



**New York State Department Of Health
 Delivery System Reform Incentive Payment Project
 DSRIP Implementation Plan Project**

Central New York Care Collaborative, Inc. (PPS ID:8)

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Quarterly Report - Implementation Plan for Central New York Care Collaborative, Inc.

Year and Quarter: DY2, Q1

Quarterly Report Status: Adjudicated

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 |
| Section 11 | Workforce | Completed |

Status By Project

| Project ID | Project Title | Status |
|-------------------------|---|-----------|
| 2.a.i | Create Integrated Delivery Systems that are focused on Evidence-Based Medicine / Population Health Management | Completed |
| 2.a.iii | Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services | Completed |
| 2.b.iii | ED care triage for at-risk populations | Completed |
| 2.b.iv | Care transitions intervention model to reduce 30 day readmissions for chronic health conditions | 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.g.i | Integration of palliative care into the PCMH Model | Completed |
| 4.a.iii | Strengthen Mental Health and Substance Abuse Infrastructure across Systems | Completed |
| 4.d.i | Reduce premature births | Completed |



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Central New York Care Collaborative, Inc. (PPS ID:8)

Section 01 – Budget

IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Budget table was left for ease of reference during reporting.

| Budget Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Waiver Revenue | 25,083,509 | 26,730,777 | 43,227,021 | 38,277,362 | 25,083,509 | 158,402,178 |
| Cost of Project Implementation & Administration | 22,825,993 | 18,636,698 | 23,567,372 | 19,414,278 | 11,769,182 | 96,213,523 |
| Administration | 3,762,526 | 4,009,617 | 6,484,053 | 5,741,604 | 3,762,526 | 23,760,326 |
| Implementation | 19,063,467 | 14,627,081 | 17,083,319 | 13,672,674 | 8,006,656 | 72,453,197 |
| Revenue Loss | 0 | 4,063,078 | 8,213,134 | 5,818,159 | 2,859,520 | 20,953,891 |
| Internal PPS Provider Bonus Payments | 0 | 1,625,231 | 7,556,083 | 9,599,962 | 8,197,291 | 26,978,567 |
| Cost of non-covered services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2,257,516 | 2,405,770 | 3,890,432 | 3,444,963 | 2,257,516 | 14,256,197 |
| Contingency | 1,254,176 | 1,336,539 | 2,161,351 | 1,913,869 | 1,254,176 | 7,920,111 |
| Non-safety net | 1,003,340 | 1,069,231 | 1,729,081 | 1,531,094 | 1,003,340 | 6,336,086 |
| Total Expenditures | 25,083,509 | 26,730,777 | 43,227,021 | 38,277,362 | 25,083,509 | 158,402,178 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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Narrative Text :

In CNYCC's December 2014 Organizational Application, Budget Category "Cost of Project Implementation" was allocated 20% of funds (as opposed to 67% of funds in the table below), Budget Category "Revenue Loss" was allocated 5% of funds (opposed to 15% of funds in the table below), and Budget Category "Internal PPS Provider Bonus Payments" was allocated 75% of funds (as opposed to 18% in the table below). The majority of this deviation is due to the inclusion of a projected IGT amount within the December application's budget total and within the "Internal PPS Provider Bonus Payments" budget category whereas the amounts below, which are based on estimated not final project valuation, are net of IGT.



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IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

| Waiver Revenue DY2 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 26,730,777 | 158,402,178 | 24,878,518 | 150,800,783 |

| Budget Items | DY2 Q1 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|--|----------------------------------|---|---------------------------------|---------------------------------|------------------------------|---|
| Cost of Project Implementation & Administration | 1,852,259 | 7,452,232 | 16,784,439 | 90.06% | 88,761,291 | 92.25% |
| Administration | 976,879 | | | | | |
| Implementation | 875,380 | | | | | |
| Revenue Loss | 0 | 0 | 4,063,078 | 100.00% | 20,953,891 | 100.00% |
| Internal PPS Provider Bonus Payments | 0 | 0 | 1,625,231 | 100.00% | 26,978,567 | 100.00% |
| Cost of non-covered services | 0 | 0 | 0 | | 0 | |
| Other | 0 | 149,163 | 2,405,770 | 100.00% | 14,107,034 | 98.95% |
| Contingency | 0 | | | | | |
| Non-safety net | 0 | | | | | |
| Total Expenditures | 1,852,259 | 7,601,395 | | | | |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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☑ IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY

