and care coordination practices in the PPS including Health Homes, MCOs, health system and CBO initiatives.										
Task 2. Develop a PPS-level strategy to engage with MCOs with a focus on resources associated with transitions of care.										
Task 3. Develop a PPS-level strategy to engage with Health Homes to develop a process to identify eligible patients and link them to services as required by the ACA.										
Task 4. At hub-level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance transitions of care.										
Task 5. At the hub level, create agreements with MCOs and Health Homes around transition of care services.										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task 1. Using data identifying social needs from the CNA, the PPS will inventory social services available in the geographical location defined as hot-spots with high utilization of in-patient services.										
Task 2. At the PPS level, identify current state of referrals to social services in care transitions.										
Task 3. At the PPS level, develop a strategy for social service										

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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
engagement, including the development of county relationships.										
Task 4. At the hub-level, social services organization will be engaged in managing care transitions for patients with emphasis on those from identified locations with poor access to support services.										
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	1,372	1,372	1,372
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	365	365	365
Task Policies and procedures are in place for early notification of planned discharges.	0	0	0	0	0	0	0	12	12	12
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task 1. At the PPS-level, identify current state for planned discharges via transitions of care survey, a survey to care management agencies, and project workgroup meetings.										
Task 2. At the PPS-level, develop future state for early notification of planned discharges consistent with project requirements.										
Task 3. Develop a strategy at the PPS-level to document care transition planning efforts in the EHR and, to ensure that records are interoperable across NQP in collaboration with the IT workgroup.										
Task 4. Convene hub-level Workgroup to tailor, implement and monitor the approach proposed by the PPS-wide Workgroup.										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										

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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 Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task 1. At PPS-level, select a third party vendor to perform gap analysis of EHR connectivity capabilities, including PCMH practices and ED sites, IT capacity with the RHIO's HIE and SHIN-NY at the PPS level and current state of alert and communication functionalities.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Outline gaps and align with IT work stream to develop cohesive approach across the hubs at the PPS level.										
Task 4. Develop a PPS-level strategy to implement a system that shares information across provider types and EHRs about care transition plans.										
Task 5. At the PPS-level, convene providers from different care settings to define necessary information and clinical data elements to be included as part of the care transition record.										
Task 6. At the PPS level, develop policy and procedure to transfer patient care plan and medical record update to primary care provider via interoperable EHR or primary care provider record										
Task 7. Implement protocol at the hub level via the identified responsible parties across care providers within each hub and report back to the PPS-wide Workgroup about progress.										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task 1. At the PPS level, develop a protocol and workflow for the 30 day transition of care period.										
Task 2. Convene hub-level workgroup to tailor the approach proposed by the PPS-wide workgroup and adapt to the specific needs and capacity.										

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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 3. At the hub level, develop and implement a strategy to monitor compliance with the care transitions protocol including strategies to improve compliance and further decrease- re-admissions within 30 days.										
Task 4. At the hub level, develop and implement a mechanism to monitor discharges during the 30-day transition of care period. Report back to PPS workgroup.										
Milestone #7 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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 standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.										

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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 Standardized protocols are in place to manage overall population health and perform as an integrated clinical team are in place.										
Task 1. Develop PPS-wide Workgroup with participation from groups such as the Health Homes, hospitals, care management agencies, home health care agencies, nursing homes and SNFs, behavioral health and substance abuse services providers, and other related stakeholders.										
Task 2. At the PPS level, identify current state and future state workflows for care transitions.										
Task 3. Identify evidence-based best practices for care transitions and related models (e.g. Eric Coleman's Care Transitions Intervention model).										
Task 4. At the PPS level, develop current state and future state workflows that incorporate current workflow, DSRIP requirements, best practices.										
Task 5. Convene hub-level Workgroup to implement care transitions protocols and tailor the PPS approach. Team members may include clinical staff, administrative staff, Health Homes and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure protocol implementation. Test protocols and make adjustments at hub level as needed. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes. Discuss challenges and lessons learned at the PPS-level.										
Milestone #2 Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.										
Task A payment strategy for the transition of care services is developed in concert with Medicaid Managed Care Plans and Health Homes.										
Task Coordination of care strategies focused on care transition are in										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
place, in concert with Medicaid Managed Care groups and Health Homes.										
Task PPS has protocol and process in place to identify Health-Home eligible patients and link them to services as required under ACA.										
Task 1. Inventory existing care management and care coordination practices in the PPS including Health Homes, MCOs, health system and CBO initiatives.										
Task 2. Develop a PPS-level strategy to engage with MCOs with a focus on resources associated with transitions of care.										
Task 3. Develop a PPS-level strategy to engage with Health Homes to develop a process to identify eligible patients and link them to services as required by the ACA.										
Task 4. At hub-level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance transitions of care.										
Task 5. At the hub level, create agreements with MCOs and Health Homes around transition of care services.										
Milestone #3 Ensure required social services participate in the project.										
Task Required network social services, including medically tailored home food services, are provided in care transitions.										
Task 1. Using data identifying social needs from the CNA, the PPS will inventory social services available in the geographical location defined as hot-spots with high utilization of in-patient services.										
Task 2. At the PPS level, identify current state of referrals to social services in care transitions.										
Task 3. At the PPS level, develop a strategy for social service engagement, including the development of county relationships.										
Task 4. At the hub-level, social services organization will be engaged in managing care transitions for patients with emphasis on those from identified locations with poor access to support services.										

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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
Milestone #4 Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.										
Task Policies and procedures are in place for early notification of planned discharges.	1,372	1,372	1,372	1,372	1,372	1,372	1,372	1,372	1,372	1,372
Task Policies and procedures are in place for early notification of planned discharges.	365	365	365	365	365	365	365	365	365	365
Task Policies and procedures are in place for early notification of planned discharges.	12	12	12	12	12	12	12	12	12	12
Task PPS has program in place that allows care managers access to visit patients in the hospital and provide care transition services and advisement.										
Task 1. At the PPS-level, identify current state for planned discharges via transitions of care survey, a survey to care management agencies, and project workgroup meetings.										
Task 2. At the PPS-level, develop future state for early notification of planned discharges consistent with project requirements.										
Task 3. Develop a strategy at the PPS-level to document care transition planning efforts in the EHR and, to ensure that records are interoperable across NQP in collaboration with the IT workgroup.										
Task 4. Convene hub-level Workgroup to tailor, implement and monitor the approach proposed by the PPS-wide Workgroup.										
Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.										
Task Policies and procedures are in place for including care transition plans in patient medical record and ensuring medical record is updated in interoperable EHR or updated in primary care provider record.										
Task 1. At PPS-level, select a third party vendor to perform gap analysis of EHR connectivity capabilities, including PCMH										

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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
practices and ED sites, IT capacity with the RHIO's HIE and SHIN-NY at the PPS level and current state of alert and communication functionalities.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Outline gaps and align with IT work stream to develop cohesive approach across the hubs at the PPS level.										
Task 4. Develop a PPS-level strategy to implement a system that shares information across provider types and EHRs about care transition plans.										
Task 5. At the PPS-level, convene providers from different care settings to define necessary information and clinical data elements to be included as part of the care transition record.										
Task 6. At the PPS level, develop policy and procedure to transfer patient care plan and medical record update to primary care provider via interoperable EHR or primary care provider record										
Task 7. Implement protocol at the hub level via the identified responsible parties across care providers within each hub and report back to the PPS-wide Workgroup about progress.										
Milestone #6 Ensure that a 30-day transition of care period is established.										
Task Policies and procedures reflect the requirement that 30 day transition of care period is implemented and utilized.										
Task 1. At the PPS level, develop a protocol and workflow for the 30 day transition of care period.										
Task 2. Convene hub-level workgroup to tailor the approach proposed by the PPS-wide workgroup and adapt to the specific needs and capacity.										
Task 3. At the hub level, develop and implement a strategy to monitor compliance with the care transitions protocol including strategies to improve compliance and further decrease- re-admissions within 30 days.										
Task 4. At the hub level, develop and implement a mechanism to monitor discharges during the 30-day transition of care period.										

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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
Report back to PPS workgroup.										
Milestone #7 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	ccsmith	14_PMDL2803_1_1_20150728150217_2.b.iv. Best Practices Deck.pdf	Best Practices Presentation	07/28/2015 02:59 PM
	ccsmith	14_PMDL2803_1_1_20150728145818_2.b.iv. Care Management Survey.pdf	Care Management Survey	07/28/2015 02:57 PM
	ccsmith	14_PMDL2803_1_1_20150728145658_2.b.iv. Current Workflow.pdf	Current State Workflow	07/28/2015 02:56 PM
	ccsmith	14_PMDL2803_1_1_20150728145533_2.b.iv. Future ED Workflow.pdf	Future State ED Workflow	07/28/2015 02:54 PM
	ccsmith	14_PMDL2803_1_1_20150728145414_2.b.iv. Future Inpatient	Future State Inpatient Workflow	07/28/2015 02:53 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
		Workflow.pdf		
	ccsmith	14_PMDL2803_1_1_20150728145213_2.b.iv. Gap Analysis Deck.pdf	Project Gap Analysis Presentation	07/28/2015 02:50 PM
	ccsmith	14_PMDL2803_1_1_20150728144859_2.b.iv. Introduction Deck.pdf	Project Introduction Presentation	07/28/2015 02:47 PM
	ccsmith	14_PMDL2803_1_1_20150728144548_2.b.iv. Project Wrkgrp Minutes.pdf	Project Workgroup Meeting Minutes	07/28/2015 02:44 PM
	ccsmith	14_PMDL2803_1_1_20150728144400_2.b.iv. References.pdf	References	07/28/2015 02:43 PM
	ccsmith	14_PMDL2803_1_1_20150728144234_2.b.iv. Survey.pdf	Transition of Care Survey	07/28/2015 02:41 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.	NQP developed a PPS-wide Workgroup including representation from all three hubs and CBOs to address DSRIP deliverables associated with the Care Transitions Project (2.b.iv.). To date, the Project Workgroup has: • Developed and analyzed current and future state process flow diagrams for care transitions for patients who receive services in the ED and, in the inpatient setting. • Conducted best practice research regarding evidence-based care transitions interventions including the Coleman model amongst others. • Surveyed the NQP hubs regarding current practices in care transitions and care management, including referral sources (like Health Home and Home Care Agencies) as well as process related to care transitions. • Surveyed the NQP participating organizations on current utilization of technology to support identification and transition of patient populations across the care continuum including Home Care • Developed a high-level best-practice approach that reflects a work flow to manage care transitions and avoid unnecessary re-admissions within 30 days. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post-discharge protocols are followed.	NQP developed a detailed survey regarding care management practices and protocols and is in the process of deploying that survey. The survey will be sent to Health Homes, MCOs and other organizations that provide care management services. For information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Ensure required social services participate in the project.	NQP has begun outreach to organizations that provide services to individuals in the community and address social determinants of health, via work with the CBO workgroup. The PPS-wide Workgroup identified steps to achieve this milestone including a strategy to engage CBOs.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	NQP conducted high-level assessment of current practices with regards to transitions of care protocols, including early notification of planned discharge services. Best practices were agreed upon by the PPS-Workgroup, as detailed in an attached future-state workflow. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	An IT assessment is planned for cataloguing current capabilities of the various partners within the hub including ability to support secure health messaging and any implemented patient alert functionality. The assessment will include an analysis and proposed solution approaches to close gaps in functional requirements in order to meet DSRIP deliverables. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Ensure that a 30-day transition of care period is established.	The PPS-workgroup developed a draft future state workflow that incorporates a 30-day transition of care period. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Use EHRs and other technical platforms to track all patients engaged in the project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development.

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IPQR Module 2.b.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

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

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

Instructions :

Milestone 3: PPS should connect this project requirement with their Community Needs Assessment or other data source to ensure appropriate social services.

Milestone 5: PPS may consider task of convening providers from different care settings to define specific information and clinical data between sending and receiving providers as patient goes from one care setting to another to include as part of care transition record. The National Transition of Care Coalition is a good resource. http://www.ntocc.org/Toolbox/

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Project 2.b.vii – Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

IPQR Module 2.b.vii.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) There is a risk with buy-in at the highest level at the partner nursing homes. This risk is significant, given the PPS's knowledge, based on the literature, that a lack of senior-level buy-in can materially affect project implementation. NQP will mitigate this risk by working closely and collaboratively with SNF leadership to ensure buy-in at the highest level.

2) NQP is aware of the importance of including non-medical staff such as housekeeping and aides in INTERACT. The failure to gain buy-in of non-medical personnel can jeopardize the project. To mitigate this risk, NQP will suggest various team-building strategies that are supported by the highest level of SNF administration.

3) Within the IDS, all partners must establish connectivity with the RHIO, i.e. specifically the use of secure messaging, alerts, and patient record lookup and records at the SNF and inpatient settings. To mitigate this risk, NQP will proactively work with the RHIO to ensure interoperability and connectivity.

4) NQP is aware that sometimes, families prefer to send SNF patients to an inpatient setting, rather than remaining in the SNF when a medical need occurs. To mitigate this risk, NQP will work with the SNF network to inform families of the medical capabilities within each SNF and, to further inform families of risks associated with acute care transfers from nursing homes."

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IPQR Module 2.b.vii.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
SNFs participating in the INTERACT program	61	0	0	5	10	15	20	25	30	35	40
Total Committed Providers	**61**	**0**	**0**	**5**	**10**	**15**	**20**	**25**	**30**	**35**	**40**
Percent Committed Providers(%)		**0.00**	**0.00**	**8.20**	**16.39**	**24.59**	**32.79**	**40.98**	**49.18**	**57.38**	**65.57**

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
SNFs participating in the INTERACT program	61	61	61	61	61	61	61	61	61	61	61
Total Committed Providers	**61**	**61**	**61**	**61**	**61**	**61**	**61**	**61**	**61**	**61**	**61**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**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

No Records Found

Narrative Text :

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IPQR Module 2.b.vii.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	18,071

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	5,421	7,228	9,035	3,614	7,228	10,843	14,457	4,518	9,035
Percent of Expected Patient Engagement(%)	**0.00**	**30.00**	**40.00**	**50.00**	**20.00**	**40.00**	**60.00**	**80.00**	**25.00**	**50.00**

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	13,553	18,071	4,518	9,035	13,553	18,071	4,518	9,035	13,553	18,071
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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IPQR Module 2.b.vii.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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task INTERACT principles implemented at each participating SNF.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Nursing home to hospital transfers reduced.	Provider	Skilled Nursing Facilities / Nursing Homes	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task INTERACT 3.0 Toolkit used at each SNF.	Provider	Skilled Nursing Facilities / Nursing Homes	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Convene workgroup of clinicians and SNF representatives to develop an approach to INTERACT implementation.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 2. Review best practices to identify best INTERACT tools for reducing avoidable hospitalizations.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3. Survey SNFs to determine current state relative to INTERACT requirements, best practices and medical capabilities.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 4. Analyze current and future state to identify gaps in service delivery based on a SNF survey, interviews of INTERACT practicing SNFs and current and future state workflows. Utilize data to inform the INTERACT implementation strategy.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 5. Develop a strategy to train and organize SNFs across the PPS, including the use of INTERACT champions.	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT tool selection.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Conduct trainings based on agreed upon infrastructure and the results of the	Project		In Progress	01/01/2016	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
INTERACT selected trainers. Trainer will be responsible for (a) teaching on-site staff trainers; ensuring each SNF has identified a facility champion and (c) coordination of INTERACT Version 4.0 tools implementation across SNFs. Tools must include care paths and advance care planning tool.							
Task 8: Implement INTERACT at all participating SNFs.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 10. Develop quality infrastructure to measure and improve avoidable acute care transfers.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Facility champion identified for each SNF.	Provider	Skilled Nursing Facilities / Nursing Homes	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify all necessary champions to fully cover the infrastructure as designed above.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify site level champions for the purpose of implementing INTERACT at the local sites.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Train INTERACT champions to facilitate implementation efforts at all NQP facilities (using the trainer identified under Milestone 1).	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Milestone #3 Implement 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	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care pathways and clinical tool(s) created to monitor chronically-ill patients.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
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.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review current and future state work flows, focusing on where INTERACT	Project		In Progress	08/01/2015	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
Care Path tools are incorporated into program design.							
Task 2. Review best practices on most effective care paths in reducing acute hospital transfers.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Create gap analysis informed by work flows, best practices and survey results.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs and champions.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT care path tool selection.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Specific training of care pathways addressed in curriculum design.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8: Implement INTERACT Care Path tools at participating SNFs.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 10. Report to the PPS regarding INTERACT outcomes and opportunities to improve.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Educate all staff on care pathways and INTERACT principles.	Project	N/A	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	Provider	Skilled Nursing Facilities / Nursing Homes	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop a broad-based training strategy.	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify all staff that require training.	Project		In Progress	08/01/2015	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
Task 3. Develop curriculum with training vendor (identified above)	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Meet with DONs and Medical Directors to help advise and modify implementation strategy and schedule trainings	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Develop a methodology to evaluate training efforts.	Project		In Progress	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task 6. Execute Care Pathways and INTERACT training, as well as training evaluation.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Implement 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	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review current and future state work flows, focusing on where INTERACT Advance Care Planning (ACP) tools are incorporated into program design.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Create gap analysis informed by work flows and survey results.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs & champions.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Conduct meeting with Directors of Nursing & Medical Directors to help advise & modify implementation strategy; confirm INTERACT ACP tool selection.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Specific training of ACP tools addressed in curriculum design.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7: Implement INTERACT Advanced Care Planning (ACP) tools at participating SNFs.	Project		In Progress	01/01/2016	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
Task 8. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Report data regarding INTERACT outcomes and opportunities to improve.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Create coaching program to facilitate and support implementation.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task INTERACT coaching program established at each SNF.	Provider	Skilled Nursing Facilities / Nursing Homes	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify existing coaching programs within NQP.	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Conduct focus groups with management and staff regarding training programs. Also collect information on best practice coaching programs.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop coaching program based on current state assessment of participating SNFs, incl. staff needs; population needs; current programs; best practices and other data. (NOTE: The training of coaches will be incorporated into the procurement of INTERACT training).	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Select "coaches" to be trained.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Conduct, evaluate, modify/enhance training.	Project		In Progress	08/01/2015	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	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patients and families educated and involved in planning of care using INTERACT principles.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify needs of patients, families and caregivers with information from patient and caregiver advisory boards, focus groups, as necessary.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Identify existing education programs for patients, families and caregivers within NQP with regards to care for the elderly and disabled, including advance care planning and in alignment with INTERACT principles.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Review current and future state work flows, focusing on where SNF staff	Project		In Progress	08/01/2015	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
should optimally engage with patients and family/caregivers in care planning.							
Task 4. Research best practice patient education programs that support participation in care management and enhance health literacy in a culturally and linguistically competent manner.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Create assessment informed by work flows and best practices.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Develop a culturally competent approach to patient, family and caregiver education that enhances care planning, health literacy and self-care skills – all in a culturally and linguistically competent manner.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 7. Recruit, hire and train staff to perform patient, family and caregiver education regarding self-care.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 8. Implement and test strategies to educate patients and families in care management to determine efficacy, cultural and linguistic competence and ability to impact outcomes of care.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 9. Enhance educational strategies and continue to provide such educational services to patients and families/caregivers as well as SNF staff.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Project	N/A	In Progress	08/01/2015	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	08/01/2015	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	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among SNFs.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.	Project		In Progress	08/01/2015	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 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS SNFs	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.	Project		In Progress	08/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. SNFs implement 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.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Membership of quality committee is representative of PPS staff involved in quality improvement processes and other stakeholders.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics in Attachment J.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Service and quality outcome measures are reported to all stakeholders.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Review and select applicable metrics in DSRIP Attachment J.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Select Quality Committee members, including appropriate SNF and hospital quality improvement staff and stakeholders.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop initial quality improvement goals based on opportunities to improve in collaboration with SNFs (based on selected metrics).	Project		In Progress	08/01/2015	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 4. Develop processes for the Quality Committee to identify opportunities for improvement using rapid cycle improvement methods.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Develop quality improvement plans.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. Quality committee charged with reviewing SNFs' adoption of INTERACT quality improvement tracking tools, root cause analysis of transfers, assisting with data collection & evaluation, as well as modifying process where needed.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Quality outcome measures reported to participating SNFs.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 8. Utilize infrastructure developed to evaluate results of quality improvement initiatives.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Milestone #1 Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.										
Task INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	0	0	5	10	15	20	25	30	35	40
Task INTERACT 3.0 Toolkit used at each SNF.	0	0	5	10	15	20	25	30	35	40
Task 1. Convene workgroup of clinicians and SNF representatives to develop an approach to INTERACT implementation.										
Task 2. Review best practices to identify best INTERACT tools for reducing avoidable hospitalizations.										
Task 3. Survey SNFs to determine current state relative to INTERACT requirements, best practices and medical capabilities.										
Task 4. Analyze current and future state to identify gaps in service delivery based on a SNF survey, interviews of INTERACT practicing SNFs and current and future state workflows. Utilize data to inform the INTERACT implementation strategy.										
Task 5. Develop a strategy to train and organize SNFs across the PPS, including the use of INTERACT champions.										
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT tool selection.										
Task 7. Conduct trainings based on agreed upon infrastructure and the results of the INTERACT selected trainers. Trainer will be responsible for (a) teaching on-site staff trainers; ensuring each SNF has identified a facility champion and (c) coordination of INTERACT Version 4.0 tools implementation across SNFs. Tools must include care paths and advance care planning tool.										
Task 8: Implement INTERACT at all participating SNFs.										
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames.										

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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 10. Develop quality infrastructure to measure and improve avoidable acute care transfers.										
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	0	0	5	20	40	61	61	61	61	61
Task 1. Identify all necessary champions to fully cover the infrastructure as designed above.										
Task 2. Identify site level champions for the purpose of implementing INTERACT at the local sites.										
Task 3. Train INTERACT champions to facilitate implementation efforts at all NQP facilities (using the trainer identified under Milestone 1).										
Milestone #3 Implement 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.										
Task 1. Review current and future state work flows, focusing on where INTERACT Care Path tools are incorporated into program design.										
Task 2. Review best practices on most effective care paths in reducing acute hospital transfers.										
Task 3. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.										
Task 4. Create gap analysis informed by work flows, best practices and survey results.										