Instructions :

READ ONLY - The Baseline Funds Flow table was left for ease of reference during reporting.

| Funds Flow Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Waiver Revenue | 25,083,509 | 26,730,777 | 43,227,021 | 38,277,362 | 25,083,509 | 158,402,178 |
| Practitioner - Primary Care Provider (PCP) | 5,986,426 | 6,379,562 | 10,316,553 | 9,135,268 | 5,988,718 | 37,806,527 |
| Practitioner - Non-Primary Care Provider (PCP) | 64,203 | 68,419 | 110,642 | 97,973 | 64,193 | 405,430 |
| Hospital | 7,347,024 | 7,829,513 | 12,661,305 | 11,211,537 | 7,345,925 | 46,395,304 |
| Clinic | 2,636,073 | 2,809,187 | 4,542,809 | 4,022,640 | 2,635,679 | 16,646,388 |
| Case Management / Health Home | 1,609,282 | 1,714,965 | 2,773,313 | 2,455,758 | 1,609,041 | 10,162,359 |
| Mental Health | 1,942,341 | 2,069,898 | 3,347,284 | 2,964,007 | 1,942,051 | 12,265,581 |
| Substance Abuse | 971,171 | 1,034,949 | 1,673,643 | 1,482,004 | 971,025 | 6,132,792 |
| Nursing Home | 62,124 | 66,203 | 107,060 | 94,802 | 62,115 | 392,304 |
| Pharmacy | 37,632 | 40,103 | 64,852 | 57,426 | 37,626 | 237,639 |
| Hospice | 42,429 | 45,215 | 73,118 | 64,747 | 42,422 | 267,931 |
| Community Based Organizations | 622,280 | 663,146 | 1,072,390 | 949,597 | 622,188 | 3,929,601 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | | | | | | 0 |
| PPS PMO | 3,762,524 | 4,009,617 | 6,484,052 | 5,741,603 | 3,762,526 | 23,760,322 |
| Total Funds Distributed | 25,083,509 | 26,730,777 | 43,227,021 | 38,277,362 | 25,083,509 | 158,402,178 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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Narrative Text :



**New York State Department Of Health
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IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly)

Instructions :

Please include updates on waiver revenue flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

| Waiver Revenue DY2 | Total Waiver Revenue | Undistributed Revenue YTD | Undistributed Revenue Total |
|--------------------|----------------------|---------------------------|-----------------------------|
| 26,730,777.00 | 158,402,178.00 | 24,890,800.20 | 150,101,861.00 |

| Funds Flow Items | DY2 Q1 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | Percent Spent By Project | | | | | | | | | | | DY Adjusted Difference | Cumulative Difference |
|--|----------------------------------|---|-----------------------------|---------------------------------|--|--------------------------|---------|---------|--------|-------|-------|--------|-------|-------|---------|-------|------------------------|-----------------------|
| | | | | | | Projects Selected By PPS | | | | | | | | | | | | |
| | | | | | | 2.a.i | 2.a.iii | 2.b.iii | 2.b.iv | 2.d.i | 3.a.i | 3.a.ii | 3.b.i | 3.g.i | 4.a.iii | 4.d.i | | |
| Practitioner - Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6,379,562 | 37,806,527 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 68,419 | 405,430 |
| Hospital | 522,333.75 | 100.00% | 522,333.75 | 100.00% | 4,551,915.39 | 0 | 6.44 | 42.32 | 27.49 | .15 | 18.28 | 4.51 | .81 | 0 | 0 | 0 | 7,307,179.25 | 41,843,388.61 |
| Clinic | 68,135.83 | 100.00% | 68,135.83 | 100.00% | 686,015.03 | 0 | 0 | 65.1 | 18.43 | 0 | 9.84 | 0 | 6.62 | 0 | 0 | 0 | 2,741,051.17 | 15,960,372.97 |
| Case Management / Health Home | 65,363.19 | 100.00% | 65,363.19 | 100.00% | 97,003.25 | 6.37 | 3.23 | 0 | 12.12 | 6.96 | 7.16 | 51.75 | 12.42 | 0 | 0 | 0 | 1,649,601.81 | 10,065,355.75 |
| Mental Health | 109,362.13 | 84.05% | 91,918.09 | 84.05% | 180,401.29 | 52.14 | 0 | .53 | 2.91 | 3.61 | 25.27 | 13.31 | 2.23 | 0 | 0 | 0 | 1,960,535.87 | 12,085,179.71 |
| Substance Abuse | 17,695.40 | 100.00% | 17,695.40 | 100.00% | 28,731.68 | 47.07 | 0 | 0 | 0 | 0 | 52.93 | 0 | 0 | 0 | 0 | 0 | 1,017,253.60 | 6,104,060.32 |
| Nursing Home | 23,380.39 | 100.00% | 23,380.39 | 100.00% | 146,193.49 | 38.65 | 0 | 0 | 61.35 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 42,822.61 | 246,110.51 |
| Pharmacy | 4,164.35 | 0.00% | 0 | 0.00% | 4,164.35 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35,938.65 | 233,474.65 |
| Hospice | 0 | 0.00% | 0 | 0.00% | 12,874.15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 45,215 | 255,056.85 |
| Community Based Organizations | 1,480.67 | 0.00% | 0 | 0.00% | 6,678.87 | 47.81 | 0 | 0 | 0 | 52.19 | 0 | 0 | 0 | 0 | 0 | 0 | 661,665.33 | 3,922,922.13 |
| All Other | 25,947.13 | 97.01% | 25,171.84 | 97.01% | 302,844.29 | 2.73 | 0 | 0 | 0 | 4.52 | 46.81 | 45.94 | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | 2,400 | 0.00% | 0 | 0.00% | 11,355.08 | 0 | 0 | 0 | 0 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additional Providers | 22,834.96 | 38.14% | 8,709.80 | 38.14% | 58,781.13 | | | | | | | | | | | | | |
| PPS PMO | 976,879 | 100.00% | 976,879 | 100.00% | 2,213,359 | | | | | | | | | | | | 3,032,738 | 21,546,963 |
| Total | 1,839,976.80 | 97.80% | 1,799,587.29 | 97.80% | 8,300,317 | | | | | | | | | | | | | |



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Central New York Care Collaborative, Inc. (PPS ID:8)

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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.

CNYCC is aware of a approx \$13,000 difference between the output of the PIT for DY2 Q1 and our accounting. CNYCC is investigating the cause of this difference and will be able to address it during the remediation period, if necessary.

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Central New York Care Collaborative, Inc. (PPS ID:8)

✔ IPQR Module 1.5 - Prescribed Milestones

Instructions :