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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 5. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs and champions.										
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT care path tool selection.										
Task 7. Specific training of care pathways addressed in curriculum design.										
Task 8: Implement INTERACT Care Path tools at participating SNFs.										
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.										
Task 10. Report to the PPS regarding INTERACT outcomes and opportunities to improve.										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	0	0	0	0	0	61	61	61	61	61
Task 1. Develop a broad-based training strategy.										
Task 2. Identify all staff that require training.										
Task 3. Develop curriculum with training vendor (identified above)										
Task 4. Meet with DONs and Medical Directors to help advise and modify implementation strategy and schedule trainings										
Task 5. Develop a methodology to evaluate training efforts.										
Task 6. Execute Care Pathways and INTERACT training, as well as training evaluation.										
Milestone #5 Implement 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.										

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Task Advance Care Planning tools incorporated into program (as evidenced by policies and procedures).										
Task 1. Review current and future state work flows, focusing on where INTERACT Advance Care Planning (ACP) tools are incorporated into program design.										
Task 2. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.										
Task 3. Create gap analysis informed by work flows and survey results.										
Task 4. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs & champions.										
Task 5. Conduct meeting with Directors of Nursing & Medical Directors to help advise & modify implementation strategy; confirm INTERACT ACP tool selection.										
Task 6. Specific training of ACP tools addressed in curriculum design.										
Task 7: Implement INTERACT Advanced Care Planning (ACP) tools at participating SNFs.										
Task 8. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.										
Task 9. Report data regarding INTERACT outcomes and opportunities to improve.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	0	0	0	0	0	0	0	0	0	0
Task 1. Identify existing coaching programs within NQP.										

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Task 2. Conduct focus groups with management and staff regarding training programs. Also collect information on best practice coaching programs.										
Task 3. Develop coaching program based on current state assessment of participating SNFs, incl. staff needs; population needs; current programs; best practices and other data. (NOTE: The training of coaches will be incorporated into the procurement of INTERACT training).										
Task 4. Select "coaches" to be trained.										
Task 5. Conduct, evaluate, modify/enhance training.										
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 principles.										
Task 1. Identify needs of patients, families and caregivers with information from patient and caregiver advisory boards, focus groups, as necessary.										
Task 2. Identify existing education programs for patients, families and caregivers within NQP with regards to care for the elderly and disabled, including advance care planning and in alignment with INTERACT principles.										
Task 3. Review current and future state work flows, focusing on where SNF staff should optimally engage with patients and family/caregivers in care planning.										
Task 4. Research best practice patient education programs that support participation in care management and enhance health literacy in a culturally and linguistically competent manner.										
Task 5. Create assessment informed by work flows and best practices.										
Task 6. Develop a culturally competent approach to patient, family and caregiver education that enhances care planning, health literacy and self-care skills – all in a culturally and linguistically competent manner.										

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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 7. Recruit, hire and train staff to perform patient, family and caregiver education regarding self-care.										
Task 8. Implement and test strategies to educate patients and families in care management to determine efficacy, cultural and linguistic competence and ability to impact outcomes of care.										
Task 9. Enhance educational strategies and continue to provide such educational services to patients and families/caregivers as well as SNF staff.										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										
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 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	5	10	15	20	25	30	35	40
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among SNFs.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS SNFs										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										

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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 6. SNFs implement 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.										
Milestone #9 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.										
Task 1. Review and select applicable metrics in DSRIP Attachment J.										
Task 2. Select Quality Committee members, including appropriate SNF and hospital quality improvement staff and stakeholders.										
Task 3. Develop initial quality improvement goals based on opportunities to improve in collaboration with SNFs (based on selected metrics).										
Task 4. Develop processes for the Quality Committee to identify opportunities for improvement using rapid cycle improvement methods.										
Task 5. Develop quality improvement plans.										
Task 6. Quality committee charged with reviewing SNFs' adoption of INTERACT quality improvement tracking tools, root cause analysis of transfers, assisting with data collection & evaluation, as well as modifying process where needed.										

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Task 7. Quality outcome measures reported to participating SNFs.										
Task 8. Utilize infrastructure developed to evaluate results of quality improvement initiatives.										
Milestone #10 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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 INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.										
Task INTERACT principles implemented at each participating SNF.										
Task Nursing home to hospital transfers reduced.	45	61	61	61	61	61	61	61	61	61
Task	45	61	61	61	61	61	61	61	61	61

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INTERACT 3.0 Toolkit used at each SNF.										
Task 1. Convene workgroup of clinicians and SNF representatives to develop an approach to INTERACT implementation.										
Task 2. Review best practices to identify best INTERACT tools for reducing avoidable hospitalizations.										
Task 3. Survey SNFs to determine current state relative to INTERACT requirements, best practices and medical capabilities.										
Task 4. Analyze current and future state to identify gaps in service delivery based on a SNF survey, interviews of INTERACT practicing SNFs and current and future state workflows. Utilize data to inform the INTERACT implementation strategy.										
Task 5. Develop a strategy to train and organize SNFs across the PPS, including the use of INTERACT champions.										
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT tool selection.										
Task 7. Conduct trainings based on agreed upon infrastructure and the results of the INTERACT selected trainers. Trainer will be responsible for (a) teaching on-site staff trainers; ensuring each SNF has identified a facility champion and (c) coordination of INTERACT Version 4.0 tools implementation across SNFs. Tools must include care paths and advance care planning tool.										
Task 8: Implement INTERACT at all participating SNFs.										
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames.										
Task 10. Develop quality infrastructure to measure and improve avoidable acute care transfers.										
Milestone #2 Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.										
Task Facility champion identified for each SNF.	61	61	61	61	61	61	61	61	61	61

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 1. Identify all necessary champions to fully cover the infrastructure as designed above.										
Task 2. Identify site level champions for the purpose of implementing INTERACT at the local sites.										
Task 3. Train INTERACT champions to facilitate implementation efforts at all NQP facilities (using the trainer identified under Milestone 1).										
Milestone #3 Implement 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.										
Task 1. Review current and future state work flows, focusing on where INTERACT Care Path tools are incorporated into program design.										
Task 2. Review best practices on most effective care paths in reducing acute hospital transfers.										
Task 3. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.										
Task 4. Create gap analysis informed by work flows, best practices and survey results.										
Task 5. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs and champions.										
Task 6. Conduct meeting with Directors of Nursing and Medical Directors to help advise and modify implementation strategy and confirm INTERACT care path tool selection.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 7. Specific training of care pathways addressed in curriculum design.										
Task 8: Implement INTERACT Care Path tools at participating SNFs.										
Task 9. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.										
Task 10. Report to the PPS regarding INTERACT outcomes and opportunities to improve.										
Milestone #4 Educate all staff on care pathways and INTERACT principles.										
Task Training program for all SNF staff established encompassing care pathways and INTERACT principles.	61	61	61	61	61	61	61	61	61	61
Task 1. Develop a broad-based training strategy.										
Task 2. Identify all staff that require training.										
Task 3. Develop curriculum with training vendor (identified above)										
Task 4. Meet with DONs and Medical Directors to help advise and modify implementation strategy and schedule trainings										
Task 5. Develop a methodology to evaluate training efforts.										
Task 6. Execute Care Pathways and INTERACT training, as well as training evaluation.										
Milestone #5 Implement 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 1. Review current and future state work flows, focusing on where INTERACT Advance Care Planning (ACP) tools are incorporated into program design.										

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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 2. Incorporate questions regarding use of Care Paths (and which care paths) in INTERACT Survey distributed to all participating SNFs assessing their quality improvement capabilities.										
Task 3. Create gap analysis informed by work flows and survey results.										
Task 4. Develop training strategy that will be reflected in the INTERACT training procurement (see below) across the PPS in collaboration with SNFs & champions.										
Task 5. Conduct meeting with Directors of Nursing & Medical Directors to help advise & modify implementation strategy; confirm INTERACT ACP tool selection.										
Task 6. Specific training of ACP tools addressed in curriculum design.										
Task 7: Implement INTERACT Advanced Care Planning (ACP) tools at participating SNFs.										
Task 8. Develop mechanisms to both monitor and measure hospital transfers in accordance with measurement reporting time frames, as well as document the identified INTERACT protocols used.										
Task 9. Report data regarding INTERACT outcomes and opportunities to improve.										
Milestone #6 Create coaching program to facilitate and support implementation.										
Task INTERACT coaching program established at each SNF.	0	0	0	0	0	0	0	0	0	0
Task 1. Identify existing coaching programs within NQP.										
Task 2. Conduct focus groups with management and staff regarding training programs. Also collect information on best practice coaching programs.										
Task 3. Develop coaching program based on current state assessment of participating SNFs, incl. staff needs; population needs; current programs; best practices and other data.										

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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
(NOTE: The training of coaches will be incorporated into the procurement of INTERACT training).										
Task 4. Select "coaches" to be trained.										
Task 5. Conduct, evaluate, modify/enhance training.										
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 principles.										
Task 1. Identify needs of patients, families and caregivers with information from patient and caregiver advisory boards, focus groups, as necessary.										
Task 2. Identify existing education programs for patients, families and caregivers within NQP with regards to care for the elderly and disabled, including advance care planning and in alignment with INTERACT principles.										
Task 3. Review current and future state work flows, focusing on where SNF staff should optimally engage with patients and family/caregivers in care planning.										
Task 4. Research best practice patient education programs that support participation in care management and enhance health literacy in a culturally and linguistically competent manner.										
Task 5. Create assessment informed by work flows and best practices.										
Task 6. Develop a culturally competent approach to patient, family and caregiver education that enhances care planning, health literacy and self-care skills – all in a culturally and linguistically competent manner.										
Task 7. Recruit, hire and train staff to perform patient, family and caregiver education regarding self-care.										
Task 8. Implement and test strategies to educate patients and families in care management to determine efficacy, cultural and linguistic competence and ability to impact outcomes of care.										

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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 9. Enhance educational strategies and continue to provide such educational services to patients and families/caregivers as well as SNF staff.										
Milestone #8 Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.										
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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	6	6	6	6	6	6	6	6	6
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	45	61	61	61	61	61	61	61	61	61
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among SNFs.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS SNFs										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. SNFs implement 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.										
Milestone #9 Measure outcomes (including quality assessment/root cause										

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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
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.										
Task 1. Review and select applicable metrics in DSRIP Attachment J.										
Task 2. Select Quality Committee members, including appropriate SNF and hospital quality improvement staff and stakeholders.										
Task 3. Develop initial quality improvement goals based on opportunities to improve in collaboration with SNFs (based on selected metrics).										
Task 4. Develop processes for the Quality Committee to identify opportunities for improvement using rapid cycle improvement methods.										
Task 5. Develop quality improvement plans.										
Task 6. Quality committee charged with reviewing SNFs' adoption of INTERACT quality improvement tracking tools, root cause analysis of transfers, assisting with data collection & evaluation, as well as modifying process where needed.										
Task 7. Quality outcome measures reported to participating SNFs.										
Task 8. Utilize infrastructure developed to evaluate results of quality improvement initiatives.										
Milestone #10 Use EHRs and other technical platforms to track all patients										

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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
engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	ccsmith	14_PMDL3203_1_1_20150728143510_2.b.vii Ad Hoc Meeting Minutes.pdf	Project Related Meeting Minutes	07/28/2015 02:34 PM
	ccsmith	14_PMDL3203_1_1_20150728143147_2.b.vii Gap Analysis.pdf	Project Gap Analysis	07/28/2015 02:29 PM
	ccsmith	14_PMDL3203_1_1_20150728142201_2.b.vii INTERACT Implementation Survey.pdf	INTERACT Implementation Survey	07/28/2015 02:20 PM
	ccsmith	14_PMDL3203_1_1_20150728141752_2.b.vii Introduction Deck.pdf	Project Introduction Presentation	07/28/2015 02:16 PM
	ccsmith	14_PMDL3203_1_1_20150728141522_2.b.vii Project Wkgrp Meeting Minutes.pdf	Project Workgroup Meeting Minutes	07/28/2015 02:14 PM
	ccsmith	14_PMDL3203_1_1_20150728141309_2.b.vii References.pdf	References	07/28/2015 02:12 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
	ccsmith	14_PMDL3203_1_1_20150728141122_2.b.vii SNF Administrator Kick-Off Presentation.pdf	SNF Administrator Project Kick-Off Presentation	07/28/2015 02:09 PM
	ccsmith	14_PMDL3203_1_1_20150728140725_2.b.vii SNF Directors of Nursing and Medical Directors Meeting.pdf	SNF Directors of Nursing and Medical Directors Meeting Minutes	07/28/2015 02:04 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement INTERACT at each participating SNF, demonstrated by active use of the INTERACT 3.0 toolkit and other resources available at http://interact2.net.	NQP developed a PPS-wide workgroup with representation from all three hubs and numerous SNFs to address all DSRIP deliverables associated with implementation of INTERACT 4.0 Project. To date, NQP has focused on creating a data-driven, evidence-based design process for the entire PPS. Specifically, NQP: • Discussed and analyzed current state process flow in SNF-wide and INTERACT Project Workgroup meetings as well as in interviews with individual SNFs. These informed the future state flow with diagram • Conducted best practice research regarding evidence-based avoidable acute care transfer protocols, specific to the long term care facility. • Surveyed the NQP participating skilled nursing facilities (SNFs) regarding current practices with regard to avoidable acute care transfers. • Synthesized all data collected. • Conducted an implementation plan meeting with SNF Directors of Nursing and Medical Directors to identify which INTERACT tools, including care paths and advance care planning tracking, and curriculum approach would be most adoptable. • Developed an overall approach to implement the INTERACT 4.0 toolkit. • Developed strategy to disseminate the overall approach to the health systems for implementation at the local level. • Invited all participating SNF Directors of Nursing and Medical Directors to engage them on the INTERACT efforts and solicit their feedback/approval of the selected INTERACT tools and implementation approach. • Analyzed survey data on all participating SNFs to inform INTERACT implementation. • Proposed specific INTERACT tools to utilize as part of the INTERACT implementation across SNFs which, based on evidence, have the greatest likelihood of promoting successful outcomes. Such tools include: Stop and Watch Early Warning Tool, the SBAR Communication Tool and Change In Condition Progress Note, and Care Paths. Additionally, the Workgroup identified the Acute Care Transfer Log to assist and enhance communication between the SNF and hospital clinicians. The IT mechanism for outcomes-based measurement tracking has not yet been completed. • Proposed a teaching curriculum that includes training on all tools. The training will be delivered by a trainer that NQP will procure. Such training will also leverage INTERACT project champions.
Identify a facility champion who will engage other staff and serve as a coach and leader of INTERACT program.	NQP's INTERACT Project Workgroup is responsible for facilitating a process to identify INTERACT Champions. To date, the Workgroup itself is acting as Champions across the network but has made the additional efforts toward identifying Champions: • Surveyed all participating SNFs and asked if they had or identified Facility Champions. The majority has already identified a Champion. • Held a meeting with all SNF Directors of Nursing (DONs) and Medical Directors where nursing leadership was asked about their willingness to serve as champions in individual facilities. Ideally, it is intended for the DONs (or Medical Directors) to serve as the coach and leader of INTERACT at each facility across the network. • Drafted an implementation strategy that proposes the training vendor will collaborate with both Champions and their SNFs to implement this project.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	• Proposed creating a regional infrastructure where Champions will work in Learning Collaboratives and then facilitate implementation within their SNF at the local level. NQP invited all SNF Directors of Nursing and Medical Directors to volunteer as Interact Champions at a recent meeting of the SNF network. NQP is in the process of confirming participation by INTERACT Champions and will reach out to facilities who have not yet designated a Champion.
Implement 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.	NQP has not yet begun to implement Care Pathways or other clinical tools to monitor chronically ill patients in order to identify potential instability and interventions to avoid hospital transfer. NQP has identified and developed a high-level approach to pursue an INTERACT curriculum that includes Care Paths as well as a series of additional clinical INTERACT tools including: • the Stop and Watch Early Warning Tool, • the SBAR Communication Tool and Change In Condition Progress. Use of these tools were agreed upon by the Directors of Nursing and Medical Directors from multiple SNFs represented at a PPS-wide INTERACT meeting of the DONs.
Educate all staff on care pathways and INTERACT principles.	NQP developed a process to conduct training across the SNF network. The strategy recommends that NQP issue an RFP to contract with an INTERACT trainer. The project workgroup further agreed to create a regional infrastructure where INTERACT Champions will work in regional groups and then facilitate implementation within their SNF, training their own staff. The proposed curriculum outlines the schedule of trainings.
Implement 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.	NQP has not yet begun to implement Advanced Care Planning tools or other clinical 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.	As described by the steps outlines in Milestone 1 and 2, NQP is identifying facility Champions, organized within geographic areas, into Learning Collaborative groups to implement INTERACT. This process is further documented in an NQP proposed implementation strategy. The strategy will include a coaching program to facilitate INTERACT training and implementation efforts at the individual SNF level. This is pending the selection process of a vendor to conduct training activities. The training vendor will prepare coaches to work with staff at SNFs across the full NQP network.
Educate patient and family/caretakers, to facilitate participation in planning of care.	NQP will develop a culturally and linguistically appropriate curriculum for consumers and families that focuses on care planning and INTERACT principles as identified in Milestone 1. At present, NQP is developing an RFP that will support the procurement of a trainer to support staff as well as coaching of patients and families. In addition, NQP has done significant work on gathering information regarding best practices and source documents on cultural and linguistic competence. This is the first step that the PPS has taken to educate patients and families to participate in care planning efforts in a culturally and linguistically appropriate manner that enhances health literacy.
Establish enhanced communication with acute care hospitals, preferably with EHR and HIE connectivity.	Each Hub will be responsible for managing locally, the SNFs efforts and this will include facilitating EHR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.
Measure outcomes (including quality assessment/root cause analysis of transfer) in order to identify additional interventions.	The steps to accomplish this milestone have been designed.
Use EHRs and other technical platforms to track all patients engaged in the project.	The PPS-wide Performance Reporting Project Workgroup has been convened to meet this requirement and other performance monitoring across NQP. Planned next steps to meet this requirement have been included as tasks under this milestone.

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IPQR Module 2.b.vii.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

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

Instructions :

Milestone 4: PPS should align work steps to be consistent with overall project requirement due dates.

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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. CBOs and other organizations may be limited in the resources and infrastructure investments they can make to support Patient Activation. The risk will be mitigated by some costs being borne by the PPS centrally (such as PAM® training and licenses), and through supplemental grants and other funding opportunities.

2. The PAM® tool will be used in diverse settings, and there is a risk that it will not be consistently and correctly applied. This risk will be mitigated through centrally supported PPS initial training, continuing education workshops, and periodic assessment.

3. The uninsured and low-utilizers are a difficult population to engage. CBOs will play a critical role in this regard and one important mitigating strategy will be to leverage CBOs that engage this target population in hot spot identified areas and also who provide culturally and linguistically appropriate services.

4. In order to successfully divert from use of ED for non-emergent issues to use of preventive care at primary care providers, barriers need to be addressed. As part of the PCMH deployment process, the PPS will focus efforts on early adoption of open access scheduling at Primary Care Provider locations. This will be done first by addressing hot spots, and focusing efforts in practices that have robust means of addressing language barriers.

5. Tracking of this transient population will be challenging. IT solutions will be sought that interface (compliantly) with the PPS member database to assist in this identified risk

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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
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
PAM(R) Providers	250	0	25	50	100	150	150	200	250	250	250
Total Committed Providers	**250**	**0**	**25**	**50**	**100**	**150**	**150**	**200**	**250**	**250**	**250**
Percent Committed Providers(%)		**0.00**	**10.00**	**20.00**	**40.00**	**60.00**	**60.00**	**80.00**	**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	250	250	250	250	250	250	250	250	250	250	250
Total Committed Providers	**250**	**250**	**250**	**250**	**250**	**250**	**250**	**250**	**250**	**250**	**250**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**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

No Records Found

Narrative Text :

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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**
DY3,Q4	74,569

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	18,642	27,963	37,284	14,914	29,828	44,742	59,655	18,642	37,284
Percent of Expected Patient Engagement(%)	**0.00**	**25.00**	**37.50**	**50.00**	**20.00**	**40.00**	**60.00**	**80.00**	**25.00**	**50.00**