Please provide updates to baseline target dates and work breakdown tasks with target dates for required 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 | Original Start Date | Original End Date | 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 | Completed | Funds Flow Budget and Distribution Plan, signed off by your Finance Committee, including details of your approach to funds flow on a whole-PPS and project-by-project basis; evidence of involvement of provider network in developing funds flow methodology. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task 1. Complete funds flow budget and distribution plan for submission to CNYCC Board/Finance Committee. The funds flow budget and distribution plan will be informed by pro forma results based upon projected amounts and informed estimates. | Completed | 1. Complete funds flow budget and distribution plan for submission to CNYCC Board/Finance Committee. The funds flow budget and distribution plan will be informed by pro forma results based upon projected amounts and informed estimates. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2. Submit funds flow plan with pro forma distribution to CNYCC Board/Finance Committee for review and approval. | Completed | 2. Submit funds flow plan with pro forma distribution to CNYCC Board/Finance Committee for review and approval. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3. Conduct webinar to present approved funds flow plan to partners. | Completed | 3. Conduct webinar to present approved funds flow plan to partners. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 4. Identify partners that will require technical assistance to participate in funds flow and organize technical assistance in collaboration with other project support activities. | Completed | 4. Identify partners that will require technical assistance to participate in funds flow and organize technical assistance in collaboration with other project support activities. | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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Central New York Care Collaborative, Inc. (PPS ID:8)

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|---------------------|---|--|---------------------|
| Complete funds flow budget and distribution plan and communicate with network | wetterhl | Policies/Procedures | 8_DY2Q1_BDGT_MDL15_PRES1_P&P_Ongoing_Partner_Investment_Policies_v2_approved_5376.pdf | Updated payment policy (part of funds flow distribution plan). | 08/04/2016 01:29 PM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Complete funds flow budget and distribution plan and communicate with network | For Budget/Funds Flow Milestone 1 ("Complete funds flow budget and distribution plan and communicate with network"), during DY2 Q1, CNYCC's Finance Committee and Board approved an extension of the plan to accelerate disbursement of planning payments (described in the DY1 Q4 narrative for this milestone) and an increase in the percentage of partner payments withheld until final IA adjudication of associated milestones from 15% in DY1 to 20% in DY2. This change will enable CNYCC to continue to issue some partial partner payments prospectively, withholding the fraction of the payment tied to milestones known to be at risk. The updated policy is attached to this milestone. |



**New York State Department Of Health
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Central New York Care Collaborative, Inc. (PPS ID:8)

IPQR Module 1.6 - 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 | Original Start Date | Original End Date | 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 Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
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**New York State Department Of Health
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Central New York Care Collaborative, Inc. (PPS ID:8)

☑ IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline)

Instructions :

This table contains five budget categories for non-waiver revenue baseline budget reporting . Please add rows to this table as necessary in order to identify sub-categories.

| Budget Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Non-Waiver Revenue | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,104 | 152,095,524 |
| Cost of Project Implementation & Administration | 27,681,385 | 21,208,200 | 16,584,496 | 15,428,570 | 14,272,643 | 95,175,294 |
| Administration | 4,562,865 | 4,562,865 | 4,562,865 | 4,562,865 | 4,562,865 | 22,814,325 |
| Implementation | 23,118,520 | 16,645,335 | 12,021,631 | 10,865,705 | 9,709,778 | 72,360,969 |
| Revenue Loss | 0 | 4,623,704 | 5,779,630 | 4,623,704 | 3,467,778 | 18,494,816 |
| Internal PPS Provider Bonus Payments | 0 | 1,849,481 | 5,317,259 | 7,629,111 | 9,940,964 | 24,736,815 |
| Cost of non-covered services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 2,737,720 | 2,737,720 | 2,737,720 | 2,737,720 | 2,737,720 | 13,688,600 |
| Contingency | 1,520,956 | 1,520,956 | 1,520,956 | 1,520,956 | 1,520,956 | 7,604,780 |
| Non Safety Net Payments | 1,216,764 | 1,216,764 | 1,216,764 | 1,216,764 | 1,216,764 | 6,083,820 |
| Total Expenditures | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 152,095,525 |
| Undistributed Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
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Narrative Text :



**New York State Department Of Health
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IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on non-waiver revenue budget items for this quarterly reporting period. Reported actual spending will be compared to baseline projections and deviations will be evaluated. Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

| Non-Waiver Revenue DY2 | Total Non-Waiver Revenue | Undistributed Non-Waiver Revenue YTD | Undistributed Non-Waiver Revenue Total |
|------------------------|--------------------------|--------------------------------------|--|
| 30,419,105 | 152,095,524 | 30,419,105 | 152,095,524 |

| Budget Items | DY1 Amount - Update | DY2 Q1 Quarterly Amount - Update | Cumulative Spending to Date (DY1 - DY5) | Remaining Balance in Current DY | Percent Remaining in Current DY | Cumulative Remaining Balance | Percent Remaining of Cumulative Balance |
|--|---------------------|----------------------------------|---|---------------------------------|---------------------------------|------------------------------|---|
| Cost of Project Implementation & Administration | 0 | 0 | 0 | 21,208,200 | 100.00% | 95,175,294 | 100.00% |
| Administration | 0 | 0 | | | | | |
| Implementation | 0 | 0 | | | | | |
| Revenue Loss | 0 | 0 | 0 | 4,623,704 | 100.00% | 18,494,816 | 100.00% |
| Internal PPS Provider Bonus Payments | 0 | 0 | 0 | 1,849,481 | 100.00% | 24,736,815 | 100.00% |
| Cost of non-covered services | 0 | 0 | 0 | 0 | | 0 | |
| Other | 0 | 0 | 0 | 2,737,720 | 100.00% | 13,688,600 | 100.00% |
| Contingency | 0 | 0 | | | | | |
| Non Safety Net Payments | 0 | 0 | | | | | |
| Total Expenditures | 0 | 0 | 0 | | | | |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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Narrative Text :



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**New York State Department Of Health
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IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline)

Instructions :

In the table below, please detail your PPS's projected flow of non-waiver funds by provider type.

| Funds Flow Items | DY1 (\$) | DY2 (\$) | DY3 (\$) | DY4 (\$) | DY5 (\$) | Total (\$) |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------------------|
| Non-Waiver Revenue | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,104 | 152,095,524 |
| Practitioner - Primary Care Provider (PCP) | 7,259,818 | 7,259,818 | 7,259,818 | 7,259,818 | 7,259,818 | 36,299,090 |
| Practitioner - Non-Primary Care Provider (PCP) | 77,860 | 77,860 | 77,860 | 77,860 | 77,860 | 389,300 |
| Hospital | 8,909,830 | 8,909,830 | 8,909,830 | 8,909,830 | 8,909,830 | 44,549,150 |
| Clinic | 3,196,801 | 3,196,801 | 3,196,801 | 3,196,801 | 3,196,801 | 15,984,005 |
| Case Management / Health Home | 1,951,598 | 1,951,598 | 1,951,598 | 1,951,598 | 1,951,598 | 9,757,990 |
| Mental Health | 2,355,503 | 2,355,503 | 2,355,503 | 2,355,503 | 2,355,503 | 11,777,515 |
| Substance Abuse | 1,177,752 | 1,177,752 | 1,177,752 | 1,177,752 | 1,177,752 | 5,888,760 |
| Nursing Home | 75,339 | 75,339 | 75,339 | 75,339 | 75,339 | 376,695 |
| Pharmacy | 45,637 | 45,637 | 45,637 | 45,637 | 45,637 | 228,185 |
| Hospice | 51,454 | 51,454 | 51,454 | 51,454 | 51,454 | 257,270 |
| Community Based Organizations | 754,647 | 754,647 | 754,647 | 754,647 | 754,647 | 3,773,235 |
| All Other | 0 | 0 | 0 | 0 | 0 | 0 |
| Uncategorized | 0 | 0 | 0 | 0 | 0 | 0 |
| PPS PMO | 4,562,866 | 4,562,866 | 4,562,866 | 4,562,866 | 4,562,866 | 22,814,330 |
| Total Funds Distributed | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 30,419,105 | 152,095,525 |
| Undistributed Non-Waiver Revenue | 0 | 0 | 0 | 0 | 0 | 0 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
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No Records Found

Narrative Text :



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Central New York Care Collaborative, Inc. (PPS ID:8)

IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly)

Instructions :

Please include updates on flow of funds for this quarterly reporting period by importing the PIT file and filling out the PPS PMO line manually. Reported actual fund distribution will be compared to baseline projections and deviations will be evaluated.