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	55,927	74,569	18,642	37,284	55,927	74,569	18,642	37,284	55,927	74,569
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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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	06/01/2015	03/31/2017	03/31/2017	DY2 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	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Finalize contract with Insignia Health regarding PAM®.	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Draft Request for Proposals (RFP) for CBOs and partner organizations to apply for contracts to administer.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Release RFP to the broadest audience of organizations possible.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Develop criteria against which RFP submissions can be evaluated, including experience with hot-spot communities.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Review submitted RFP applications against criteria.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Announce selection of CBOs to administer PAM and engage patients.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 7. Accept and review additional CBO applications on an on-going basis.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Patient Activation Measure(R) (PAM(R)) training team established.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify individuals for the PPS-wide training team, including people familiar	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
with patient engagement and activation.							
Task 2. Coordinate PAM® training session with Insignia Health for individuals identified in step 1.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Coordinate additional training sessions on periodic basis or as necessary.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Perform analysis with Medicaid data on "hot spots", leveraging data analyses performed as part of the Community Needs Assessment.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Consider hot spot areas in RFP application review (described under Milestone 1) and incorporate questions pertaining to community served in application.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Collaborate with CBOs (including through contracting) that specifically target "hot spot" areas and have the skills and abilities to reach the target population.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Identify and implement strategies to improve targeting process and patient activation/outreach processes.	Project		In Progress	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Survey the targeted population about healthcare needs in the PPS' region.	Project	N/A	In Progress	10/01/2015	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 1. Identify a data collection strategy to obtain information regarding the needs of the target population, barriers to care and barriers to activation.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Execute data collection strategy, such as surveys, member focus groups, review of CNA data, and community forums.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Engage the community regarding healthcare needs using tools which may include surveys, interviews, and focus groups.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 4. Identify & execute additional engagement strategies, as appropriate, to identify and respond to community needs in a culturally and linguistically appropriate manner.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify baseline knowledge among providers in hot spots regarding shared decision-making, measurement of health literacy and cultural competence among other topics. Also assess baseline knowledge re: cultural and linguistic competence as well as health literacy.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Develop a curriculum on patient activation techniques for providers.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Train providers located within "hot spots" on patient activation strategies including decision-making, measurement of health literacy and cultural competence.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. As necessary, offer additional training sessions.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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 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.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	10/01/2015	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
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 1. Obtain a list of PCP for attributed NU and LU patients from MCOs and DOH.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop a strategy, based on information obtained in step 1, to re-connect patients with their PCPs.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. For patients without existing PCP relationships, develop a strategy and work flow to link patients to PCPs who can meet their health care needs.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Implement protocol and review progress on connecting patients to their assigned PCPs in collaboration with MCOs.	Project		In Progress	01/01/2016	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	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Administer PAM to beneficiary cohort.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. At the PPS-level, create baselines and intervals for each cohort using data from the Insignia database.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Repeat PAM survey at established intervals.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Develop and implement a performance improvement program to optimize patient activation and outcomes.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Include beneficiaries in development team to promote preventive care.	Project	N/A	In Progress	10/01/2015	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	10/01/2015	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
Task 1. Work with providers and CBOs to identify beneficiaries to participate on PAM development team and other related workgroups.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Hire and train patient navigators to perform outreach in the community. Hubs will make best efforts to engage consumers who represent the population served.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 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	03/31/2018	03/31/2018	DY3 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	03/31/2018	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
- 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 1. Convene a PPS-level workgroup including various stakeholders such as hospital systems, community based organizations, county agencies etc. to develop a strategy to screen patient status (UI, NU and LU) and collect contact information when they visit the PPS designated facility or "hot spot" area for health service or other social service	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS-level, assess participant level of engagement using data from the Insignia database to evaluate individual scores as well as aggregate cohort scores to assess level of activation movement annually.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. At the PPS level, strategies will be developed to improving the level of engagement in the aggregate.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. At the completion of the Opt-out process, patients identified as NU or LU will have their current contact information securely transferred to PPS-contracted MCOs for outreach purpose on a quarterly basis.	Project		In Progress	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. At the PPS-level, the efficacy of the PAM process will be monitored with metrics such as, number of PAM screenings done (stratified by engagement level), number of patients linked to MCOs', number of personnel trained in PAM administration, and report of individual member and aggregate level of engagement.	Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Volume of non-emergent visits for UI, NU, and LU populations increased.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Obtain baseline data regarding ED utilization to inform strategy.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Leverage and tailor PPS-wide strategies developed by PPS project workgroups such as 2.a.i., 2.b.ii., 2.b.iv., 3.b.i., and 3.c.i. to impact UI, NU and LU persons.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	04/01/2016	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. At the hub level, develop and implement a mechanism to monitor and measure impact on non-emergent visits in the target population.							
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.	Project	N/A	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators identified and contracted.	Provider	PAM(R) Providers	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the hub level, partner with providers and CBOs to identify and recruit community navigators.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. Develop curriculum on connectivity to healthcare coverage and community healthcare resources.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. Train community navigators in use of identified community resources and linkages to care.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Deploy community navigators to hot spot areas.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Provide additional trainings as necessary.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures for customer service complaints and appeals developed.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the hub level, utilize existing policies and procedures to track patient complaints. Report up to the PPS.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop workflow to obtain consumer feedback from CBOs, MCOs and providers. Report up to the PPS.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Review feedback at PPS-level, identify and track trends, and implement performance improvement program.							
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	08/01/2015	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	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Negotiate and execute contracts with CBOs and providers selected through RFP process.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. Coordinate PAM training sessions with Insignia Health for community navigators and other personnel, with participation from PAM training team (described in Milestone 2).	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Offer additional trainings, utilizing PAM training team, as needed.	Project		In Progress	08/01/2015	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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Community navigators prominently placed (with high visibility) at appropriate locations within identified "hot spot" areas.	Provider	PAM(R) Providers	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop a curriculum to train community navigators to educate persons on insurance coverage, primary and preventive services and resources.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Deploy community navigators to hot spot areas (as identified in Milestone 3).	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Navigators educated about insurance options and healthcare resources available to populations in this project.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/01/2015	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
1. Develop a curriculum to train community navigators to educate persons about insurance options and healthcare resources available to UI, NU, and LU populations.							
Task 2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Timely access for navigator when connecting members to services.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Create and distribute a database of PCPs, including zipcode, contact information and PCMH status.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 2. Leverage open-access scheduling at PCP practices.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Engage and educate PCPs on community navigator role.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	08/01/2015	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
5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.							
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	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 1. Finalize contract with Insignia Health regarding PAM®.										
Task 2. Draft Request for Proposals (RFP) for CBOs and partner organizations to apply for contracts to administer.										
Task 3. Release RFP to the broadest audience of organizations possible.										
Task 4. Develop criteria against which RFP submissions can be evaluated, including experience with hot-spot communities.										
Task 5. Review submitted RFP applications against criteria.										
Task 6. Announce selection of CBOs to administer PAM and engage patients.										
Task 7. Accept and review additional CBO applications on an on-going basis.										
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										

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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
established.										
Task 1. Identify individuals for the PPS-wide training team, including people familiar with patient engagement and activation.										
Task 2. Coordinate PAM® training session with Insignia Health for individuals identified in step 1.										
Task 3. Coordinate additional training sessions on periodic basis or as necessary.										
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 1. Perform analysis with Medicaid data on "hot spots", leveraging data analyses performed as part of the Community Needs Assessment.										
Task 2. Consider hot spot areas in RFP application review (described under Milestone 1) and incorporate questions pertaining to community served in application.										
Task 3. Collaborate with CBOs (including through contracting) that specifically target "hot spot" areas and have the skills and abilities to reach the target population.										
Task 4. Identify and implement strategies to improve targeting process and patient activation/outreach processes.										
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 1. Identify a data collection strategy to obtain information regarding the needs of the target population, barriers to care and barriers to activation.										
Task 2. Execute data collection strategy, such as surveys, member										

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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
focus groups, review of CNA data, and community forums.										
Task 3. Engage the community regarding healthcare needs using tools which may include surveys, interviews, and focus groups.										
Task 4. Identify & execute additional engagement strategies, as appropriate, to identify and respond to community needs in a culturally and linguistically appropriate manner.										
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 1. Identify baseline knowledge among providers in hot spots regarding shared decision-making, measurement of health literacy and cultural competence among other topics. Also assess baseline knowledge re: cultural and linguistic competence as well as health literacy.										
Task 2. Develop a curriculum on patient activation techniques for providers.										
Task 3. Train providers located within "hot spots" on patient activation strategies including decision-making, measurement of health literacy and cultural competence.										
Task 4. As necessary, offer additional training sessions.										
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,										

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
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 1. Obtain a list of PCP for attributed NU and LU patients from MCOs and DOH.										
Task 2. Develop a strategy, based on information obtained in step 1, to re-connect patients with their PCPs.										
Task 3. For patients without existing PCP relationships, develop a strategy and work flow to link patients to PCPs who can meet their health care needs.										
Task 4. Implement protocol and review progress on connecting patients to their assigned PCPs in collaboration with MCOs.										
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 1. Administer PAM to beneficiary cohort.										
Task 2. At the PPS-level, create baselines and intervals for each cohort using data from the Insignia database.										
Task 3. Repeat PAM survey at established intervals.										
Task 4. Develop and implement a performance improvement program to optimize patient activation and outcomes.										
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.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 1. Work with providers and CBOs to identify beneficiaries to participate on PAM development team and other related workgroups.										
Task 2. Hire and train patient navigators to perform outreach in the community. Hubs will make best efforts to engage consumers who represent the population served.										
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										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
(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 1. Convene a PPS-level workgroup including various stakeholders such as hospital systems, community based organizations, county agencies etc. to develop a strategy to screen patient status (UI, NU and LU) and collect contact information when they visit the PPS designated facility or "hot spot" area for health service or other social service										
Task 2. At the PPS-level, assess participant level of engagement using data from the Insignia database to evaluate individual scores as well as aggregate cohort scores to assess level of activation movement annually.										
Task 3. At the PPS level, strategies will be developed to improving the level of engagement in the aggregate.										
Task 4. At the completion of the Opt-out process, patients identified as NU or LU will have their current contact information securely transferred to PPS-contracted MCOs for outreach purpose on a quarterly basis.										
Task 5. At the PPS-level, the efficacy of the PAM process will be monitored with metrics such as, number of PAM screenings done (stratified by engagement level), number of patients linked to MCOs', number of personnel trained in PAM administration, and report of individual member and aggregate level of engagement.										
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 1. Obtain baseline data regarding ED utilization to inform strategy.										
Task 2. Leverage and tailor PPS-wide strategies developed by PPS project workgroups such as 2.a.i., 2.b.ii., 2.b.iv., 3.b.i., and 3.c.i. to impact UI, NU and LU persons.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 3. At the hub level, develop and implement a mechanism to monitor and measure impact on non-emergent visits in the target population.										
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	50	75	100	125	150	175	200	200
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	50	75	100	125	150	175	200	200
Task 1. At the hub level, partner with providers and CBOs to identify and recruit community navigators.										
Task 2. Develop curriculum on connectivity to healthcare coverage and community healthcare resources.										
Task 3. Train community navigators in use of identified community resources and linkages to care.										
Task 4. Deploy community navigators to hot spot areas.										
Task 5. Provide additional trainings as necessary.										
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 1. At the hub level, utilize existing policies and procedures to track patient complaints. Report up to the PPS.										
Task 2. Develop workflow to obtain consumer feedback from CBOs, MCOs and providers. Report up to the PPS.										
Task 3. Review feedback at PPS-level, identify and track trends, and implement performance improvement program.										
Milestone #13 Train community navigators in patient activation and education,										

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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
including how to appropriately assist project beneficiaries using the PAM(R).										
Task List of community navigators formally trained in the PAM(R).	0	25	50	100	150	150	200	250	250	250
Task 1. Negotiate and execute contracts with CBOs and providers selected through RFP process.										
Task 2. Coordinate PAM training sessions with Insignia Health for community navigators and other personnel, with participation from PAM training team (described in Milestone 2).										
Task 3. Offer additional trainings, utilizing PAM training team, as needed.										
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.	0	25	50	75	100	125	150	175	200	200
Task 1. Develop a curriculum to train community navigators to educate persons on insurance coverage, primary and preventive services and resources.										
Task 2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.										
Task 3. Deploy community navigators to hot spot areas (as identified in Milestone 3).										
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 1. Develop a curriculum to train community navigators to educate persons about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task 2. Provide training for community navigators using curriculum in										

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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
Step 1. Offer additional trainings as needed.										
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 1. Create and distribute a database of PCPs, including zipcode, contact information and PCMH status.										
Task 2. Leverage open-access scheduling at PCP practices.										
Task 3. Engage and educate PCPs on community navigator role.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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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
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 1. Finalize contract with Insignia Health regarding PAM®.										
Task 2. Draft Request for Proposals (RFP) for CBOs and partner organizations to apply for contracts to administer.										
Task 3. Release RFP to the broadest audience of organizations possible.										
Task 4. Develop criteria against which RFP submissions can be evaluated, including experience with hot-spot communities.										
Task 5. Review submitted RFP applications against criteria.										
Task 6. Announce selection of CBOs to administer PAM and engage patients.										
Task 7. Accept and review additional CBO applications on an on-going basis.										
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 1. Identify individuals for the PPS-wide training team, including people familiar with patient engagement and activation.										
Task 2. Coordinate PAM® training session with Insignia Health for individuals identified in step 1.										
Task 3. Coordinate additional training sessions on periodic basis or as necessary.										

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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
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 1. Perform analysis with Medicaid data on "hot spots", leveraging data analyses performed as part of the Community Needs Assessment.										
Task 2. Consider hot spot areas in RFP application review (described under Milestone 1) and incorporate questions pertaining to community served in application.										
Task 3. Collaborate with CBOs (including through contracting) that specifically target "hot spot" areas and have the skills and abilities to reach the target population.										
Task 4. Identify and implement strategies to improve targeting process and patient activation/outreach processes.										
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 1. Identify a data collection strategy to obtain information regarding the needs of the target population, barriers to care and barriers to activation.										
Task 2. Execute data collection strategy, such as surveys, member focus groups, review of CNA data, and community forums.										
Task 3. Engage the community regarding healthcare needs using tools which may include surveys, interviews, and focus groups.										
Task 4. Identify & execute additional engagement strategies, as appropriate, to identify and respond to community needs in a culturally and linguistically appropriate manner.										
Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of										

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
health literacy, and cultural competency.										
Task PPS Providers (located in "hot spot" areas) trained in patient activation techniques by "PAM(R) trainers".										
Task 1. Identify baseline knowledge among providers in hot spots regarding shared decision-making, measurement of health literacy and cultural competence among other topics. Also assess baseline knowledge re: cultural and linguistic competence as well as health literacy.										
Task 2. Develop a curriculum on patient activation techniques for providers.										
Task 3. Train providers located within "hot spots" on patient activation strategies including decision-making, measurement of health literacy and cultural competence.										
Task 4. As necessary, offer additional training sessions.										
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 1. Obtain a list of PCP for attributed NU and LU patients from MCOs and DOH.										
Task 2. Develop a strategy, based on information obtained in step 1,										

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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
to re-connect patients with their PCPs.										
Task 3. For patients without existing PCP relationships, develop a strategy and work flow to link patients to PCPs who can meet their health care needs.										
Task 4. Implement protocol and review progress on connecting patients to their assigned PCPs in collaboration with MCOs.										
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 1. Administer PAM to beneficiary cohort.										
Task 2. At the PPS-level, create baselines and intervals for each cohort using data from the Insignia database.										
Task 3. Repeat PAM survey at established intervals.										
Task 4. Develop and implement a performance improvement program to optimize patient activation and outcomes.										
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 1. Work with providers and CBOs to identify beneficiaries to participate on PAM development team and other related workgroups.										
Task 2. Hire and train patient navigators to perform outreach in the community. Hubs will make best efforts to engage consumers who represent the population served.										
Milestone #9 Measure PAM(R) components, including:										

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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
• 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 - Annual report assessing individual member and the overall cohort's level of engagement										
Task 1. Convene a PPS-level workgroup including various stakeholders such as hospital systems, community based organizations, county agencies etc. to develop a strategy to screen patient status (UI, NU and LU) and collect contact										

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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
information when they visit the PPS designated facility or "hot spot" area for health service or other social service										
Task 2. At the PPS-level, assess participant level of engagement using data from the Insignia database to evaluate individual scores as well as aggregate cohort scores to assess level of activation movement annually.										
Task 3. At the PPS level, strategies will be developed to improving the level of engagement in the aggregate.										
Task 4. At the completion of the Opt-out process, patients identified as NU or LU will have their current contact information securely transferred to PPS-contracted MCOs for outreach purpose on a quarterly basis.										
Task 5. At the PPS-level, the efficacy of the PAM process will be monitored with metrics such as, number of PAM screenings done (stratified by engagement level), number of patients linked to MCOs', number of personnel trained in PAM administration, and report of individual member and aggregate level of engagement.										
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 1. Obtain baseline data regarding ED utilization to inform strategy.										
Task 2. Leverage and tailor PPS-wide strategies developed by PPS project workgroups such as 2.a.i., 2.b.ii., 2.b.iv., 3.b.i., and 3.c.i. to impact UI, NU and LU persons.										
Task 3. At the hub level, develop and implement a mechanism to monitor and measure impact on non-emergent visits in the target population.										
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.										

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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 Community navigators identified and contracted.	225	250	250	250	250	250	250	250	250	250
Task Community navigators trained in connectivity to healthcare coverage and community healthcare resources, (including primary and preventive services), as well as patient education.	225	250	250	250	250	250	250	250	250	250
Task 1. At the hub level, partner with providers and CBOs to identify and recruit community navigators.										
Task 2. Develop curriculum on connectivity to healthcare coverage and community healthcare resources.										
Task 3. Train community navigators in use of identified community resources and linkages to care.										
Task 4. Deploy community navigators to hot spot areas.										
Task 5. Provide additional trainings as necessary.										
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 1. At the hub level, utilize existing policies and procedures to track patient complaints. Report up to the PPS.										
Task 2. Develop workflow to obtain consumer feedback from CBOs, MCOs and providers. Report up to the PPS.										
Task 3. Review feedback at PPS-level, identify and track trends, and implement performance improvement program.										
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).	250	250	250	250	250	250	250	250	250	250
Task 1. Negotiate and execute contracts with CBOs and providers selected through RFP process.										
Task 2. Coordinate PAM training sessions with Insignia Health for										

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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
community navigators and other personnel, with participation from PAM training team (described in Milestone 2).										
Task 3. Offer additional trainings, utilizing PAM training team, as needed.										
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.	225	250	250	250	250	250	250	250	250	250
Task 1. Develop a curriculum to train community navigators to educate persons on insurance coverage, primary and preventive services and resources.										
Task 2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.										
Task 3. Deploy community navigators to hot spot areas (as identified in Milestone 3).										
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 1. Develop a curriculum to train community navigators to educate persons about insurance options and healthcare resources available to UI, NU, and LU populations.										
Task 2. Provide training for community navigators using curriculum in Step 1. Offer additional trainings as needed.										
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.										

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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 1. Create and distribute a database of PCPs, including zipcode, contact information and PCMH status.										
Task 2. Leverage open-access scheduling at PCP practices.										
Task 3. Engage and educate PCPs on community navigator role.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation	ccsmith	14_PMDL3603_1_1_20150805155337_CBOmeetingminutes6.24.15.pdf	Community Base Organization Meeting Minutes	08/05/2015 03:51 PM
	ccsmith	14_PMDL3603_1_1_20150731114453_Cultural Competency	Cultural Competency and Health Literacy Compendium	07/31/2015 11:39 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate.		and Health Literacy Compendium Deck.pdf	Presentation	
	ccsmith	14_PMDL3603_1_1_20150729103837_Community_Stakeholder_List_July_2015.pdf	Community Stakeholder List July 2015	07/29/2015 10:35 AM
	ccsmith	14_PMDL3603_1_1_20150729103354_2.d.i_CBO_Workgroup_Introduction_Deck.pdf	Community Base Organization Introduction Presentation	07/29/2015 10:30 AM
	ccsmith	14_PMDL3603_1_1_20150729102935_2.d.i_CBO_Survey.pdf	Community Base Organization Survey	07/29/2015 10:28 AM
	ccsmith	14_PMDL3603_1_1_20150728151345_References on Cultural Competency and Health Literacy.pdf	References on Cultural Competency and Health Literacy	07/28/2015 03:12 PM

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.	NQP has convened a PPS-wide CBO Workgroup to support the engagement of CBOs in all relevant aspects of DSRIP projects, including 2.d.i. among others. CBO involvement is a cornerstone of NQP's approach to DSRIP implementation and for this specific project.For 2.d.i., NQP also is developing a Request for Proposals (RFP) to solicit applications from interested CBOs to administer PAM®.Furthermore, NQP has had discussion with neighboring PPSs about coordination on this project, given overlapping attributions. Finally, NQP is in the process of developing a workflow for PAM administration at both healthcare organizations and CBOs that provides healthcare and/or supports to the NU, LU and uninsured.
Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement.	NQP is in the process of finalizing the contract with Insignia Health® to provide training on PAM®. In consultation with the PPS-wide CBO Workgroup, NQP will develop a training strategy at the PPS level. .
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.	NQP has begun mapping out "hot spots" based on claims data that reflect ED utilization. Further analyses are needed to carefully plan an approach to 2.d.i.
Survey the targeted population about healthcare needs in the PPS' region.	This milestone will be further detailed in subsequent quarterly reports.
Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency.	This milestone will be further detailed in subsequent quarterly reports.
Obtain list of PCPs assigned to NU and LU enrollees from MCOs. Along with the member's	This milestone will be further detailed in subsequent quarterly reports.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	
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.	This milestone will be further detailed in subsequent quarterly reports.
Include beneficiaries in development team to promote preventive care.	This milestone will be further detailed in subsequent quarterly reports.
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.	This milestone will be further detailed in subsequent quarterly reports.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
• 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.	
Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.	This milestone will be further detailed in subsequent quarterly reports.
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.	NQP developed a comprehensive survey that will be deployed to assess Community-based Organizations' (CBOs) roles and capacity in Nassau County and the Borough of Queens to identify specific partners for this project, as well as other projects. NQP intends for CBOs to play a central role in raising community awareness of social services, health insurance coverage, and primary, and preventative care. This milestone will be further detailed in subsequent quarterly reports.
Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.	This milestone will be further detailed in subsequent quarterly reports.
Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R).	This milestone will be further detailed in subsequent quarterly reports. Please note: Per the IA (Michael Kelleher) that while the 250 people trained in PAM is listed in Milestone #13 by DY2Q4 as is mandated by MAPP and detailed in the Domain 1 Project Requirements guide, the intention is for this to coincide with our provider Speed and Scale ramp up which is not due until DY3Q4. Michael indicated the due date for this milestone would be fixed at a later time.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	NQP developed a comprehensive survey that will be deployed to assess Community-based Organizations' (CBOs) roles and capacity in Nassau County and the Borough of Queens. The purpose of the survey is to understand how to leverage partner relationships and services across the PPS. Planned next steps to meet this requirement have been included as tasks under this milestone.
Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations.	This milestone will be further detailed in subsequent quarterly reports.
Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member.	This milestone will be further detailed in subsequent quarterly reports.
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.	The PPS performance reporting committee is in the process of developing a PPS Level strategy to identify and track actively engaged patients. Report specification is currently in development.

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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

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

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

Instructions :

Milestone 9: PPS should consider adding additional tasks to demonstrate how PAM measurements will be collected, aggregated and stored

The PPS does not provide enough detail. Only one task is listed that says the PPS will implement the milestone. There should be more detail. It is hard to evaluate because of the lack of detail.

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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.

1. Achievement of PCMH Level 3 / APCM recognition by DY3Q4, which applies to all primary care practices, the tremendous resource required to achieve this for all practices creates the risk of diluting support to Safety Net practices. The NQP will create a detailed plan to front load Safety Net practices with support needed to achieve PCMH recognition. Consultants and subject matter experts will work with the local project team to develop tools that are compliant with PCMH requirements while PCMH will be driven by the hubs, using internal resources and a preferred list of consultants developed by the PPS.

2. Another risk associated with 3.a.i. is the need to address traditional relationships between PCPs and Behavioral Health providers as a core element of success for this project. To mitigate this risk, NQP will develop a strategy to bring PCPs and BHPs together – with a focus on patients that they share in common – to build relationships across these two very different disciplines.

3. An additional risk associated with this project relates to provider and patient concerns regarding HIPAA. To mitigate this risk, NQP will develop a careful process to obtain consent in an efficient manner and, will work with providers to help them understand when information can and cannot be shared under HIPAA (e.g. sometimes a BH provider will have consent and still not be comfortable sharing patient information).