Any explanations regarding deviations from baseline projections must be included within the textbox, not as narrative within uploaded documentation.

Benchmarks

| Non-Waiver Revenue DY2 | Total Non-Waiver Revenue | Undistributed Non-Waiver Revenue YTD | Undistributed Non-Waiver Revenue Total |
|-------------------------------|---------------------------------|---|---|
| 30,419,105.00 | 152,095,524.00 | 30,419,105.00 | 152,095,524.00 |

| Funds Flow Items | DY1 Amount - Update | DY2 Q1 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | DY Adjusted Difference | Cumulative Difference |
|--|----------------------------|---|--|------------------------------------|--|---|-------------------------------|------------------------------|
| Practitioner - Primary Care Provider (PCP) | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 7,259,818 | 36,299,090 |
| Practitioner - Non-Primary Care Provider (PCP) | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 77,860 | 389,300 |
| Hospital | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 8,909,830 | 44,549,150 |
| Clinic | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 3,196,801 | 15,984,005 |
| Case Management / Health Home | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 1,951,598 | 9,757,990 |
| Mental Health | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 2,355,503 | 11,777,515 |
| Substance Abuse | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 1,177,752 | 5,888,760 |
| Nursing Home | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 75,339 | 376,695 |
| Pharmacy | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 45,637 | 228,185 |
| Hospice | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 51,454 | 257,270 |
| Community Based Organizations | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 754,647 | 3,773,235 |
| All Other | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |
| Uncategorized | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 0 | 0 |



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| Funds Flow Items | DY1 Amount - Update | DY2 Q1 Quarterly Amount - Update | Percentage of Safety Net Funds - DY2 Q1 Quarterly Amount - Update | Safety Net Funds Flowed YTD | Safety Net Funds Percentage YTD | Total Amount Disbursed to Date (DY1-DY5) | DY Adjusted Difference | Cumulative Difference |
|----------------------|------------------------|---|---|-----------------------------------|------------------------------------|--|---------------------------|--------------------------|
| Additional Providers | 0 | 0 | 0.00% | 0 | 0.00% | 0 | | |
| PPS PMO | 0 | 0 | 0.00% | 0 | 0.00% | 0 | 4,562,866 | 22,814,330 |
| Total | 0 | 0 | | 0 | | 0 | | |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
|---------|-----------|-----------|------------------|-------------|

No Records Found

Narrative Text :

Of the non-waiver revenue CNYCC has received to date, none has been disbursed to partner organizations and none has been spent on CNYCC PMO operations.

PIT Remediation Comments: Rochester Primary Care Network, Inc. is affiliated with the Rushville Health Center Inc, the organization that is listed on CNYCC's PIT but Rushville Health Center is not in our PPS and we will removing them when that functionality opens for our Provider Network. Rochester Primary Care Network is the entity that we pay and was entered into the "Additional Providers" section in Section 1.4 with an NPI of 1447577341.

Due to Module 1.4 being locked, I entered the narrative into this Module as there was remediation that needed to take place.