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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
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	336	0	0	17	34	50	67	84	101	134	168
Non-PCP Practitioners	50	0	0	3	5	8	10	13	15	20	25
Clinics	12	0	0	1	1	2	2	3	4	5	6
Behavioral Health	40	0	0	2	4	6	8	10	12	16	20
Substance Abuse	30	0	0	2	3	5	6	8	9	12	15
Community Based Organizations	7	0	0	0	1	1	1	2	2	3	4
All Other	265	0	0	13	27	40	53	66	80	106	133
Total Committed Providers	**740**	**0**	**0**	**38**	**75**	**112**	**147**	**186**	**223**	**296**	**371**
Percent Committed Providers(%)		**0.00**	**0.00**	**5.14**	**10.14**	**15.14**	**19.86**	**25.14**	**30.14**	**40.00**	**50.14**

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	336	235	336	336	336	336	336	336	336	336	336
Non-PCP Practitioners	50	35	50	50	50	50	50	50	50	50	50
Clinics	12	8	12	12	12	12	12	12	12	12	12
Behavioral Health	40	28	40	40	40	40	40	40	40	40	40
Substance Abuse	30	21	30	30	30	30	30	30	30	30	30
Community Based Organizations	7	5	7	7	7	7	7	7	7	7	7
All Other	265	186	265	265	265	265	265	265	265	265	265

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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	740	518	740	740	740	740	740	740	740	740	740
Percent Committed Providers(%)		70.00	100.00	100.00	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

No Records Found

Narrative Text :

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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**
DY3,Q4	115,576

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	23,115	34,673	46,230	17,337	34,673	52,011	69,345	28,894	57,778
Percent of Expected Patient Engagement(%)	**0.00**	**20.00**	**30.00**	**40.00**	**15.00**	**30.00**	**45.00**	**60.00**	**25.00**	**49.99**

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	86,682	115,576	28,894	57,788	86,682	115,576	28,894	57,788	86,682	115,576
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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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	05/01/2015	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	05/01/2015	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	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the PPS-level, identify current state and future state including elements such as space to incorporate behavioral health services at primary care sites, workflow design, health care delivery system models, telemedicine and relationships with CBOs.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS-level, identify best practice in integrated care delivery of co-located behavioral health services at primary care practice sites.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At the PPS level, develop current state and future state workflows to co-locate behavioral health at primary care practice sites within the PCMH / APCM		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to		Project		In Progress	10/01/2015	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
PPS workgroup.								
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.		Project		In Progress	10/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, using literature review, PPS workgroup participant and other select subject matter experts, will identify and select collaborative evidence based standards of care including, but not limited to, medication management and care engagement processes		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Evidenced based guidelines will be reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health	Model 1	Project	N/A	In Progress	08/01/2015	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
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.		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.		Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Develop and implement a performance improvement program to		Project		In Progress	10/01/2015	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
optimize clinical processes and outcomes.								
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	05/01/2015	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	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.		Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.		Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	08/01/2015	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	08/01/2015	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
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Behavioral Health	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1: At the PPS-level, identify current state and future state, including space to incorporate primary care services at behavioral health sites. to include workflow design, health care delivery system model, billing preventative care at BH/SA sites with appropriate CPT codes for preventive and counseling screenings.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS-level, identify best practices in integrated care delivery of co-located primary care services at behavioral health sites.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3: Collaborating with PPS workgroup and selected subject matter experts, develop future state and program design that reflects co-located PCMH in Behavioral Health practice sites (consistent with NCQA requirements) including work flows and processes, documentation requirements, criteria for transfer to the behavioral health setting and vice versa, and approach to offering community-based supports.		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.		Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.		Project		In Progress	10/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
collaborative care practices.								
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify and select collaborative evidence-based standards of care including, but not limited to, medication management and care engagement processes.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health		Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
Record.								
Task 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.		Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.		Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.		Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	05/01/2015	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	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3

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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
2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.								
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.		Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly		Project		In Progress	08/01/2015	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 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.		Project		On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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

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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
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 engaged in this project.	Model 3	Project	N/A	On Hold	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
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										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	17	34	50	67	84	101	134	168
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	2	4	6	8	10	12	16	20
Task 1. At the PPS-level, identify current state and future state including elements such as space to incorporate behavioral health services at primary care sites, workflow design, health care delivery system models, telemedicine and relationships with CBOs.										
Task 2. At the PPS-level, identify best practice in integrated care delivery of co-located behavioral health services at primary care practice sites.										
Task 3. At the PPS level, develop current state and future state workflows to co-locate behavioral health at primary care practice sites within the PCMH / APCM										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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										

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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
processes.										
Task 1. At the PPS level, using literature review, PPS workgroup participant and other select subject matter experts, will identify and select collaborative evidence based standards of care including, but not limited to, medication management and care engagement processes										
Task 2. Evidenced based guidelines will be reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.										
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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	17	34	50	67	84	101	134	168

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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 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.										
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.										
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.										
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										
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	2	2	3	4
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	2	2	3	4
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	2	4	6	8	10	12	14	16
Task 1: At the PPS-level, identify current state and future state, including space to incorporate primary care services at behavioral health sites. to include workflow design, health care delivery system model, billing preventative care at BH/SA sites with appropriate CPT codes for preventive and counseling screenings.										
Task 2. At the PPS-level, identify best practices in integrated care delivery of co-located primary care services at behavioral health sites.										
Task 3: Collaborating with PPS workgroup and selected subject matter experts, develop future state and program design that reflects co-located PCMH in Behavioral Health practice sites (consistent with NCQA requirements) including work flows and processes, documentation requirements, criteria for transfer to the behavioral health setting and vice versa, and approach to offering community-based supports.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										

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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 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. At the PPS level, identify and select collaborative evidence-based standards of care including, but not limited to, medication management and care engagement processes.										
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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.										

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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 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	2	2	3	4
Task 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.										
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.										
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.										
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track										

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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
patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly										
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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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.	235	336	336	336	336	336	336	336	336	336
Task Behavioral health services are co-located within PCMH/APC practices and are available.	28	40	40	40	40	40	40	40	40	40

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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 1. At the PPS-level, identify current state and future state including elements such as space to incorporate behavioral health services at primary care sites, workflow design, health care delivery system models, telemedicine and relationships with CBOs.										
Task 2. At the PPS-level, identify best practice in integrated care delivery of co-located behavioral health services at primary care practice sites.										
Task 3. At the PPS level, develop current state and future state workflows to co-locate behavioral health at primary care practice sites within the PCMH / APCM										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. At the PPS level, using literature review, PPS workgroup participant and other select subject matter experts, will identify and select collaborative evidence based standards of care including, but not limited to, medication management and care engagement processes										

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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 2. Evidenced based guidelines will be reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.										
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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.	235	336	336	336	336	336	336	336	336	336
Task 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.										
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.										
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance										

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

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.										
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 #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.	5	6	6	6	6	6	6	6	6	6
Task Primary care services are co-located within behavioral Health practices and are available.	5	6	6	6	6	6	6	6	6	6
Task Primary care services are co-located within behavioral Health practices and are available.	18	20	20	20	20	20	20	20	20	20
Task 1: At the PPS-level, identify current state and future state, including space to incorporate primary care services at behavioral health sites. to include workflow design, health care delivery system model, billing preventative care at BH/SA sites with appropriate CPT codes for preventive and counseling screenings.										
Task 2. At the PPS-level, identify best practices in integrated care delivery of co-located primary care services at behavioral health sites.										
Task 3: Collaborating with PPS workgroup and selected subject matter experts, develop future state and program design that reflects co-located PCMH in Behavioral Health practice sites (consistent with NCQA requirements) including work flows and processes, documentation requirements, criteria for transfer to the behavioral health setting and vice versa, and approach to offering community-based supports.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #6 Develop collaborative evidence-based standards of care										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 1. At the PPS level, identify and select collaborative evidence-based standards of care including, but not limited to, medication management and care engagement processes.										
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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.	5	6	6	6	6	6	6	6	6	6

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 1. Identify current state of screening practices in primary care settings for both mental health and substance abuse.										
Task 2. Review best practices in preventive screening practices for both mental health and substance abuse.										
Task 3. Develop current and future state workflows to deliver preventive care screenings for mental health and substance abuse including but not limited to a warm transfer to behavioral health providers as measured by EHR documentation.										
Task 4. Develop a PPS-wide strategy to support and measure adoption of workflows at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, implement and measure adoption of worrkflow use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient										

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly										
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, 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.										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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).										
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.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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.	aashna	14_PMDL3703_1_1_20150728100447_3.a.i. Survey.pdf	Behavioral Health Survey	07/28/2015 10:03 AM
	aashna	14_PMDL3703_1_1_20150727134838_3.a.i. References.pdf	References	07/27/2015 01:47 PM
	aashna	14_PMDL3703_1_1_20150727134550_3.a.i. Model 1 Current Workflow.pdf	Model 1 Current Workflow	07/27/2015 01:45 PM
	aashna	14_PMDL3703_1_1_20150727134408_3.a.i. Model 2 Current Workflow.pdf	Model 2 Current Workflow	07/27/2015 01:42 PM
	aashna	14_PMDL3703_1_1_20150727134125_3.a.i. Future Workflow.pdf	Future Workflow	07/27/2015 01:40 PM
	aashna	14_PMDL3703_1_1_20150727133856_3.a.i. & 3.a.ii. Project Wkgrp Notes.pdf	Project Workgroup Meeting Minutes	07/27/2015 01:37 PM
	aashna	14_PMDL3703_1_1_20150727132906_3.a.i., 3.a.ii., & 4.a.iii. Introduction Deck.pdf	Introduction Deck	07/27/2015 01:26 PM
	aashna	14_PMDL3703_1_1_20150727132327_3.a.i. & 3.a.ii. Best Practices Deck.pdf	Best Practices	07/27/2015 01:21 PM
	aashna	14_PMDL3703_1_1_20150727131338_3.a.i. & 3.a.ii. Gap Analysis.pdf	Gap Analysis	07/27/2015 12:46 PM

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
	aashna	14_PMDL3703_1_1_20150727124403_3.a.i. Survey Analysis.pdf	Survey Analysis	07/27/2015 12:42 PM

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.	NQP developed a PPS-wide Behavioral Health Services Workgroup that includes clinicians, CBOs, State and County agencies and other stakeholders to address all DSRIP deliverables associated with behavioral health. Given differences between projects, the PPS then created sub-workgroups, including an Integration sub-workgroup. To develop the capacity to co-locate behavioral health services at primary care practice sites, NQP has: • Developed current state flow diagrams in both the primary care and behavioral health settings. • Conducted best practice research regarding care integration including, but not limited to, medication management, including but not limited to PSYCKES, and medication reconciliation. • Surveyed the NQP health systems regarding current practices with regard to BH care, especially as they relate to best practices in integration with primary care. • Developed overall guidance for all three hubs to co-locate care in both the primary care and the behavioral health settings. A summary of the DRAFT models is attached. With regards to PCMH/APCM, NQP is in the process of developing an overall approach to achieving PCMH recognition (2014 Level 3) and/or Advance Primary Care Models. To date, NQP has: • Begun to assemble a comprehensive database of PCPs in the NQP network. NQP is in the process of completing the database by health system, and this work is dependent on data from DOH; • Developed a comprehensive PCMH survey to determine the current state of PCMH recognition status across the provider community For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagram
Develop collaborative evidence-based standards of care including medication management and care engagement process.	NQP has gathered significant information on evidence-based standards of care including medication management and care engagement processes. NQP also developed a survey of care management practices across the PPS including Health Homes. The Integrated Care Workgroup has been meeting to discuss collaborative care practices, project design and other aspects of DSRIP project development and implementation. With this workgroup, NQP developed a survey of care management practices across the PPS including Health Homes. NQP developed a draft protocol for behavioral health and primary care integration as evidenced by the attached workflow that applies to both models. NQP will meet with a pharmacy vendor that specializes in automated medication management tools in early August, 2015 and will seek out other vendors as well.
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those	NQP intends to, at a minimum, conduct the PHQ-2 and the SBIRT screenings to identify patients with unmet needs and has incorporated it into the future state workflow. Furthermore, the Integrated Care Workgroup is discussing the value of also administering the PHQ-9 in select settings to address unmet needs.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
screening positive, SBIRT) implemented for all patients to identify unmet needs.	NQP will develop policies and procedures to facilitate and document completion of PHQ-2 and SBIRT screenings as appropriate. In addition, NQP will provide guidance to the hubs re: a "warm transfer" to a behavioral health provider. In conjunction with these policies and procedures, NQP will develop the ability to document screenings and warm transfers in the EHR going forward. As part of this effort, NQP will determine the current state of EHR availability among PCPs using the PCMH survey. NQP will further develop a strategy to screen in the BH setting, consistent with work tasks listed under Milestones
Use EHRs or other technical platforms to track all patients engaged in this project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development. .
Co-locate primary care services at behavioral health sites.	NQP developed a PPS-wide Behavioral Health Services Workgroup that includes clinicians, CBOs, State and County agencies and other stakeholders to address all DSRIP deliverables associated with behavioral health. Given differences between projects, the PPS then created sub-workgroups, including the Integration workgroup. To develop the capacity to co-locate behavioral health services at primary care practice sites, to date, NQP has: • Developed current state flow diagrams; • Conducted best practice research regarding care integration including, but not limited to, medication management, including but not limited to PSYCKES, and medication reconciliation; • Surveyed the NQP health systems regarding current practices with regard to BH care, especially as they relate to best practices in integration with primary care; • Developed an overall approach for all three hubs to co-locate care in both the primary care and the behavioral health settings. A summary of the DRAFT models is attached. With regards to PCMH/APCM, NQP is in the process of developing an overall approach to achieving PCMH recognition (2014 Level 3) and/or Advance Primary Care Models. To date, NQP has: • Begun to assemble a comprehensive database of PCPs in the NQP network. NQP is in the process of completing the database by health system, and this work is dependent on data from DOH; • Developed a comprehensive PCMH survey to determine the current state of PCMH recognition status across the provider community For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams
Develop collaborative evidence-based standards of care including medication management and care engagement process.	The Integrated Care Workgroup has been meeting regularly to discuss collaborative care practices, project design and other aspects of DSRIP project development and implementation. NQP plans to continue workgroup meetings throughout the development and implementation process. NQP has gathered significant information on evidence-based standards of care including medication management and care engagement processes. Furthermore, NQP developed a survey of care management practices across the PPS including Health Homes. The survey is in being administered during the months of July and August. NQP will meet with a pharmacy vendor that specializes in automated medication management tools in early August, 2015 and will seek out other vendors as well. NQP developed a draft protocol for behavioral health and primary care integration as evidenced by the attached workflow that applies to both models.
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those	NQP intends to, at a minimum, conduct the PHQ-2 and the SBIRT screenings to identify patients with unmet needs and has incorporated it into the future state workflow. Furthermore, the Integrated Care Workgroup is discussing the value of also administering the PHQ-9 in select settings to address unmet needs.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
screening positive, SBIRT) implemented for all patients to identify unmet needs.	NQP will develop policies and procedures to facilitate and document completion of PHQ-2 and SBIRT screenings as appropriate. In addition, NQP will provide guidance to the hubs re: a "warm transfer" to a behavioral health provider. In conjunction with these policies and procedures, NQP will develop the ability to document screenings and warm transfers in the EHR going forward. As part of this effort, NQP will determine the current state of EHR availability among PCPs using the PCMH survey. NQP will further develop a strategy to screen in the BH setting, consistent with work tasks listed under Milestones
Use EHRs or other technical platforms to track all patients engaged in this project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development. .
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.	

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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

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

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

Instructions :

Model 1, Milestone 2: PPS should provide more substantive detail on steps used to develop evidence based standards. Model 2, Milestone 5: The PPS should consider more detailed steps specific to the model being addressed.

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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.

1) Within the 3.a.ii. partners, all partners must establish connectivity with the RHIO, i.e. specifically the use of secure messaging, alerts, and patient record lookup. There are a number of partners, including CBOs that do not meet this requirement, which will be driven through the contracting process.

2) 3.a.ii. requires a significant dependency on capital. To mitigate challenges associated with capital needs, NQP will develop a contingency plan which will support the opportunity to seek out sources of capital other than the DSRIP Capital Grants process including grant programs, loans, or self-funded from PPS funds streams. NQP will also explore opportunities to identify less capital-intensive opportunities to meet requirements

3)The current state of behavioral health crisis intervention is soloed and has many stakeholders. Deciding which agencies/providers are best suited to take the lead on various aspect of behavioral crisis interventions will take significant consensus building. Meetings have already begun among various providers of BH crisis services and will be ongoing over the planning of the project as well as post implementation.

4) Waivers have addressed the increase of visit thresholds across the medical, mental health, and substance abuse services. NQP will work with hub leadership to address where the Integrated Services Model issued by NYSDOH can be utilized. Waivers have also been issued that address simplification of the CON process, as many facilities may have to modify and/or integrate space and/or IT capabilities in order to fill the requirements of the project.

5) Availability of supportive services, including transportation and housing will be enhanced through a network wide directory of CBOs, and cross mapping supportive services to disease 'hot spots'.

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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	6	0	1	1	2	3	3	4	4	5	5
Total Committed Providers	**6**	**0**	**1**	**1**	**2**	**3**	**3**	**4**	**4**	**5**	**5**
Percent Committed Providers(%)		**0.00**	**16.67**	**16.67**	**33.33**	**50.00**	**50.00**	**66.67**	**66.67**	**83.33**	**83.33**

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	6	6	6	6	6	6	6	6	6	6	6
Total Committed Providers	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**	**6**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**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

No Records Found

Narrative Text :

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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**
DY3,Q4	31,294

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	3,129	5,477	7,824	3,912	7,824	11,736	15,647	7,824	15,647
Percent of Expected Patient Engagement(%)	**0.00**	**10.00**	**17.50**	**25.00**	**12.50**	**25.00**	**37.50**	**50.00**	**25.00**	**50.00**

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	23,471	31,294	7,824	15,647	23,471	31,294	7,824	15,647	23,471	31,294
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

Current File Uploads

User ID	File Name	File Description	Upload Date

No Records Found

Narrative Text :

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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	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop PPS-wide Workgroup to address project deliverables, including the Department of Social Services, behavioral health providers, mobile crisis, and other related stakeholders.	Project		In Progress	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 2. Assess current state of crisis stabilization, incl. developing an understanding of services provided by specific organizations in Nassau & Eastern Queens at county level and in the private sector.	Project		In Progress	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3. Develop an analysis of current state vs. future state based on DSRIP requirements.	Project		In Progress	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 4. Develop and agree on a crisis intervention strategy based on current state workflow, DSRIP requirements and capacity with input from project workgroup that includes centralized triage, outreach, mobile crisis, and intensive crisis services.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Implement crisis intervention strategy at participating organizations.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Collect and monitor data on key metrics and changes in crisis services and ED visits based on project design at the PPS level.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Implement continuous improvement activities, including convening meetings to discuss challenges and lessons learned, with involvement from the PPS as appropriate based on data and comparisons across all participating organizations in NQP.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify all Health Homes, ERs, hospital-based care management programs, MCOs & care management service organizations.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Survey all care management agencies in NQP to understand available services with a focus on diversionary guidelines and care coordination services for individuals with co-morbid behavioral and medical conditions.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop a collaborative workgroup including Health Homes, ER & hospital staff to cultivate linkages across the continuity of care.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Identify current state of diversionary services and future state guidelines at the PPS level based on best practices, leveraging and building upon existing services within the system.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Develop & establish PPS-level guidelines to divert patients from avoidable inpatient hospital services.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 6. As part of developing guidelines and building upon existing services (and potentially creating new services), provide training and other resources on diversion techniques and alternatives to hospital-based services (e.g., mobile crisis).	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to review structure, process, and outcomes of crisis services and identify and act on opportunities for improvement.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
and/or MCO provides coverage for services in project.							
Task 1. Inventory participating MCOs that enroll members with the NQP service area (e.g., Nassau County and the Borough of Queens) and current crisis stabilization coverage.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. Identify best practice crisis stabilization coverage nationally.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop a proposed strategy to leverage and expand MCO crisis stabilization practices coverage of services at the PPS level.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Create agreements with MCOs based on agreed upon collaborations.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss alterations in the crisis system, guidelines, and other relevant delivery of crisis services.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Inventory current crisis guidelines, to the extent that they are relevant at the PPS level with local organization involvement.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify best practices in crisis service delivery including, but not limited to, treatment guidelines nationally.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Develop proposed service enhancements and treatment guidelines and implement across NQP facilities and CBOs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss implementation of developed guidelines and expanded services.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
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.	Provider	Safety Net Hospitals	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Convene interested representatives from participating NQP hospitals.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Identify hospitals with specialty psychiatric services and crisis-oriented services as part of the current state assessment of NQP.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. In collaboration with hospitals, perform assessment of access to psychiatric specialty services with a focus on crisis services via current state assessment and other data analyses with regards to wait times, location, and capacity for specialty psychiatric and crisis-oriented services. Evaluate expansion of access to specialty psychiatric and crisis-oriented services as appropriate based on population needs and program design.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Develop specialty psychiatric services and specialty program design in collaboration with the PPS-wide workgroup.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. Engage representatives on PPS-wide Workgroup and solicit feedback on project design, as well as information with regards to guideline development and availability of specialty psychiatric services.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Develop future state assessment and develop project design consistent with DSRIP requirements at the PPS level.	Project		In Progress	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 7. Implement crisis stabilization guidelines and workflows at the local level, tailoring guidelines to the specific organization as necessary	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Evaluate impact of program design once the structure has been in place for a sufficient duration of time. Review data and create continuous improvements as needed.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6	Project	N/A	In Progress	10/01/2015	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
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.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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 Hospitals	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 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	10/01/2015	03/31/2018	03/31/2018	DY3 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	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. As part of the plan presented in Milestones 1-5, Identify observation units within hospital outpatient or at off campus crisis residences as part of the current state assessment of NQP.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Identify best practice crisis stabilization services design and guidelines as supported by data, based on a future state assessment and gap analysis.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Expand access to outpatient observation units or other providers with off campus crisis residences.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Monitor use of observation unit visits and perform additional oversight, assessment, and improvement efforts, as necessary at the PPS level based on performance reporting at individual hubs.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the	Project		In Progress	05/01/2015	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
community.							
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Inventory current mobile crisis teams within NQP and assess their capacity. Identify unmet need and determined required crisis capacity at the PPS level.	Project		In Progress	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Determine adequacy of access to crisis services and determine whether (and how much) additional crisis services are needed for the population served.	Project		In Progress	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Expand mobile crisis capacity and train additional teams with resources available at participating organizations.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Incorporate mobile crisis team processes into crisis stabilization guidelines and workflows and customize, to the degree necessary and appropriate, by hub.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. Monitor the number of mobile crisis visits, time required to respond to a true crisis, availability of proactive crisis plans for individuals with co-morbid behavioral health and/or medical conditions, and adequacy of such access at the PPS level.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Perform additional oversight and assessment, and continuous quality improvement activities at the PPS level.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.	Project		In Progress	08/01/2015	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	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Hospitals	In Progress	08/01/2015	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
EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Behavioral Health	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.	Project		In Progress	08/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. Safety net providers implement 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.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct current assessment of triage services within NQP, including 227-TALK and the LIJ emergency call center, among other crisis lines.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
2. Identify best practices for central triage systems and assess gaps between current state and best practices leveraging existing resources and creating new capabilities where needed. Develop access standards to respond to a true crisis.							
Task 3. Develop a PPS-level strategy and timeline for implementing a centralized triage system design under DSRIP. Develop guidelines for directing patients to services with input from PPS-wide Workgroup.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Implement central triage service with guidelines in place for connecting patients to appropriate crisis stabilization resources and services.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Develop strategy for oversight and assurance on engagement at the PPS level, including recurring reviews of quarterly reports, on-site visits, and other assessment mechanisms. Continuously improve crisis services to meet DSRIP metrics as needed.	Project		In Progress	04/01/2016	03/31/2018	03/31/2018	DY3 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	10/01/2015	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	10/01/2015	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	10/01/2015	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	10/01/2015	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	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Service and quality outcome measures are reported to all stakeholders	Project		In Progress	10/01/2015	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
including PPS quality committee.							
Task 1. Identify key metrics for review by the Performance Reporting Workgroup to review care integration, including crisis services.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Analyze metrics to identify opportunities for quality improvement at the PPS level, with comparisons across participating organization.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Utilize rapid cycle improvement methodology to target interventions & develop data-driven implementation strategies at the PPS level.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. Evaluate results of quality improvement initiatives at both the PPS and the participating organization levels.	Project		In Progress	10/01/2015	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	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

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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 #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. Develop PPS-wide Workgroup to address project deliverables, including the Department of Social Services, behavioral health providers, mobile crisis, and other related stakeholders.										
Task 2. Assess current state of crisis stabilization, incl. developing an understanding of services provided by specific organizations in Nassau & Eastern Queens at county level and in the private sector.										
Task 3. Develop an analysis of current state vs. future state based on DSRIP requirements.										
Task 4. Develop and agree on a crisis intervention strategy based on current state workflow, DSRIP requirements and capacity with input from project workgroup that includes centralized triage, outreach, mobile crisis, and intensive crisis services.										
Task 5. Implement crisis intervention strategy at participating organizations.										
Task 6. Collect and monitor data on key metrics and changes in crisis services and ED visits based on project design at the PPS level.										
Task 7. Implement continuous improvement activities, including convening meetings to discuss challenges and lessons learned, with involvement from the PPS as appropriate based on data and comparisons across all participating organizations in NQP.										
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 1. Identify all Health Homes, ERs, hospital-based care										

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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
management programs, MCOs & care management service organizations.										
Task 2. Survey all care management agencies in NQP to understand available services with a focus on diversionary guidelines and care coordination services for individuals with co-morbid behavioral and medical conditions.										
Task 3. Develop a collaborative workgroup including Health Homes, ER & hospital staff to cultivate linkages across the continuity of care.										
Task 4. Identify current state of diversionary services and future state guidelines at the PPS level based on best practices, leveraging and building upon existing services within the system.										
Task 5. Develop & establish PPS-level guidelines to divert patients from avoidable inpatient hospital services.										
Task 6. As part of developing guidelines and building upon existing services (and potentially creating new services), provide training and other resources on diversion techniques and alternatives to hospital-based services (e.g., mobile crisis).										
Task 7. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to review structure, process, and outcomes of crisis services and identify and act on opportunities for improvement.										
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 1. Inventory participating MCOs that enroll members with the NQP service area (e.g., Nassau County and the Borough of Queens) and current crisis stabilization coverage.										
Task 2. Identify best practice crisis stabilization coverage nationally.										
Task 3. Develop a proposed strategy to leverage and expand MCO crisis stabilization practices coverage of services at 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
level.										
Task 4. Create agreements with MCOs based on agreed upon collaborations.										
Task 5. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss alterations in the crisis system, guidelines, and other relevant delivery of crisis services.										
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 1. Inventory current crisis guidelines, to the extent that they are relevant at the PPS level with local organization involvement.										
Task 2. Identify best practices in crisis service delivery including, but not limited to, treatment guidelines nationally.										
Task 3. Develop proposed service enhancements and treatment guidelines and implement across NQP facilities and CBOs.										
Task 4. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss implementation of developed guidelines and expanded services.										
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	0	0	0	4	4	4
Task 1. Convene interested representatives from participating NQP										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
hospitals.										
Task 2. Identify hospitals with specialty psychiatric services and crisis-oriented services as part of the current state assessment of NQP.										
Task 3. In collaboration with hospitals, perform assessment of access to psychiatric specialty services with a focus on crisis services via current state assessment and other data analyses with regards to wait times, location, and capacity for specialty psychiatric and crisis-oriented services. Evaluate expansion of access to specialty psychiatric and crisis-oriented services as appropriate based on population needs and program design.										
Task 4. Develop specialty psychiatric services and specialty program design in collaboration with the PPS-wide workgroup.										
Task 5. Engage representatives on PPS-wide Workgroup and solicit feedback on project design, as well as information with regards to guideline development and availability of specialty psychiatric services.										
Task 6. Develop future state assessment and develop project design consistent with DSRIP requirements at the PPS level.										
Task 7. Implement crisis stabilization guidelines and workflows at the local level, tailoring guidelines to the specific organization as necessary										
Task 8. Evaluate impact of program design once the structure has been in place for a sufficient duration of time. Review data and create continuous improvements as needed.										
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.	0	0	0	0	0	0	0	0	0	0

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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	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0
Task 1. As part of the plan presented in Milestones 1-5, Identify observation units within hospital outpatient or at off campus crisis residences as part of the current state assessment of NQP.										
Task 2. Identify best practice crisis stabilization services design and guidelines as supported by data, based on a future state assessment and gap analysis.										
Task 3. Expand access to outpatient observation units or other providers with off campus crisis residences.										
Task 4. Monitor use of observation unit visits and perform additional oversight, assessment, and improvement efforts, as necessary at the PPS level based on performance reporting at individual hubs.										
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 1. Inventory current mobile crisis teams within NQP and assess their capacity. Identify unmet need and determined required crisis capacity at the PPS level.										
Task 2. Determine adequacy of access to crisis services and determine whether (and how much) additional crisis services are needed for the population served.										

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Task 3. Expand mobile crisis capacity and train additional teams with resources available at participating organizations.										
Task 4. Incorporate mobile crisis team processes into crisis stabilization guidelines and workflows and customize, to the degree necessary and appropriate, by hub.										
Task 5. Monitor the number of mobile crisis visits, time required to respond to a true crisis, availability of proactive crisis plans for individuals with co-morbid behavioral health and/or medical conditions, and adequacy of such access at the PPS level.										
Task 6. Perform additional oversight and assessment, and continuous quality improvement activities at the PPS level.										
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	2	4	5	7	11	14
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	3	7	10	13	20	26
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	1	1	1	2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	4	7	11	14	22	29
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY										

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capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. Safety net providers implement 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.										
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 1. Conduct current assessment of triage services within NQP, including 227-TALK and the LIJ emergency call center, among other crisis lines.										
Task 2. Identify best practices for central triage systems and assess gaps between current state and best practices leveraging existing resources and creating new capabilities where needed. Develop access standards to respond to a true crisis.										
Task 3. Develop a PPS-level strategy and timeline for implementing a centralized triage system design under DSRIP. Develop guidelines for directing patients to services with input from PPS-wide Workgroup.										
Task 4. Implement central triage service with guidelines in place for connecting patients to appropriate crisis stabilization resources										

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and services.										
Task 5. Develop strategy for oversight and assurance on engagement at the PPS level, including recurring reviews of quarterly reports, on-site visits, and other assessment mechanisms. Continuously improve crisis services to meet DSRIP metrics as needed.										
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 1. Identify key metrics for review by the Performance Reporting Workgroup to review care integration, including crisis services.										
Task 2. Analyze metrics to identify opportunities for quality improvement at the PPS level, with comparisons across participating organization.										
Task 3. Utilize rapid cycle improvement methodology to target interventions & develop data-driven implementation strategies										

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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
at the PPS level.										
Task 4. Evaluate results of quality improvement initiatives at both the PPS and the participating organization levels.										
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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

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. Develop PPS-wide Workgroup to address project deliverables, including the Department of Social Services, behavioral health providers, mobile crisis, and other related										

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stakeholders.										
Task 2. Assess current state of crisis stabilization, incl. developing an understanding of services provided by specific organizations in Nassau & Eastern Queens at county level and in the private sector.										
Task 3. Develop an analysis of current state vs. future state based on DSRIP requirements.										
Task 4. Develop and agree on a crisis intervention strategy based on current state workflow, DSRIP requirements and capacity with input from project workgroup that includes centralized triage, outreach, mobile crisis, and intensive crisis services.										
Task 5. Implement crisis intervention strategy at participating organizations.										
Task 6. Collect and monitor data on key metrics and changes in crisis services and ED visits based on project design at the PPS level.										
Task 7. Implement continuous improvement activities, including convening meetings to discuss challenges and lessons learned, with involvement from the PPS as appropriate based on data and comparisons across all participating organizations in NQP.										
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 1. Identify all Health Homes, ERs, hospital-based care management programs, MCOs & care management service organizations.										
Task 2. Survey all care management agencies in NQP to understand available services with a focus on diversionary guidelines and care coordination services for individuals with co-morbid behavioral and medical conditions.										
Task 3. Develop a collaborative workgroup including Health Homes,										

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ER & hospital staff to cultivate linkages across the continuity of care.										
Task 4. Identify current state of diversionary services and future state guidelines at the PPS level based on best practices, leveraging and building upon existing services within the system.										
Task 5. Develop & establish PPS-level guidelines to divert patients from avoidable inpatient hospital services.										
Task 6. As part of developing guidelines and building upon existing services (and potentially creating new services), provide training and other resources on diversion techniques and alternatives to hospital-based services (e.g., mobile crisis).										
Task 7. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to review structure, process, and outcomes of crisis services and identify and act on opportunities for improvement.										
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 1. Inventory participating MCOs that enroll members with the NQP service area (e.g., Nassau County and the Borough of Queens) and current crisis stabilization coverage.										
Task 2. Identify best practice crisis stabilization coverage nationally.										
Task 3. Develop a proposed strategy to leverage and expand MCO crisis stabilization practices coverage of services at the PPS level.										
Task 4. Create agreements with MCOs based on agreed upon collaborations.										
Task 5. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss alterations in the crisis system, guidelines, and other relevant delivery of crisis services.										

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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 1. Inventory current crisis guidelines, to the extent that they are relevant at the PPS level with local organization involvement.										
Task 2. Identify best practices in crisis service delivery including, but not limited to, treatment guidelines nationally.										
Task 3. Develop proposed service enhancements and treatment guidelines and implement across NQP facilities and CBOs.										
Task 4. Convene MCOs, Health Homes and other key stakeholders in recurring meetings to discuss implementation of developed guidelines and expanded services.										
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 1. Convene interested representatives from participating NQP hospitals.										
Task 2. Identify hospitals with specialty psychiatric services and crisis-oriented services as part of the current state assessment of NQP.										
Task 3. In collaboration with hospitals, perform assessment of access to psychiatric specialty services with a focus on crisis services via current state assessment and other data analyses										

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with regards to wait times, location, and capacity for specialty psychiatric and crisis-oriented services. Evaluate expansion of access to specialty psychiatric and crisis-oriented services as appropriate based on population needs and program design.										
Task 4. Develop specialty psychiatric services and specialty program design in collaboration with the PPS-wide workgroup.										
Task 5. Engage representatives on PPS-wide Workgroup and solicit feedback on project design, as well as information with regards to guideline development and availability of specialty psychiatric services.										
Task 6. Develop future state assessment and develop project design consistent with DSRIP requirements at the PPS level.										
Task 7. Implement crisis stabilization guidelines and workflows at the local level, tailoring guidelines to the specific organization as necessary										
Task 8. Evaluate impact of program design once the structure has been in place for a sufficient duration of time. Review data and create continuous improvements as needed.										
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.	0	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.	0	18	18	18	18	18	18	18	18	18
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	72	72	72	72	72	72	72	72	72

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Task 1. As part of the plan presented in Milestones 1-5, Identify observation units within hospital outpatient or at off campus crisis residences as part of the current state assessment of NQP.										
Task 2. Identify best practice crisis stabilization services design and guidelines as supported by data, based on a future state assessment and gap analysis.										
Task 3. Expand access to outpatient observation units or other providers with off campus crisis residences.										
Task 4. Monitor use of observation unit visits and perform additional oversight, assessment, and improvement efforts, as necessary at the PPS level based on performance reporting at individual hubs.										
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 1. Inventory current mobile crisis teams within NQP and assess their capacity. Identify unmet need and determined required crisis capacity at the PPS level.										
Task 2. Determine adequacy of access to crisis services and determine whether (and how much) additional crisis services are needed for the population served.										
Task 3. Expand mobile crisis capacity and train additional teams with resources available at participating organizations.										
Task 4. Incorporate mobile crisis team processes into crisis stabilization guidelines and workflows and customize, to the degree necessary and appropriate, by hub.										
Task 5. Monitor the number of mobile crisis visits, time required to respond to a true crisis, availability of proactive crisis plans for										

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individuals with co-morbid behavioral health and/or medical conditions, and adequacy of such access at the PPS level.										
Task 6. Perform additional oversight and assessment, and continuous quality improvement activities at the PPS level.										
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.	18	35	35	35	35	35	35	35	35	35
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	33	65	65	65	65	65	65	65	65	65
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	2	4	4	4	4	4	4	4	4	4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	36	72	72	72	72	72	72	72	72	72
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform										

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the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. Safety net providers implement 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.										
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 1. Conduct current assessment of triage services within NQP, including 227-TALK and the LIJ emergency call center, among other crisis lines.										
Task 2. Identify best practices for central triage systems and assess gaps between current state and best practices leveraging existing resources and creating new capabilities where needed. Develop access standards to respond to a true crisis.										
Task 3. Develop a PPS-level strategy and timeline for implementing a centralized triage system design under DSRIP. Develop guidelines for directing patients to services with input from PPS-wide Workgroup.										
Task 4. Implement central triage service with guidelines in place for connecting patients to appropriate crisis stabilization resources and services.										
Task 5. Develop strategy for oversight and assurance on engagement at the PPS level, including recurring reviews of quarterly reports, on-site visits, and other assessment mechanisms. Continuously improve crisis services to meet DSRIP metrics as needed.										
Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.										

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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 1. Identify key metrics for review by the Performance Reporting Workgroup to review care integration, including crisis services.										
Task 2. Analyze metrics to identify opportunities for quality improvement at the PPS level, with comparisons across participating organization.										
Task 3. Utilize rapid cycle improvement methodology to target interventions & develop data-driven implementation strategies at the PPS level.										
Task 4. Evaluate results of quality improvement initiatives at both the PPS and the participating organization levels.										
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.										

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Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6. At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	aashna	14_PMDL3803_1_1_20150806130659_3.a.i. & 3.a.ii. Project Wkgrp Notes.pdf	Project workgroup meeting minutes	08/06/2015 01:05 PM
	aashna	14_PMDL3803_1_1_20150806130016_3.a.i., 3.a.ii., & 4.a.iii. Introduction Deck.pdf	Introduction Deck	08/06/2015 12:59 PM
	aashna	14_PMDL3803_1_1_20150806125514_3.a.i. & 3.a.ii. Best Practices Deck.pdf	Best practices	08/06/2015 12:54 PM
	aashna	14_PMDL3803_1_1_20150806124902_3.a.i. & 3.a.ii. Gap Analysis.pdf	Gap Analysis	08/06/2015 12:47 PM
	aashna	14_PMDL3803_1_1_20150806124602_3.a.ii. Current Workflow.pdf	Current Workflow	08/06/2015 12:45 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement a crisis intervention program that, at a	NQP developed a PPS-wide Behavioral Health Services Workgroup including all hubs, CBOs and County representativces to address DSRIP deliverables associated

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
minimum, includes outreach, mobile crisis, and intensive crisis services.	with behavioral health projects under 3.a.i.. Given major differences between projects, the PPS then created three sub-workgroups to reflect differences in the projects as follows: 1) Integration (3.a.i.); 2) Crisis (3.a.ii.); and, 3) MEB (4.a.iii.). This portion of the Implementation Plan specifically addresses Project 3.a.ii. Crisis Services. To implement a crisis intervention program for the county, to date, NQP: • Developed and analyzed current state and future state process flow diagrams for crisis intervention services. • Conducted best practice research regarding crisis stabilization including, but not limited to, triage, mobile crisis and other related crisis services. • Assessed NQP health systems regarding current practices with regard to BH care, especially as they relate to best practices in crisis stabilization. • Synthesized all data collected. • Began to develop an overall approach for health systems to address crisis stabilization and the project requirements. The Workgroup is in the process of determining how to leverage the existing system with appropriate roles for the County and other crisis services already in existence. The Workgroup is also reviewing strategies to significantly increase responsiveness to true crises in real-time as access today is inadequate. Plans to expand crisis services, including but not limited to mobile crisis, at the County level. • Developed plans to disseminate the overall approach to the health systems and crisis service providers for implementation at the local level. Planned next steps to meet this requirement have been included as tasks under this milestone.
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.	NQP has begun discussions with Health Homes. This milestone will be further detailed in subsequent quarterly reports.
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	This milestone will be further detailed in subsequent quarterly reports.
Develop written treatment protocols with consensus from participating providers and facilities.	Preliminary work has started on the inventory. The PPS has further conducted research on best practices in crisis management.
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	Multiple hospitals within the Nassau Queens PPS have specialty psychiatric services including, but not limited to, Zucker Hillside Hospital, Nassau University Medical Center, and Pilgrim Psychiatric Hospital. All three of these hospitals have representatives serving on the project workgroup committee. The project workgroup has plans to further assess these hospitals' crisis capacity before developing a strategy to expand access. Planned next steps to meet this requirement have been included as tasks under this milestone. NQP has completed the initial Community Needs Assessment as part of the DSRIP application process. Going forward, NQP will develop more detailed analysis to assess access to psychiatric services including, but not limited to, geographic access, wait times, other key measures.
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	This milestone will be further detailed in subsequent quarterly reports
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	The Nassau County Department of Social Services, a partner in NQP, has mobile crisis teams already in place and is in process of expanding its mobile crisis teams. Planned next steps to meet this requirement have been included as tasks under this milestone.

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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.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	The PPS-wide Workgroup is currently discussing the a strategy to create a central triage service consistent with DSRIP requirements. Planned next steps to meet this requirement have been included as tasks under this milestone.
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	The PPS-wide Performance Reporting Project Workgroup has been convened to meet this requirement and other performance monitoring across NQP. Planned next steps to meet this requirement have been included as tasks under this milestone.
Use EHRs or other technical platforms to track all patients engaged in this project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development.

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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

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.a.ii.6 - IA Monitoring

Instructions :

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Project 3.b.i – Evidence-based strategies for disease management in high risk/affected populations (adult only)

IPQR Module 3.b.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) NQP is aware of risks associated with the implementation of protocols with physicians. In particular, the PPS is aware that providers often believe that they are already delivering care in the best possible manner; however, a more consistent and systematic approach to consistent use of protocols is required. To mitigate this risk, NQP will provide educational support to providers in a manner that supports consistent use of protocols. In addition, the PPS will mitigate this risk by measuring use of the protocols, evaluating data and addressing opportunities to improve. 2) Achievement of PCMH Level 3 / APCM recognition by DY3Q4, which applies to all primary care practices. The tremendous resource required to achieve this for all practices creates the risk of diluting support to Safety Net practices. The NQP will create a detailed plan to front load Safety Net practices with support needed to achieve PCMH recognition. Consultants and subject matter experts will work with the local project team to develop tools that are compliant with PCMH requirements while PCMH will be driven by the hubs, using internal resources and a preferred list of consultants developed by the PPS. 3) NQP recognizes that the PPS will require reporting, utilizing data that is not currently uniform or automated; without appropriate data, a risk to the project exists. NQP will mitigate this risk through the development of an IT strategy that addresses needs for coordination at the practice level and, at the hub/PPS level. PPS level coordination will support interoperability and care coordination requirements. 4) NQP recognizes that the PPS must develop and implement a successful cultural and linguistic approach to support patients in their efforts to enhance their ability to perform self-care and, to improve their health literacy skills. To mitigate this risk, the PPS will develop a robust strategy to address cultural and linguistic competence that incorporates tools for patients with cardiovascular disease.

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IPQR Module 3.b.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	1,220	0	0	0	0	61	122	183	244	366	488
Non-PCP Practitioners	365	0	0	0	0	18	37	55	73	110	146
Clinics	18	0	0	0	0	1	2	3	4	5	7
Health Home / Care Management	6	0	0	0	0	0	1	1	1	2	2
Behavioral Health	27	0	0	0	0	1	3	4	5	8	11
Substance Abuse	5	0	0	0	0	0	1	1	1	2	2
Pharmacies	3	0	0	0	0	0	0	0	1	1	1
Community Based Organizations	7	0	0	0	0	0	1	1	1	2	3
All Other	130	0	0	0	0	7	13	20	26	39	52
Total Committed Providers	**1,781**	**0**	**0**	**0**	**0**	**88**	**180**	**268**	**356**	**535**	**712**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**4.94**	**10.11**	**15.05**	**19.99**	**30.04**	**39.98**

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	1,220	610	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Non-PCP Practitioners	365	183	365	365	365	365	365	365	365	365	365
Clinics	18	9	18	18	18	18	18	18	18	18	18
Health Home / Care Management	6	3	6	6	6	6	6	6	6	6	6
Behavioral Health	27	14	27	27	27	27	27	27	27	27	27

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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
Substance Abuse	5	3	5	5	5	5	5	5	5	5	5
Pharmacies	3	2	3	3	3	3	3	3	3	3	3
Community Based Organizations	7	4	7	7	7	7	7	7	7	7	7
All Other	130	65	130	130	130	130	130	130	130	130	130
Total Committed Providers	**1,781**	**893**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**
Percent Committed Providers(%)		**50.14**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 3.b.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**
DY3,Q4	53,992

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	10,798	16,198	21,597	10,798	21,597	32,395	43,193	13,498	26,996
Percent of Expected Patient Engagement(%)	**0.00**	**20.00**	**30.00**	**40.00**	**20.00**	**40.00**	**60.00**	**80.00**	**25.00**	**50.00**

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	40,494	53,992	13,498	26,996	40,494	53,992	13,498	26,996	40,494	53,992
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

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IPQR Module 3.b.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 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the PPS level, identify current state and future state including, but not limited to, gaps between current state-based on DSRIP requirements.	Project		Completed	05/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 2. At the PPS level, identify best practice and evidence-based guidelines, considering Million Hearts Campaign strategies.	Project		Completed	05/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 3. At the PPS level, develop current state and future state workflows that incorporate all DSRIP requirements and reflect standards of care for dissemination to NQP hubs.	Project		Completed	05/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR	Project	N/A	In Progress	06/01/2015	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
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 DY 3.							
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	06/01/2015	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	06/01/2015	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	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.	Project		In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.	Project		In Progress	08/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.	Project		In Progress	08/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task 6. Safety net providers implement 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.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #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.	Project	N/A	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	06/01/2015	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
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.	Provider	Primary Care Physicians	In Progress	06/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.	Project		In Progress	07/02/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	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
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, create a current state analysis to assess the manner in which the hubs and CBOs employ the 5 A's (Ask, Assess, Advise, Assist, and Arrange) of tobacco dependence treatment in primary care practices.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review best practices with regard to implementing the 5 A's and make recommendation for use across the hubs.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. At the hub level, build prompt functionalities and add identified tobacco dependence treatment questions into current and new (where required) EHR systems based on guidance from the PPS.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the PPS level, develop a strategy to track, on an automated basis, patients who receive the 5 As.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and implement a performance improvement program to optimize 5 A use in practices.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Project	N/A	In Progress	05/01/2015	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
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, create workgroup of clinicians representing each health system to identify, review and recommend guidelines that align with specified with Domain 1 recommended strategies.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 2. At the PPS level, conduct literature reviews of evidence-based practices.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3. At the PPS level, identify best practice CVD guidelines and evidence-based protocols, considering Million Hearts Campaign strategies and the NCEP and USPSTF guidelines.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 4. At the PPS level, create and distribute survey to primary care practices to assess which of these evidence-based guidelines, protocols and/or strategies are being used and to what extent they being used to assess HTN and elevated cholesterol.	Project		In Progress	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 5. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 6. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 8. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	08/01/2015	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
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams to address compliance issues and self-efficacy in the care of patients with hypertension (e.g. Health Homes, health system-based, etc.).	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review best practices on care coordination teams within primary care settings.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At PPS level, develop recommended work flow to accommodate walk-in patients for blood pressure checks.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 2. Develop a PPS-wide strategy to support adoption of the work flow across the hub level.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
3. Convene hub-level workgroup to implement the approach proposed by the PPS-wide workgroup. Workgroups may include members such as clinical staff, administrative staff, and CBOs.							
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Project	N/A	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/01/2015	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
1. Assess patient stratification and automated scheduling capabilities within the IT systems capabilities across primary care practices at each hub.							
Task 2. Build or modify patient stratification system to generate a list of patients with repeated elevated blood pressure without a HTN diagnosis.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 3. Build or modify automated or work driver scheduling system to prompt when patient without HTN diagnosis has repeated elevated blood pressure readings entered into their EHR.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Coordinate periodic training at the hub level around patient identification and hypertension visit scheduling.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify best practice and evidence-based guidelines on when to use preferential drug regimens that provides increased chance of medication adherence, considering Million Hearts Campaign strategies.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Project	N/A	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task Self-management goals are documented in the clinical record.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the PPS level, review best practices for self-management, especially for cardiovascular patients.	Project		In Progress	08/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task 2. Develop PPS-wide guidelines based on best practices of self-management documentation and patient review approaches.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Project	N/A	In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the PPS level, develop current state and future state workflows to identify most efficient referral and follow-up process.	Project		In Progress	10/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. At the PPS level, engage commonly referred community based programs to discuss collaborative follow-up process.	Project		In Progress	10/01/2015	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
Task 3. At the PPS level, develop a process to refer and track patient participation and health status changes.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 4. Convene hub-level Workgroup to tailor the PPS approach proposed. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 5. At the hub level, develop and implement a mechanism to monitor and measure referral and follow-up. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Project	N/A	In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	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

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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
6. Coordinate periodic training at the hub level around warm referral and follow-up process.							
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project	N/A	In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Create registry of patients with established diagnosis of hypertension.	Project		In Progress	10/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task 2. Build or modify patient stratification system to identify patients with hypertension without a recent visit.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Build or modify automated or work driver scheduling system to facilitate scheduling	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, conduct current state assessment of NYS Smokers' Quit line utilization.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 2. At the PPS level, gather data regarding follow-up and referral process on patients who utilize the NYS Smokers' Quit line.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. At the PPS level, develop best practice workflow (based on evidence-based practices elsewhere in the country) to promote use of the NYS Smokers' Quit line at the local hub level.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the PPS-level, develop a protocol/process to document patient utilization of the NYS Smokers' Quitline and related health status changes to be implemented in primary care practices at the local hub level.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Project	N/A	In Progress	08/01/2015	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 If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Primary Care Physicians	In Progress	08/01/2015	01/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Non-PCP Practitioners	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Behavioral Health	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, identify evidence-based strategies and protocols from the	Project		In Progress	08/01/2015	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
Million Hearts Campaign.							
Task 2. Develop a PPS-wide strategy to support adoption of the protocols across the hub level.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 3. Convene hub-level Workgroup to implement the project and tailor the PPS strategy proposed by the PPS-wide Workgroup. Workgroup members may include clinical staff, administrative staff, and CBOs.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 5. At the hub level, develop and implement a performance improvement program to improve tobacco-free policy implementation.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Project	N/A	In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 1. Inventory MCO care coordination practices throughout NQP.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. At the PPS level, identify best practice care coordination strategies nationally, as supported by data.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance cardiovascular care management in the primary care setting.	Project		In Progress	01/01/2016	06/30/2017	06/30/2017	DY3 Q1
Task	Project		In Progress	01/01/2016	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
6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.							
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify all PCPs participating in the NQP.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Survey PCPs regarding treatment of cardiovascular disease.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with cardiovascular disease.	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and impement a performance improvement program to increase participation, if necessary.	Project		In Progress	01/01/2016	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 program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task 1. At the PPS level, identify current state and future state including, but not limited to, gaps between current state-based on DSRIP requirements.										
Task 2. At the PPS level, identify best practice and evidence-based guidelines, considering Million Hearts Campaign strategies.										
Task 3. At the PPS level, develop current state and future state workflows that incorporate all DSRIP requirements and reflect										

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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
standards of care for dissemination to NQP hubs.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to 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 DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	17	34	50	67	101	134
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	3	5	8	10	15	20
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	1	2	3	4	6	8
Task PPS uses alerts and secure messaging functionality.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										

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Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. Safety net providers implement 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.										
Milestone #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.										
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	61	122	183	244	366	488
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety										

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net providers at the hub level.										
Milestone #4 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 1. At the PPS level, create a current state analysis to assess the manner in which the hubs and CBOs employ the 5 A's (Ask, Assess, Advise, Assist, and Arrange) of tobacco dependence treatment in primary care practices.										
Task 2. Review best practices with regard to implementing the 5 A's										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
and make recommendation for use across the hubs.										
Task 3. At the hub level, build prompt functionalities and add identified tobacco dependence treatment questions into current and new (where required) EHR systems based on guidance from the PPS.										
Task 4. At the PPS level, develop a strategy to track, on an automated basis, patients who receive the 5 As.										
Task 5. Develop and implement a performance improvement program to optimize 5 A use in practices.										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task 1. At the PPS level, create workgroup of clinicians representing each health system to identify, review and recommend guidelines that align with specified with Domain 1 recommended strategies.										
Task 2. At the PPS level, conduct literature reviews of evidence-based practices.										
Task 3. At the PPS level, identify best practice CVD guidelines and evidence-based protocols, considering Million Hearts Campaign strategies and the NCEP and USPSTF guidelines.										
Task 4. At the PPS level, create and distribute survey to primary care practices to assess which of these evidence-based guidelines, protocols and/or strategies are being used and to what extent they being used to assess HTN and elevated cholesterol.										
Task 5. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 6. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include										

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
members such as clinical staff, administrative staff, and CBOs.										
Task 7. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 8. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams to address compliance issues and self-efficacy in the care of patients with hypertension (e.g. Health Homes, health system-based, etc.).										
Task 2. Review best practices on care coordination teams within primary care settings.										
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement										

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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
program to optimize clinical processes and outcomes.										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	0	0	0	0	61	122	183	244	366	488
Task 1. At PPS level, develop recommended work flow to accommodate walk-in patients for blood pressure checks.										
Task 2. Develop a PPS-wide strategy to support adoption of the work flow across the hub level.										
Task 3. Convene hub-level workgroup to implement the approach proposed by the PPS-wide workgroup. Workgroups may include members such as clinical staff, administrative staff, and CBOs.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.										
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										

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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 #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Assess patient stratification and automated scheduling capabilities within the IT systems capabilities across primary care practices at each hub.										
Task 2. Build or modify patient stratification system to generate a list of patients with repeated elevated blood pressure without a HTN diagnosis.										
Task 3. Build or modify automated or work driver scheduling system to prompt when patient without HTN diagnosis has repeated elevated blood pressure readings entered into their EHR.										
Task 4. Coordinate periodic training at the hub level around patient identification and hypertension visit scheduling.										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 1. At the PPS level, identify best practice and evidence-based guidelines on when to use preferential drug regimens that provides increased chance of medication adherence, considering Million Hearts Campaign strategies.										
Task 2. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.										

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Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task 1. At the PPS level, review best practices for self-management, especially for cardiovascular patients.										
Task 2. Develop PPS-wide guidelines based on best practices of self-management documentation and patient review approaches.										
Task 3. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										

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Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task 1. At the PPS level, develop current state and future state workflows to identify most efficient referral and follow-up process.										
Task 2. At the PPS level, engage commonly referred community based programs to discuss collaborative follow-up process.										
Task 3. At the PPS level, develop a process to refer and track patient participation and health status changes.										
Task 4. Convene hub-level Workgroup to tailor the PPS approach proposed. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure referral and follow-up. Report back to PPS workgroup.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.										

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Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Task 6. Coordinate periodic training at the hub level around warm referral and follow-up process.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task 1. Create registry of patients with established diagnosis of hypertension.										
Task 2. Build or modify patient stratification system to identify patients with hypertension without a recent visit.										
Task 3. Build or modify automated or work driver scheduling system to facilitate scheduling										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task 1. At the PPS level, conduct current state assessment of NYS Smokers' Quit line utilization.										
Task 2. At the PPS level, gather data regarding follow-up and referral process on patients who utilize the NYS Smokers' Quit line.										
Task 3. At the PPS level, develop best practice workflow (based on										

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evidence-based practices elsewhere in the country) to promote use of the NYS Smokers' Quit line at the local hub level.										
Task 4. At the PPS-level, develop a protocol/process to document patient utilization of the NYS Smokers' Quitline and related health status changes to be implemented in primary care practices at the local hub level.										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.										
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.										
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.										
Task 4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.										
Task 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										

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Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	122	244	366	488	610	1,220	1,220	1,220
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	37	73	110	146	183	365	365	365
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	3	5	8	11	14	27	27	27
Task 1. At the PPS level, identify evidence-based strategies and protocols from the Million Hearts Campaign.										
Task 2. Develop a PPS-wide strategy to support adoption of the protocols across the hub level.										
Task 3. Convene hub-level Workgroup to implement the project and tailor the PPS strategy proposed by the PPS-wide Workgroup. Workgroup members may include clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. At the hub level, develop and implement a performance improvement program to improve tobacco-free policy implementation.										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Inventory MCO care coordination practices throughout NQP.										
Task 2. At the PPS level, identify best practice care coordination										

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strategies nationally, as supported by data.										
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.										
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.										
Task 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance cardiovascular care management in the primary care setting.										
Task 6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	122	244	366	488	610	1,220	1,220	1,220
Task 1. Identify all PCPs participating in the NQP.										
Task 2. Survey PCPs regarding treatment of cardiovascular disease.										
Task 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with cardiovascular disease.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.										
Task 5. Develop and impement a performance improvement program to increase participation, if necessary.										

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 program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										

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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 PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task 1. At the PPS level, identify current state and future state including, but not limited to, gaps between current state-based on DSRIP requirements.										
Task 2. At the PPS level, identify best practice and evidence-based guidelines, considering Million Hearts Campaign strategies.										
Task 3. At the PPS level, develop current state and future state workflows that incorporate all DSRIP requirements and reflect standards of care for dissemination to NQP hubs.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #2 Ensure that all PPS safety net providers are actively connected to 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 DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	168	336	336	336	336	336	336	336	336	336
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	25	50	50	50	50	50	50	50	50	50
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	10	19	19	19	19	19	19	19	19	19

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Task PPS uses alerts and secure messaging functionality.										
Task 1. Assess capabilities, including but not limited to, Electronic Health Records capabilities among safety net providers.										
Task 2. Assess local health information exchanges/RHIO/SHIN-NY capabilities to support information sharing at the point of care, secure messaging, alerts and patient record look up.										
Task 3. Collaborate with state and local Health Information Exchanges to create connectivity, as needed, to ensure the ability to conduct secure messaging and sharing of health information among PPS safety net partners.										
Task 4. Develop and integrate PPS and hub-level IT platforms with safety net and other providers to ensure the ability to perform the direct exchange of information, provide alerts and conduct patient record look ups.										
Task 5. Test the ability to conduct sharing of data, as required above, using an HIE with safety net and other providers.										
Task 6. Safety net providers implement 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.										
Milestone #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.										
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.	610	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										

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Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.										
Milestone #4 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 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 6: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										

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Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task 1. At the PPS level, create a current state analysis to assess the manner in which the hubs and CBOs employ the 5 A's (Ask, Assess, Advise, Assist, and Arrange) of tobacco dependence treatment in primary care practices.										
Task 2. Review best practices with regard to implementing the 5 A's and make recommendation for use across the hubs.										
Task 3. At the hub level, build prompt functionalities and add identified tobacco dependence treatment questions into current and new (where required) EHR systems based on guidance from the PPS.										
Task 4. At the PPS level, develop a strategy to track, on an automated basis, patients who receive the 5 As.										
Task 5. Develop and implement a performance improvement program to optimize 5 A use in practices.										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task 1. At the PPS level, create workgroup of clinicians representing each health system to identify, review and recommend guidelines that align with specified with Domain 1 recommended strategies.										
Task 2. At the PPS level, conduct literature reviews of evidence-based practices.										
Task 3. At the PPS level, identify best practice CVD guidelines and evidence-based protocols, considering Million Hearts Campaign strategies and the NCEP and USPSTF guidelines.										

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Task 4. At the PPS level, create and distribute survey to primary care practices to assess which of these evidence-based guidelines, protocols and/or strategies are being used and to what extent they being used to assess HTN and elevated cholesterol.										
Task 5. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 6. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 7. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 8. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams to address compliance issues and self-efficacy in the care of patients with hypertension (e.g. Health Homes, health system-based, etc.).										
Task 2. Review best practices on care coordination teams within primary care settings.										
Task 3. Develop a PPS-wide strategy to support adoption of best										

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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
practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	610	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task 1. At PPS level, develop recommended work flow to accommodate walk-in patients for blood pressure checks.										
Task 2. Develop a PPS-wide strategy to support adoption of the work flow across the hub level.										
Task 3. Convene hub-level workgroup to implement the approach proposed by the PPS-wide workgroup. Workgroups may include members such as clinical staff, administrative staff, and CBOs.										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.										
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										

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DSRIP Implementation Plan Project

Nassau Queens Performing Provider System, LLC (PPS ID:14)

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 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task 1. Assess patient stratification and automated scheduling capabilities within the IT systems capabilities across primary care practices at each hub.										
Task 2. Build or modify patient stratification system to generate a list of patients with repeated elevated blood pressure without a HTN diagnosis.										
Task 3. Build or modify automated or work driver scheduling system to prompt when patient without HTN diagnosis has repeated elevated blood pressure readings entered into their EHR.										
Task 4. Coordinate periodic training at the hub level around patient identification and hypertension visit scheduling.										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs										

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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
based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task 1. At the PPS level, identify best practice and evidence-based guidelines on when to use preferential drug regimens that provides increased chance of medication adherence, considering Million Hearts Campaign strategies.										
Task 2. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task 1. At the PPS level, review best practices for self-management, especially for cardiovascular patients.										
Task 2. Develop PPS-wide guidelines based on best practices of self-management documentation and patient review approaches.										
Task 3. Develop a PPS-wide strategy to support adoption of the guidelines across the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to										

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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
monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task 1. At the PPS level, develop current state and future state workflows to identify most efficient referral and follow-up process.										
Task 2. At the PPS level, engage commonly referred community based programs to discuss collaborative follow-up process.										
Task 3. At the PPS level, develop a process to refer and track patient participation and health status changes.										
Task 4. Convene hub-level Workgroup to tailor the PPS approach proposed. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure referral and follow-up. Report back to PPS workgroup.										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing										

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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
blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task 1. At the PPS level, identify best practices for blood pressure measurement and appropriate equipment for accuracy.										
Task 2. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 3. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Task 6. Coordinate periodic training at the hub level around warm referral and follow-up process.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task 1. Create registry of patients with established diagnosis of hypertension.										
Task 2. Build or modify patient stratification system to identify patients with hypertension without a recent visit.										
Task 3. Build or modify automated or work driver scheduling system to facilitate scheduling										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										

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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 1. At the PPS level, conduct current state assessment of NYS Smokers' Quit line utilization.										
Task 2. At the PPS level, gather data regarding follow-up and referral process on patients who utilize the NYS Smokers' Quit line.										
Task 3. At the PPS level, develop best practice workflow (based on evidence-based practices elsewhere in the country) to promote use of the NYS Smokers' Quit line at the local hub level.										
Task 4. At the PPS-level, develop a protocol/process to document patient utilization of the NYS Smokers' Quitline and related health status changes to be implemented in primary care practices at the local hub level.										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.										
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.										
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.										
Task 4. Develop strategy to distribute data to clinicians, health										

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
homes, and CBOs for their patient population.										
Task 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	365	365	365	365	365	365	365	365	365	365
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	27	27	27	27	27	27	27	27	27	27
Task 1. At the PPS level, identify evidence-based strategies and protocols from the Million Hearts Campaign.										
Task 2. Develop a PPS-wide strategy to support adoption of the protocols across the hub level.										
Task 3. Convene hub-level Workgroup to implement the project and tailor the PPS strategy proposed by the PPS-wide Workgroup. Workgroup members may include clinical staff, administrative staff, and CBOs.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 5. At the hub level, develop and implement a performance improvement program to improve tobacco-free policy implementation.										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										

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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 PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Inventory MCO care coordination practices throughout NQP.										
Task 2. At the PPS level, identify best practice care coordination strategies nationally, as supported by data.										
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.										
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.										
Task 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance cardiovascular care management in the primary care setting.										
Task 6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task 1. Identify all PCPs participating in the NQP.										
Task 2. Survey PCPs regarding treatment of cardiovascular disease.										
Task 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with cardiovascular disease.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.										
Task 5. Develop and impement a performance improvement										

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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
program to increase participation, if necessary.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	kgiangar	14_PMDL4203_1_1_20150806142911_3.b.i Future HTN Workflow.pdf	3.b.i Future HTN Workflow	08/06/2015 02:28 PM
	kgiangar	14_PMDL4203_1_1_20150806142747_3.b.i Future Cholesterol Workflow.pdf	3.b.i Future Cholesterol Workflow	08/06/2015 02:26 PM
	kgiangar	14_PMDL4203_1_1_20150727114629_All Ambulatory Conditions Workgroup Meeting Minutes.pdf	Ambulatory Conditions Work group Meeting Minutes	07/27/2015 11:45 AM
	kgiangar	14_PMDL4203_1_1_20150727114421_3.b.i References.pdf	3.b.i References	07/27/2015 11:43 AM
	kgiangar	14_PMDL4203_1_1_20150727114221_3.b.i Gap Analysis Findings.pdf	3.b.i Gap Analysis Findings	07/27/2015 11:41 AM
	kgiangar	14_PMDL4203_1_1_20150727113954_3.b.i Best Practices.pdf	3.b.i Best Practices Presentation	07/27/2015 11:38 AM
	kgiangar	14_PMDL4203_1_1_20150727113801_3.b.i Evidence-Based Strategies Assessment Survey.pdf	3.b.i Evidence-Based Strategies Assessment Survey	07/27/2015 11:36 AM
	kgiangar	14_PMDL4203_1_1_20150727113539_Ambulatory Conditions Introduction Deck.pdf	Ambulatory Conditions Introduction Presentation	07/27/2015 11:34 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	NQP developed a PPS-level workgroup consisting of representatives from all three hubs to address DSRIP deliverables associated with Ambulatory Conditions (3.b.i., 3.c.i., & 4.b.i.). To address all three different ambulatory conditions, NQP created three PPS-level sub-workgroups to address each clinical condition individually. To create hub-level guidelines on evidence-based cardiovascular disease management at primary care practice sites, NQP embarked on a data-driven, evidence-based design process. Specifically, NQP: • Developed and analyzed current and future state process flow diagrams in the primary care setting. • Conducted best practice research regarding evidence-based cardiovascular disease guidelines with respect to hypertension and cholesterol management. • Prepared, deployed, and analyzed survey to understand practices for screening and treatment of cardiovascular disease within the hospital setting. • Prepared a survey to understand practices for screening and treatment of cardiovascular disease within the primary care setting. (NOTE: This survey has not yet been administered).
Ensure that all PPS safety net providers are actively connected to EHR systems with local	An IT assessment is planned for cataloguing current capabilities of the various partners within the hub including ability to support secure health messaging and any implemented patient alert functionality. The assessment will include an analysis and proposed solution approaches to close gaps in functional requirements in order to

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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 DY 3.	meet DSRIP deliverables. This includes connectivity to the RHIO, real time notifications and issues related to data exchange and data security.
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.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.
Use EHRs or other technical platforms to track all patients engaged in this project.	The PPS Performance Measurement committee, with participation from the 3 hubs, meets regularly and is in the process of developing a strategy to identify and track actively engaged patients. Report specifications are currently in development.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	NQP developed a PPS-wide workgroup to address DSRIP deliverables associated with Ambulatory Conditions. A sub-workgroup was then created to address cardiovascular conditions. To implement the 5 A's in a evidence-based manner, at primary care practice sites, to date, NQP has: • Conducted best practice research regarding evidence-based tobacco dependence guidelines, specifically 5 A's. • Surveyed the NQP health systems regarding current practices with regard to tobacco cessation. • Synthesized initial data collected. For more information regarding planned steps to meet this requirement, see the tasks included under this Milestones as well as the future state work flow diagrams.
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	NQP developed PPS-wide guidance on evidence-based protocols to screen for, and to treat, cardiovascular disease across the PPS. The PPS-wide CVD Sub-group reviewed and recommended protocols and guidelines that align with specified with Domain 1 requirements. The PPS has further reviewed information regarding the Million Hearts Campaign, the ACC/AHA, NCEP, and USPSTF guidelines for incorporation into the project. As a next step, guidelines will soon be reviewed by the PPS-level Clinical Guidelines Committee. Actual implementation of guidelines will occur consistent with plans to implement guidelines as outlined under this milestone. Additional steps to implement this project are included in the tasks listed for this milestone.
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and	As part of PCMH assessment for participating PCPs, a survey was developed to understand present state of care coordination activities. This survey will be deployed in the near future. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	work flow diagrams.
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	PPS will inquire with DOH regarding feasibility and regulatory considerations for implementing this milestone.
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	This milestone will be further detailed in subsequent quarterly reports.
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	This milestone will be further detailed in subsequent quarterly reports.
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	This milestone will be further detailed in subsequent quarterly reports.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Document patient driven self-management goals in the medical record and review with patients at each visit.	This milestone will be further detailed in subsequent quarterly reports.
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	This milestone will be further detailed in subsequent quarterly reports.
Develop and implement protocols for home blood pressure monitoring with follow up support.	This milestone will be further detailed in subsequent quarterly reports.
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	This milestone will be further detailed in subsequent quarterly reports.
Facilitate referrals to NYS Smoker's Quitline.	This milestone will be further detailed in subsequent quarterly reports.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	NQP has begun data analyses to identify and act on "hot spots" in high-risk neighborhoods. NQP has begun discussions with Health Homes in the area and will develop a hot spotting strategy with the Health Homes. Such linkages have been initiated and additional work will continue in this DSRIP quarter.
Adopt strategies from the Million Hearts Campaign.	This milestone will be further detailed in subsequent quarterly reports.
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	This milestone will be further detailed in subsequent quarterly reports.
Engage a majority (at least 80%) of primary care providers in this project.	NQP is in the process of identifying all PCPs participating in DSRIP. NQP has developed a survey to assess the PCP capacity and practices regarding the treatment of cardiovascular that will deployed in the near future. Next steps include creating a strategy to engage PCPs in cardiovascular management as part of PCMH recognition and NCQA requirements by: • Incorporating language in provider contracts regarding use of agreed upon protocols. • Ensuring that practices select a cardiovascular condition as a focused condition for PCMH recognition to ensure consistency in where the greatest resources and consistent practices are being applied. • Establishing incentives and supports for providers such that they see overall benefit in DSRIP participation.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.

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IPQR Module 3.b.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

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

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

Instructions :

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Project 3.c.i – Evidence-based strategies for disease management in high risk/affected populations (adults only)

IPQR Module 3.c.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) Medically vulnerable patients such as Medicaid patients with diabetes often have significant social determinants of health that primary care practices are not always well equipped to address. Through engagement of community based organizations and social service agencies, through provider education and through widespread adoption of team based care as dictated by PCMH concepts, these needs will be better addresses improving both adherence to medical regimens and outcomes.

2)The requirement to achieve PCMH Level 3 / APCM recognition by DY3Q4 applies to all primary care practices. The resource required to achieve this goal for 100% of all practices are considerable The NQP will create a detailed plan to assess all practices and identify those that will require significant lead time (EHR implementation, formalized performance improvement processes, quality data collection, etc.) for early intervention to implement foundational changes. There will be a different strategy for practices with critical processes already in place to provide the support needed to achieve early certification. Consultants and subject matter experts will work with the local project team to develop tools that are compliant with PCMH / APCM requirements. Tools developed for safety nets should be deployable to other practices.

3) Within 3.c.i. there is a requirement that certain Medicaid eligible provider types (MD, DO, NP, Certified Midwife, DDS) are using a Meaningful Use certified EMR. The current state of the network is many different EMR's are in use, some providers do not use EMR, and some use non certified EMRs. NQP will create a registry of these provider types, noting EMR version. The adoption and/or maintenance of a certified EMR will be build into the partner Contracting process. The PPS will provide technical assistance to providers in meeting these requirements.

4) Within the IDS, all partners must establish connectivity with the RHIO, i.e. specifically the use of secure messaging, alerts, and patient record lookup. There are a large number of providers, including CBOs that will need to initiate connection to the RHIO(s). This requirement will be driven through the contracting process.

5) NQP recognizes that the PPS will require reporting utilizing data that is not currently uniform or automated. NQP's IT strategy will resolve this issue, and NQP will further develop manual reporting to meet DSRIP reporting requirements until fully automated reporting is available. To track DSRIP projects, NQP will develop a web based registry that can allow partners to enter data, while supporting PPS efforts to monitor data quality, completeness and accuracy of data submissions.

6) NQP anticipates a constraint on resource available to provide patient education and support, and potentially a lack of knowledge around evidence-based disease management guidelines amongst providers. This will be addressed with training of care teams (including provider leads), including CBO members such as patient navigators and community health workers.

7) Availability of supportive services, including transportation and nutrition will be enhanced through a network wide directory of CBOs, and cross mapping supportive services to disease 'hot spots'. This same approach will be utilized to address 'hot spots' with initiatives focused on educating

patients regarding self management and lifestyle modification.

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IPQR Module 3.c.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	1,220	0	0	0	0	61	122	183	244	366	488
Non-PCP Practitioners	365	0	0	0	0	18	37	55	73	110	146
Clinics	18	0	0	0	0	1	2	3	4	5	7
Health Home / Care Management	6	0	0	0	0	0	1	1	1	2	2
Behavioral Health	27	0	0	0	0	1	3	4	5	8	11
Substance Abuse	5	0	0	0	0	0	1	1	1	2	2
Pharmacies	3	0	0	0	0	0	0	0	1	1	1
Community Based Organizations	7	0	0	0	0	0	1	1	1	2	3
All Other	130	0	0	0	0	7	13	20	26	39	52
Total Committed Providers	**1,781**	**0**	**0**	**0**	**0**	**88**	**180**	**268**	**356**	**535**	**712**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**4.94**	**10.11**	**15.05**	**19.99**	**30.04**	**39.98**

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	1,220	610	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Non-PCP Practitioners	365	183	365	365	365	365	365	365	365	365	365
Clinics	18	9	18	18	18	18	18	18	18	18	18
Health Home / Care Management	6	3	6	6	6	6	6	6	6	6	6
Behavioral Health	27	14	27	27	27	27	27	27	27	27	27

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Nassau Queens Performing Provider System, LLC (PPS ID:14)

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
Substance Abuse	5	3	5	5	5	5	5	5	5	5	5
Pharmacies	3	2	3	3	3	3	3	3	3	3	3
Community Based Organizations	7	4	7	7	7	7	7	7	7	7	7
All Other	130	65	130	130	130	130	130	130	130	130	130
Total Committed Providers	**1,781**	**893**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**	**1,781**
Percent Committed Providers(%)		**50.14**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 3.c.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**
DY3,Q4	104,295

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	31,288	46,932	62,577	20,859	41,718	62,577	83,436	26,074	52,147
Percent of Expected Patient Engagement(%)	**0.00**	**30.00**	**45.00**	**60.00**	**20.00**	**40.00**	**60.00**	**80.00**	**25.00**	**50.00**

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	78,222	104,295	26,074	52,147	78,222	104,295	26,074	52,147	78,222	104,295
Percent of Expected Patient Engagement(%)	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**	**25.00**	**50.00**	**75.00**	**100.00**

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IPQR Module 3.c.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 Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	Project	N/A	In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.	Project		In Progress	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 1 . At the PPS level, identify the current and future state of diabetes management in primary care practices. Highlight project challenges, and gaps based on DSRIP Domain 1 requirements.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 2. Evidenced based guidelines for comprehensive diabetes management are to be identified by literature review performed by project workgroup and select subject matter experts.	Project		Completed	05/01/2015	07/20/2015	09/30/2015	DY1 Q2
Task 3-Evidenced based guidelines reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Project		In Progress	10/01/2015	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
7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.							
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Primary Care Physicians	In Progress	05/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 1. Identify all PCPs participating in the NQP.	Project		In Progress	05/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Survey PCPs regarding treatment of diabetes disease.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with diabetes disease.	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop and impement a performance improvement program to increase participation, if necessary.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	Project	N/A	In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are established and implemented.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams (e.g. Health Homes, health system-based, etc.).	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review best practices on care coordination teams within primary care settings.	Project		In Progress	08/01/2015	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
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.	Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	Project	N/A	In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.	Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 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 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.	Project	N/A	In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Inventory MCO care coordination practices throughout NQP.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. At the PPS level, identify best practice care coordination strategies nationally, as supported by data.	Project		In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.	Project		In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance diabetes care management in the primary care setting.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.	Project		In Progress	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	In Progress	05/01/2015	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	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses a recall system that allows staff to report which patients are overdue	Project		In Progress	05/01/2015	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 which preventive services and to track when and how patients were notified of needed services.							
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.	Project		In Progress	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 5. At the hub level, build or modify technical platform capabilities to identify patients whose preventive screenings are overdue.	Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task 6: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task 7: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.	Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	Project	N/A	In Progress	08/01/2015	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	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	Provider	Safety Net Non-PCP Practitioners	In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task	Provider	Safety Net Behavioral Health	In Progress	08/01/2015	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
EHR meets connectivity to RHIO/SHIN-NY requirements.							
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.	Project		In Progress	08/08/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.	Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
Task Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task 1 . At the PPS level, identify the current and future state of diabetes management in primary care practices. Highlight project challenges, and gaps based on DSRIP Domain 1 requirements.										
Task 2. Evidenced based guidelines for comprehensive diabetes management are to be identified by literature review										

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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
performed by project workgroup and select subject matter experts.										
Task 3-Evidenced based guidelines reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	122	244	366	488	610	1,220	1,220	1,220
Task 1. Identify all PCPs participating in the NQP.										
Task 2. Survey PCPs regarding treatment of diabetes disease.										
Task 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with diabetes disease.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.										
Task 5. Develop and impement a performance improvement program to increase participation, if necessary.										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy,										

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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
community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams (e.g. Health Homes, health system-based, etc.).										
Task 2. Review best practices on care coordination teams within primary care settings.										
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										

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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 If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.										
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.										
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.										
Task 4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.										
Task 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task 1. Inventory MCO care coordination practices throughout NQP.										
Task 2. At the PPS level, identify best practice care coordination strategies nationally, as supported by data.										
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.										
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.										

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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 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance diabetes care management in the primary care setting.										
Task 6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving automated reports from all providers.										
Task 5. At the hub level, build or modify technical platform capabilities to identify patients whose preventive screenings are overdue.										
Task 6: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 7: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems										

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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
used by participating safety net providers.										
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	61	122	183	244	366	488
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	17	34	50	67	101	134
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	3	5	8	10	15	20
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	0	0	0	0	1	2	3	4	6	8
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.										

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 evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.										
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
Evidence-based strategies for the management and control of diabetes in the PPS designated area are developed and implemented for all participating providers. Protocols for disease management are developed and training of staff is completed.										
Task 1 . At the PPS level, identify the current and future state of diabetes management in primary care practices. Highlight project challenges, and gaps based on DSRIP Domain 1 requirements.										
Task 2. Evidenced based guidelines for comprehensive diabetes management are to be identified by literature review performed by project workgroup and select subject matter experts.										
Task 3-Evidenced based guidelines reviewed by Clinical Oversight Committee of the NQP Executive Committee for appropriateness and selected EBG presented to Executive committee for adoption.										
Task 4. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 5. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 6. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 7. Develop and implement a performance improvement program to optimize clinical processes and outcomes.										
Milestone #2 Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.										
Task PPS has engaged at least 80% of their PCPs in this activity.	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task 1. Identify all PCPs participating in the NQP.										
Task 2. Survey PCPs regarding treatment of diabetes disease.										

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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 3. At the PPS level, develop a provider engagement strategy, which may include incentives, to identify and manage patients with diabetes disease.										
Task 4. At the hub level, develop and implement a mechanism to monitor and measure PCP participation. Report back to PPS.										
Task 5. Develop and impement a performance improvement program to increase participation, if necessary.										
Milestone #3 Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are established and implemented.										
Task 1. Identify primary care practices within the NQP that currently utilize care coordination teams (e.g. Health Homes, health system-based, etc.).										
Task 2. Review best practices on care coordination teams within primary care settings.										
Task 3. Develop a PPS-wide strategy to support adoption of best practices at the hub level.										
Task 4. Convene hub-level Workgroup to tailor the approach proposed by the PPS-wide Workgroup. Workgroup may include members such as clinical staff, administrative staff, and CBOs.										
Task 5. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.										
Task 6. Develop and implement a performance improvement										

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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
program to optimize clinical processes and outcomes.										
Milestone #4 Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task 1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.										
Task 2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.										
Task 3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.										
Task 4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.										
Task 5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".										
Milestone #5 Ensure coordination with the Medicaid Managed Care organizations serving the target population.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										

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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 1. Inventory MCO care coordination practices throughout NQP.										
Task 2. At the PPS level, identify best practice care coordination strategies nationally, as supported by data.										
Task 3. Develop a PPS-level strategy & guidelines for hubs to leverage MCO care coordination strategies.										
Task 4. Develop a PPS-level strategy to engage MCOs, with a focus on resources associated with smoking cessation, hypertension screening, cholesterol screening & other preventative services relevant to this project.										
Task 5. At hub level, convene MCOs, Health Homes & other key stakeholders to discuss strategies to enhance diabetes care management in the primary care setting.										
Task 6. At the hub level, create agreements with MCOs based on collaborative care coordination efforts.										
Milestone #6 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 PPS uses a recall system that allows staff to report which patients are overdue for which preventive services and to track when and how patients were notified of needed services.										
Task 1. In collaboration with the PPS Performance Reporting committee, develop a PPS-level strategy to identify and track patients who are actively engaged.										
Task 2. At the PPS Level, develop and share report specifications to report patients who are actively engaged.										
Task 3. At PPS level, conduct IT assessment of providers to evaluate EHR use and capabilities.										
Task 4. At the Hub level, engage providers to report patient engagement. Each Hub will analyze provider attribution and EHR use to prioritize providers, with the goal of receiving										

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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
automated reports from all providers.										
Task 5. At the hub level, build or modify technical platform capabilities to identify patients whose preventive screenings are overdue.										
Task 6: At the Hub level, aggregate provider patient engagement reports and send to PPS via HIPAA compliant secure transfer.										
Task 7: At the PPS level, aggregate Hub data and track actively engaged patients quarterly.										
Milestone #7 Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.										
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.	610	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220	1,220
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	168	336	336	336	336	336	336	336	336	336
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	25	50	50	50	50	50	50	50	50	50
Task EHR meets connectivity to RHIO/SHIN-NY requirements.	10	19	19	19	19	19	19	19	19	19
Task 1. Select a third party vendor to perform gap analysis of EHR system use by participating safety net providers.										
Task 2. Vendor perform a gap analysis of EMR system use by participating safety net providers.										
Task 3. Stratify the partner list to identify only providers that are eligible for MU (MD, DO, NP, DDS, Certified Midwife).										
Task 4. Determine which safety net providers are not using EMR. Work with REC and other resources to create an EMR implementation plan for these providers, including incentive structure.										
Task 5. For safety net providers using a non-certified EMR, work										

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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
with REC and other resources to create an EMR upgrade plan for these providers.										
Task 6. Support certified EHR implementation to participating safety net providers at the hub level.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	kgiangar	14_PMDL4403_1_1_20150727151013_3.c.i Future Workflow.pdf	3.c.i Future Workflow	07/27/2015 03:09 PM
	kgiangar	14_PMDL4403_1_1_20150727112044_All Ambulatory Conditions Workgroup Minutes.pdf	Ambulatory Conditions Work group Meeting Minutes	07/27/2015 11:19 AM
	kgiangar	14_PMDL4403_1_1_20150727111832_3.c.i References.pdf	3.c.i. References	07/27/2015 11:17 AM
	kgiangar	14_PMDL4403_1_1_20150727111450_3.c.i Current Workflow.pdf	3.c.i. Current Workflow	07/27/2015 11:14 AM
	kgiangar	14_PMDL4403_1_1_20150727111324_3.c.i Gap Analysis.pdf	3.c.i. Gap Analysis	07/27/2015 11:12 AM
	kgiangar	14_PMDL4403_1_1_20150727111050_3.c.i Best Practices.pdf	3.c.i. Best Practices Presentation	07/27/2015 11:09 AM
	kgiangar	14_PMDL4403_1_1_20150727110854_3.c.i Evidence-Based Strategies Assessement Survey.pdf	3.c.i. Evidence-Based Strategies Assessment Survey	07/27/2015 11:07 AM
	kgiangar	14_PMDL4403_1_1_20150727110621_Ambulatory Conditions Introduction Deck.pdf	Ambulatory Conditions Introduction Presentation	07/27/2015 11:05 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based best practices for disease management, specific to diabetes, in community and ambulatory care settings.	NQP developed a PPS-wide workgroup to develop guidance centrally for the local hubs regarding all DSRIP deliverables associated with Ambulatory Conditions (3.b.i., 3.c.i., & 4.b.i.) at the PPS level. Given that the PPS sought to address three different ambulatory conditions, the NQP created three PPS-level sub-workgroups to address each clinical condition. To implement evidence-based diabetes management protocols at the PPS level for primary care practice sites, NQP focused on creating a data-driven, evidence, based design process at the PPS level as follows: • Developed and analyzed current and future state process flow diagrams in the primary care setting. • Conducted best practice research regarding evidence-based diabetes protocols. • Surveyed and synthesized data collected from the NQP health systems regarding current practices with regard to diabetes management in the hospital setting. • Prepared a survey to understand practices for screening and treatment of diabetes within the primary care setting. (NOTE: This survey has not yet been

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	administered). • Identified the American Diabetes Association 2015 Standards of Care as the model to implement in the primary care practices, pending review and approval by Clinical Oversight Committee. NQP has made progress in identifying the evidence-based diabetes management standards of care, and a future state work flow. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Engage at least 80% of primary care providers within the PPS in the implementation of disease management evidence-based best practices.	NQP is in the process of identifying all PCPs participating in DSRIP. NQP has developed a survey to assess the PCP capacity and practices regarding the treatment of diabetes that will deployed in the near future. Next steps include creating a strategy to engage PCPs in diabetes management as part of PCMH recognition and NCQA requirements by: • Incorporating language in provider contracts regarding use of agreed upon protocols. • Ensuring that practices select diabetes as a focused condition for PCMH recognition to ensure consistency in where the greatest resources and consistent practices are being applied. • Establishing incentives and supports for providers such that they see overall benefit in DSRIP participation. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.
Develop care coordination teams (including diabetes educators, nursing staff, behavioral health providers, pharmacy, community health workers,	As part of PCMH assessment for participating PCPs, a survey was developed to understand present state of care coordination activities. This survey will be deployed in the near future. For more information regarding planned steps to meet this requirement, see the tasks included under Milestones as well as the current and future state work flow diagrams.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
and Health Home care managers) to improve health literacy, patient self-efficacy, and patient self-management.	
Develop "hot spotting" strategies, in concert with Health Homes, to implement programs such as the Stanford Model for chronic diseases in high risk neighborhoods.	NQP has begun data analyses to identify and act on "hot spots" in high-risk neighborhoods. NQP has begun discussions with Health Homes in the area and will develop a hot spotting strategy with the Health Homes. Such linkages have been initiated and additional work will continue in this DSRIP quarter.
Ensure coordination with the Medicaid Managed Care organizations serving the target population.	All hubs have existing relationships with MCOs, and will leverage these relationships. Some hubs have begun discussions with MCOs to initiate this process. This milestone will be further detailed in subsequent quarterly reports.
Use EHRs or other technical platforms to track all patients engaged in this project.	The PPS performance reporting committee is in the process of developing a PPS Level strategy to identify and track actively engaged patients. Report specification is currently in development.
Meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3 for EHR systems used by participating safety net providers.	As part of the assessment for PCMH readiness, a survey has been developed and will be distributed in the near future to assess current state with regard to PCMH recognition but also for EMR utilization and MU status. Each Hub will be responsible for managing locally, the PCMH efforts and this will include facilitating EMR and meaningful use adoption as needed. The hubs' strategy may include the use of a combination of internal experienced personnel and external consultants as well as REC and other available resources.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text

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IPQR Module 3.c.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

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

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

Instructions :

Milestone 1: The PPS should address how they will review evidence-based guidelines will be assessed and selected.

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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 Milestone 1:	In Progress	Develop, implement, assess and improve meaningful partnerships that strengthen MEB services in collaboration with communities, workplaces, schools, faith-based organizations and other key stakeholders in the community.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1	In Progress	1. Organize a PPS-wide multi-disciplinary committee, meeting regularly, of individuals dedicated to developing strategies to promote mental, emotional and behavioral health and well-being, including clinicians and public health practitioners focused on behavioral health conditions. Relevant stakeholders to include in the Behavioral Health committee are members such as clinicians, public health practitioners, local and state government agencies, and navigators. NOTE: A second workgroup of CBOs will be developed as well, and the PPS-wide Behavioral Health Workgroup and the CBO Workgroup will work together as appropriate. The CBO Workgroup (Non-BH) will include faith-based organizations, community-based organizations, organizations that offer supports for food, shelter and other social determinants of health.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Task 2	In Progress	2. Assess current state of MEB health promotion, MEB disorder prevention services and interventions in Nassau County and the Borough of Queens using the following sources of information: Community Needs Assessments, surveys, forums with consumers, community town halls, and available data from Health Homes, local and state agencies, and providers, as warranted. NQP seeks to develop a comprehensive list of BH and other CBOs as part of a strategy to identify and engage an optimal mix of partners.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Task 3	In Progress	3. Identify evidence-based strategies and protocols for MEB health promotion and MEB disorder prevention, such as interventions for promoting substance abuse screening via SBIRT in school-based programs and primary care. NQP will review both the literature and best practice programs, as well as areas of synergy with other DSRIP projects, to accomplish this task.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task	In Progress	4. Convene stakeholders in community forums to discuss and prioritize needs related	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
Task 4		to MEB health promotion following dissemination of current state assessment. Conduct focus groups with patients to identify needs, including cultural and linguistic preferences based on the needs of consumers as they define them.				
Task Task 5	In Progress	5. Develop PPS level evidence-based strategies, based on current and future state, to develop, implement, measure and improve MEB services and infrastructure in the community.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 6	In Progress	6. Implement MEB quality improvement strategies as developed in Task 5.	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 7	In Progress	7. Develop a mechanism to monitor, measure and improve interventions and guidelines in practices and impact on outcomes at the PPS level.	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 8	In Progress	8. Once sufficient data is available, identify opportunities to improve MEB partnerships for the purpose of strengthening MEB relationships in the community and at the PPS level.	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 2:	In Progress	In collaboration with Health Homes and CBOs, develop, implement and manage "Collaborative Care" in primary care teams including all relevant team members.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1	In Progress	1. Conduct outreach to Health Homes to participate in a workgroup dedicated to implementing "Collaborative Care" in primary care, in alignment with relevant DSRIP projects.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 2	In Progress	2. Identify primary care providers with patients served by health homes and engage those practices in Collaborative Care efforts.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 3	In Progress	3. Assess current state of interaction between primary care practices and health homes at the PPS level including, but not limited to, MEB health promotion and SBIRT screening in primary care practices. Such an effort will also provide screening and referral services.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 4	In Progress	4. Identify evidence-based strategies and protocols for "Collaborative Care" in primary care practices in the literature and in best practice settings.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 5	In Progress	5. Develop a PPS-level strategy, based on current and proposed future state of "Collaborative Care" to implement, measure, and improve MEB.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 6	In Progress	6. In collaboration with the PPS-wide Workforce and Clinical Integration committee, develop training on collaborative care models for promoting mental, emotional, and behavioral health at the PPS level. This task includes training material development, initial training scheduled and execution, and incorporation by all primary care practices in their new hire training packages.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 7	In Progress	7. Conduct collaborative training for PCPs, MCOs, and Health Homes with shared patients.	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 8	In Progress	8. Develop a mechanism to monitor, measure and improve interventions and guidelines in practices and impact on outcomes at the PPS level.	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task	In Progress	9. Evaluate, review and act on opportunities to enhance MEB infrastructure with	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task 9		primary care providers, Health Homes, MCOs and CBOs.				
Milestone Milestone 3	In Progress	Develop strategies to deliver culturally and linguistically appropriate behavioral health services in collaboration with community-based organizations through staff training, based on patient needs as defined by patients and families.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1	In Progress	1. Assess cultural and linguistic needs across NQP's service area in Nassau County and the Borough of Queens as part of the current state assessment described in Milestone 1.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 2	In Progress	2. Identify the needs of NQP consumers, as they define them, in focus groups that serve to identify cultural, linguistic needs and health literacy needs.	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Task 3	In Progress	3. Review best practices in cultural and linguistic competence and health literacy in the literature and in practice among Medicaid populations nationally.	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task Task 4	In Progress	4. Design cultural and linguistic competency strategies to deliver MEB and other care at the PPS level.	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 5	In Progress	5. Conduct training broadly for all relevant NQP employees, network providers, CBOs and others with regard to the Collaborative Care Model efforts described in Milestone 2.	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 6	In Progress	6. Develop and produce PPS-wide culturally and linguistically appropriate health education materials on mental, emotional and behavioral health promotion for use across health systems in appropriate languages based on cultural and linguistic needs. Distribute materials across NQP..	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Task 7	In Progress	7. Engage the PPS-wide Cultural Competency and Health Literacy committee and the PPS-wide CBO workgroup for feedback on proposed Collaborative Care models and MEB partnerships as well as input on MEB training at the PPS level.	10/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 8	In Progress	8. Continuously evaluate and improve cultural and linguistic competency efforts at the PPS level and participating organizations, as described in the Cultural Competency workstream.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 4	In Progress	Develop a data collection, analysis, and improvement strategy to promote MEB health promotion and disorder prevention.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1	In Progress	1. Strengthen data collection and analysis of information on MEB unmet need and delivery of MEB prevention and treatment services at the PPS level by identifying data avilable from government agency sources and within the PPS.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2	In Progress	2. Inventory data collection and use of data at the PPS level and at participating organizations for targeting of high-risk patients through survey of primary care practices, analysis of utilization data, focus groups and other methods.	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Task 3	In Progress	3. Working with other DSRIP projects, help inform the analysis of Medicaid administrative records and synthesis of patient-level state records with hub-specific electronic health records to improve identification and delivery of services for those with MEB needs at the PPS level.	01/31/2016	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
Task Task 4	In Progress	4 Develop a PPS-level strategy using electronic data to track patients who participate in the MEB (4.a.iii) and other behavioral health projects. Identify and prioritize "hot spots" or key areas for improvement at the PPS level with regards to substance abuse and MEB health promotion (e.g., opioid epidemic in Nassau County) to develop data-driven quality improvement programs based on data above.	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Task 5	In Progress	5. Develop a PPS-level strategy to distribute provider-specific data to clinicians and CBOs for their patient population with comparisons to other health system providers and the overall PPS. In this manner, NQP will identify, address, and improve disparities in substance abuse and MEB health promotion. Data distribution will also occur among health homes.	01/31/2016	12/31/2016	12/31/2016	DY2 Q3
Task Task 6	In Progress	6. Incorporate additional data available through EHR as possible.	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Task 7	In Progress	7. Gather data from MEB participants across NQP and evaluate changes in system infrastructure over time.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Milestone 1:	aashna	14_PMDL5604_1_1_20150731111516_4.a.iii. SBIRT Workflow.pdf	SBIRT workflow	07/31/2015 11:14 AM
	aashna	14_PMDL5604_1_1_20150731111437_4.a.iii. Proposed Project Design.pdf	Proposed project design	07/31/2015 11:14 AM
	aashna	14_PMDL5604_1_1_20150731111212_3.a.i., 3.a.ii., & 4.a.iii. Introduction Deck.pdf	Introduction to project deck	07/31/2015 11:11 AM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1:	NQP developed a PPS-wide Behavioral Health Services Workgroup to address all DSRIP deliverables associated with behavioral health. Given major differences between projects, the PPS then created sub-workgroups as follows: 1) Integration (3.a.i.); 2) Crisis (3.a.ii.); and, 3) MEB (4.a.iii.). To strengthen the MEB instrastructure for the County of Nassau and the Borough of Queens, to date, NQP has: • Chosen which sector projects outlined by DOH to pursue. • Convened interested MEB stakeholders to in separate sub-workgroup meetings. • Developed a population health approach for addressing MEB in NQP and sought buy-in from workgroup representatives. In addition, NQP has convened a PPS-wide CBO Workgroup to support the engagement of CBOs in all relevant aspects of DSRIP projects, including 4.a.iii. The PPS-wide

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
	CBO Workgroup can provide tactical and advisory support on how to engage CBOs and devleop meaningful partnerships that strengthen MEB promotion and services in communities and other non-healthcare settings. A workflow for the proposed SBIRT screening has been included in the supplementary materials.
Milestone 2:	In conjunction with the Behavioral Health and Primary Care Integration project (3.a.i.), the PPS-wide Workgroup has begun to identify best practices for "Collaborative Care" and drawn from resources suggested by DOH to inform the development of a strategy to develop and implement "Collaborative Care" among participating providers. In addition, NQP has developed a workflow for SBIRT training and implementation that will be used as part of the overall "Collaborative Care" training that is in the process of being developed.Planned next steps to meet this requirement have been included as tasks under this milestone.
Milestone 3	NQP has convened a PPS-wide CBO Workgroup to support the engagement of CBOs in all relevant aspects of DSRIP projects, including 4.a.iii. The PPS-wide CBO Workgroup can provide tactical and advisory support on how to engage CBOs and cultivate Cultural Competency and Health Literacy strategies in this project, among others. Planned next steps to meet this requirement have been included as tasks under this milestone.
Milestone 4	NQP has begun to develop a PPS-wide strategy for Performance Measurement and Reporting. In regards to 4.a.iii. specifically, NQP is in the process of identifying metrics used by Health Homes that relate to MEB and substance abuse services to leverage in this project. Planned next steps to meet this requirement have been included as tasks under this milestone.

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IPQR Module 4.a.iii.2 - IA Monitoring

Instructions :

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Project 4.b.i – Promote tobacco use cessation, especially among low SES populations and those with poor mental health.

IPQR Module 4.b.i.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 Milestone 1.	In Progress	Implement strategies to promote tobacco cessation using evidence-based strategies in the ambulatory and community settings.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1.	In Progress	1. Organize a multi-disciplinary PPS-wide Workgroup dedicated to developing strategies to promote tobacco dependence treatment including clinicians, public health specialists focused on cardiovascular health, behavioral health conditions and other chronic conditions.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2.	In Progress	2. Develop a PPS-wide strategy, in collaboration with NYC DOHMH, based on evidence-based strategies and other relevant information to develop, implement, measure and improve tobacco dependence treatments across the local hub levels.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 3.	In Progress	3. Convene hub-level workgroup to implement the project and tailor the PPS approach proposed by the PPS-wide workgroup. Workgroups may include members such as clinical staff, administrative staff, and CBOs.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 4.	In Progress	4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 5.	In Progress	5. Develop a performance improvement program to optimize guideline use in practices.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 2.	In Progress	Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	05/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1.	In Progress	1. At the PPS level, create a current state analysis to assess the manner in which the hubs and CBOs employ the 5 A's (Ask, Assess, Advise, Assist, and Arrange) of tobacco dependence treatment in primary care practices.	05/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Task 2.	In Progress	2. Review best practices with regard to implementing the 5 A's and make recommendation for use across the hubs.	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Task 3.	In Progress	3. At the hub level, build prompt functionalities and add identified tobacco dependence treatment questions into current and new (where required) EHR systems based on guidance from the PPS.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	In Progress	4. At the PPS level, develop a strategy to track, on an automated basis, patients	08/01/2015	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
Task 4.		who receive the 5 As.				
Task Task 5.	In Progress	5. Develop a performance improvement program to optimize 5 A use in practices.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone 3.	In Progress	Adopt and follow standardized treatment protocols for tobacco cessation, including people with disabilities.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1.	In Progress	1. At the PPS level, assess current use of protocols related to tobacco dependence treatment within primary care practices.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2.	In Progress	2. At the PPS level, identify and recommend protocols that align with specified Domain 1 requirements.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 3.	In Progress	3. At the PPS level, present recommended guidelines to Clinical Oversight Committee for review and approval.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 4.	In Progress	4. Develop a PPS-wide strategy to gain acceptance of the protocols across the local hub level.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 5.	In Progress	5. Convene hub-level Workgroup to implement the project and tailor the PPS approach proposed by the PPS-wide Workgroup. Workgroup members may include clinical staff, administrative staff, and CBOs.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 6.	In Progress	6. Convene hub-level workgroup to implement the project and tailor the PPS approach proposed by the PPS-wide workgroup. Workgroups may include members such as clinical staff, administrative staff, and CBOs.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 7.	In Progress	7. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 8.	In Progress	8. Develop a performance improvement program to optimize guideline use in practices.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 4.	In Progress	Adopt tobacco-free outdoor policies.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1.	In Progress	1. At the PPS level, identify current status of outdoor tobacco free policies across Nassau County and the Borough of Queens.	05/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2.	In Progress	2. At the PPS level, develop strategies to implement outdoor tobacco- free policies across the local hubs.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 3.	In Progress	3. Convene hub-level Workgroup to implement the project and tailor the PPS strategy proposed by the PPS-wide Workgroup, including identifying hot spots. Workgroup members may include clinical staff, administrative staff, and CBOs.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 4.	In Progress	4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 5.	In Progress	5. At the hub level, develop a performance improvement program to improve tobacco-free policy implementation.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 5.	In Progress	Facilitate referrals to NYS Smokers'Quitline.	08/01/2015	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
Task Task 1.	In Progress	1. At the PPS level, conduct current state assessment of NYS Smokers' Quit line utilization.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2.	In Progress	2. At the PPS level, gather data regarding follow-up and referral process on patients who utilize the NYS Smokers' Quit line.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 3.	In Progress	3. PPS Added Task 3. At the PPS level, develop best practice workflow (based on evidence-based practices elsewhere in the country) to promote use of the NYS Smokers' Quit line at the local hub level.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 4.	In Progress	4. At the PPS-level, develop a protocol/process to document patient utilization of the NYS Smokers' Quitline and related health status changes to be implemented in primary care practices at the local hub level.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone Milestone 6.	In Progress	Perform additional actions including "hot spotting" strategies in high-risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 1.	In Progress	1. At the PPS level, review Stanford Model for Chronic Disease, and design an approach and strategy going forward to address DSRIP requirements.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2.	In Progress	2. At the hub level, inventory data collection and use of data for targeting of high-risk patients.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 3.	In Progress	3. At the hub level, ensure the ability to collect and report accurate and reliable data on race, ethnicity and primary preferred language.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 4.	In Progress	4. Develop strategy to distribute data to clinicians, health homes, and CBOs for their patient population.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 5.	In Progress	5. Identify and act on "hot spots" in high-risk neighborhoods using the Stanford Model for chronic diseases and other best practice strategies. Identify relevant providers and CBOs by "hot spot".	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone Milestone 7.	In Progress	Adopt smoking cessation strategies from the Million Hearts Campaign.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 1.	In Progress	1. At the PPS level, identify evidence-based strategies and protocols from the Million Hearts Campaign.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 2.	In Progress	2. Develop a PPS-wide strategy to support adoption of the protocols across the hub level.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 3.	In Progress	3. Convene hub-level Workgroup to implement the project and tailor the PPS strategy proposed by the PPS-wide Workgroup. Workgroup members may include clinical staff, administrative staff, and CBOs.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 4.	In Progress	4. At the hub level, develop and implement a mechanism to monitor and measure guideline use in practices. Report back to PPS workgroup.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Task 5.	In Progress	5. At the hub level, develop a performance improvement program to improve tobacco-free policy implementation.	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone	In Progress	Form agreements with the Medicaid Managed Care organizations serving the	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone 8.		affected population to coordinate health benefits for smoking cessation				
Task Task 1.	In Progress	1. At the PPS-level, inventory all existing care coordination practices including MCOs, health homes and community-based care management organizations related to the benefits, coverage, and provisions of services related to tobacco dependence treatments.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 2.	In Progress	2. At the PPS-level, identify best practice care coordination guidelines and approaches to outreach and education benefits	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 3.	In Progress	3. At the PPS-level develop a proposed strategy and guidelines for the hubs to leverage MCO care coordination, promotion and provision of tobacco dependence treatments and benefits.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 4.	In Progress	4. At the PPS-level, develop a strategy to engage with MCOs with a focus on resources associated with tobacco dependence treatment among other topics.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 5.	In Progress	5. At the hub level, convene MCOs, Health Homes and other key stakeholders regulary to discuss expansion of medication coverage for tabacco cessation and collaborative strategies for value-based payment strategies over time.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 6.	In Progress	6. Collaborate with MCOs, Health Homes and CBOs to ensure high risk populations are educated on the availability of tobacco cessation coverage benefits, as mandated under the Affordable Care Act.	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Task 7.	In Progress	7. At the hub-level, create agreements with MCOs based on these approved collaborations	08/01/2015	03/31/2018	03/31/2018	DY3 Q4

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
Milestone 1.	kgiangar	14_PMDL5704_1_1_20150727123309_All Ambulatory Conditions Workgroup Minutes.pdf	Ambulatory Conditions Work group Meeting Minutes	07/27/2015 12:32 PM
	kgiangar	14_PMDL5704_1_1_20150727123202_4.b.i References.pdf	4.b.i References	07/27/2015 12:31 PM
	kgiangar	14_PMDL5704_1_1_20150727122918_3.b.i Gap Analysis Findings.pdf	3.b.i Gap Analysis Findings	07/27/2015 12:28 PM
	kgiangar	14_PMDL5704_1_1_20150727122713_3.b.i Evidence-Based Strategies Assessment Survey.pdf	3.b.i Evidence-Based Strategies Assessment Survey	07/27/2015 12:25 PM
	kgiangar	14_PMDL5704_1_1_20150727122434_Ambulatory Conditions Introduction Deck.pdf	Ambulatory Conditions Introduction Presentation	07/27/2015 12:23 PM

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 1.	NQP developed a PPS-wide Workgroup that included the three hubs and CBOs to address all DSRIP deliverables associated with Ambulatory Conditions (3.b.i., 3.c.i. & 4.b.i.). Given differences between projects, the NQP created three PPS-wide sub-workgroups including the PPS-wide Tobacco Dependence Sub-Group. This group met to identify evidence-based tobacco dependence guidelines for implementation in primary care practices. Work will be done collectively by the PPS and, at the hub level, all using a population-based approach. For this project, NQP: • Inventoried all tobacco dependence treatment and cessation programs in Queens and Nassau Counties. • Reviewed available approaches for training in the primary care setting. • Surveyed the NQP hubs regarding current practices with regard to tobacco dependence and synthesized all data collected within a cardiovascular practices survey. • Gathered screenshots displaying tobacco use prompts from each hubs' EMR systems. In addition, NQP plans to leverage the efforts of one hub's contract with the State Bureau of Tobacco Control, as deemed applicable to the scope of DSRIP and addressing practices across the hubs. Such work includes: • a review of best practice research regarding evidence-based tobacco dependence guidelines, specifically 5 A's. • a survey of the NQP hubs regarding current practices with regard to tobacco dependence. • An assessment of the current state of tobacco dependence treatment strategies across the hubs, community-based organizations and coalitions. • Collaborative efforts between the Tobacco Cessation Sub-Group members and State Bureau of Tobacco Control to review ""gold standard"" EMR templates that incorporate 5 A's. Members plan to work with NQP vendors to then modify existing EMR systems to include the 5A's approach in primary care settings at the local hub level. For more information on a proposed implementation plan, see steps as outlined under this milestone.
Milestone 2.	Collaborative efforts between the Tobacco Cessation Sub-Group members and State Bureau of Tobacco Control to review "gold standard" EMR templates that incorporate 5 A's. Members plan to work with NQP vendors to then modify existing EMR systems to include the 5A's approach in primary care settings at the local hub level. For more information on a proposed implementation plan, see steps as outlined under this milestone
Milestone 3.	NQP has developed PPS-wide guidance on evidence-based protocols for distribution to the hubs. Actual implementation of standardized treatment guidelines has not yet begun.
Milestone 4.	NQP inventoried tobacco-free outdoor policies across the hubs. Outside of gathering the information and tools, an approach to achieve this milestone has not yet begun. Planned tasks appear under Milestone 4.
Milestone 5.	This milestone will be further detailed in subsequent quarterly reports.

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Milestone 6.	NQP has begun data analyses to identify and act on "hot spots" in high-risk neighborhoods. NQP has begun discussions with Health Homes in the area and will develop a hot spotting strategy with the Health Homes. Such linkages have been initiated and additional work will continue in this DSRIP quarter.
Milestone 7.	Tobacco Dependence PPS-wide Sub-Workgroup reviewed and recommended the US Department of Health and Human Services "Treating Tobacco Use and Dependence 2008 Guidelines." Many of the USDHHS guidelines align with and are found in Million Hearts Campaign strategies. Outside of review at the PPS level, an approach to achieve this milestone has not yet begun.
Milestone 8.	All hubs have existing relationships with MCOs, and will leverage these relationships. Some hubs have begun discussions with MCOs to initiate this process. This milestone will be further detailed in subsequent quarterly reports.

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IPQR Module 4.b.i.2 - IA Monitoring

Instructions :

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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 'Nassau Queens Performing Provider System, LLC', that all information provided on this Quarterly report is true and accurate to the best of my knowledge**.

Primary Lead PPS Provider:	NASSAU UNIVERSITY MEDICAL CEN
Secondary Lead PPS Provider:	
Lead Representative:	Victor F Politi
Submission Date:	09/23/2015 09:44 AM
Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY1, Q1	Submitted	Victor F Politi	vp300076	09/23/2015 09:44 AM
DY1, Q1	Returned	Victor F Politi	sv590918	09/08/2015 07:51 AM
DY1, Q1	Submitted	Victor F Politi	vp300076	08/06/2015 10:58 PM
DY1, Q1	In Process		system	07/01/2015 12:12 AM

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Comments Log			
Status	**Comments**	**User ID**	**Date Timestamp**
Returned	Please address the IA comments provided in the specific sections of your Implementation Plan during the remediation period.	sv590918	09/08/2015 07:51 AM

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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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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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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	

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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.b.ii	IPQR Module 2.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.ii.2 - Project Implementation Speed	Completed
	IPQR Module 2.b.ii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.ii.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.ii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.ii.6 - IA Monitoring	
2.b.iv	IPQR Module 2.b.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.iv.2 - Project Implementation Speed	Completed
	IPQR Module 2.b.iv.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.iv.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.iv.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.iv.6 - IA Monitoring	
2.b.vii	IPQR Module 2.b.vii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.b.vii.2 - Project Implementation Speed	Completed
	IPQR Module 2.b.vii.3 - Patient Engagement Speed	Completed
	IPQR Module 2.b.vii.4 - Prescribed Milestones	Completed
	IPQR Module 2.b.vii.5 - PPS Defined Milestones	Completed
	IPQR Module 2.b.vii.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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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.b.i	IPQR Module 3.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.b.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.b.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.b.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.b.i.5 - PPS Defined Milestones	Completed
	IPQR Module 3.b.i.6 - IA Monitoring	
3.c.i	IPQR Module 3.c.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.c.i.2 - Project Implementation Speed	Completed
	IPQR Module 3.c.i.3 - Patient Engagement Speed	Completed
	IPQR Module 3.c.i.4 - Prescribed Milestones	Completed
	IPQR Module 3.c.i.5 - PPS Defined Milestones	Completed
	IPQR Module 3.c.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.i	IPQR Module 4.b.i.1 - PPS Defined Milestones	Completed
	IPQR Module 4.b.i.2 - IA Monitoring	