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IPQR Module 1.11 - 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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize governance structure and sub-committee structure | Completed | This milestone must be completed by 9/30/2015. Governance and committee structure, signed off by PPS Board. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task 1A- Develop, recruit, and seat Board of Directors | Completed | 1A- Develop, recruit, and seat Board of Directors | 04/01/2015 | 04/02/2015 | 04/01/2015 | 04/02/2015 | 06/30/2015 | DY1 Q1 | |
| Task 1B- Appoint and establish committees, select committee chairs, and adopt committee charters. Committees of the Board include: Executive, Clinical Governance, Compliance, Finance, Nominating, and IT/Data Governance | Completed | 1B- Appoint and establish committees, select committee chairs, and adopt committee charters. Committees of the Board include: Executive, Clinical Governance, Compliance, Finance, Nominating, and IT/Data Governance | 04/01/2015 | 05/31/2015 | 04/01/2015 | 05/31/2015 | 06/30/2015 | DY1 Q1 | |
| Task 1C- Establish Regional Project Advisory Committee (RPACs) structure | Completed | 1C- Establish Regional Project Advisory Committee (RPACs) structure | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Completed | This milestone must be completed by 12/31/2015. Clinical Quality Committee charter and committee structure chart | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 2. Draft and adopt charter for Clinical Governance Committee. | Completed | 2. Draft and adopt charter for Clinical Governance Committee. | 04/01/2015 | 07/01/2015 | 04/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3. Convene Project Implementation Collaboratives (PICs) for each project. PICs will develop Project Network Plans including CQ plans and monitoring mechanisms. The PICs will | Completed | 3. Convene Project Implementation Collaboratives (PICs) for each project. PICs will develop Project Network Plans including CQ plans and monitoring mechanisms. The PICs will report to the Board Clinical Governance Committee on a monthly basis. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| report to the Board Clinical Governance Committee on a monthly basis. | | | | | | | | | |
| Task 4. Provide input from PICs to the Executive PAC and in turn to the Regional PACs monthly. | On Hold | 4. Provide input from PICs to the Executive PAC and in turn to the Regional PACs monthly. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 1. Appoint and convene Board Clinical Governance Committee. | Completed | 1. Appoint and convene Board Clinical Governance Committee. | 04/01/2015 | 07/01/2015 | 04/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Completed | This milestone must be completed by 9/30/2015. Upload of bylaws and policies document or committee guidelines. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | YES |
| Task 3A-Develop and approve CNYCC bylaws | Completed | 3A-Develop and approve CNYCC bylaws | 04/01/2015 | 07/01/2015 | 04/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3B- Develop and approve dispute resolution policies | Completed | 3B- Develop and approve dispute resolution policies | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3C- Develop and approve policies and procedures regarding under-performing providers | Completed | 3C- Develop and approve policies and procedures regarding under-performing providers | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3D- Develop and approve CNYCC compliance policies and procedures | Completed | 3D- Develop and approve CNYCC compliance policies and procedures | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Milestone #4 Establish governance structure reporting and monitoring processes | Completed | 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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 4A-1. Project Implementation Collaboratives (PICs) will develop progress metrics, dashboards, and process for monitoring the 11 projects for review and adoption by the CNYCC Board including a schedule for receiving and disseminating data. | Completed | 1. Project Implementation Collaboratives (PICs) will develop progress metrics, dashboards, and process for monitoring the 11 projects for review and adoption by the CNYCC Board including a schedule for receiving and disseminating data. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2. Each CNYCC Board Committee and the Workforce Work Group will develop progress metrics, dashboards, and reporting schedule for | On Hold | 2. Each CNYCC Board Committee and the Workforce Work Group will develop progress metrics, dashboards, and reporting schedule for monitoring workforce transformation, financial management, clinical management, and IT-Data | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| monitoring workforce transformation, financial management, clinical management, and IT-Data management. | | management. | | | | | | | |
| Task 3. Monthly dissemination of dashboard and monitoring data will flow from the Executive PAC (EPAC) to each Regional PAC (RPAC). Each RPAC will report on data, monitor progress and provide feedback to the EPAC which will in turn inform the Board and Board Committees. | On Hold | 3. Monthly dissemination of dashboard and monitoring data will flow from the Executive PAC (EPAC) to each Regional PAC (RPAC). Each RPAC will report on data, monitor progress and provide feedback to the EPAC which will in turn inform the Board and Board Committees. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| 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. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 5A-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations. | Completed | 5A-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5B-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations. | Completed | 5B-Conduct situational and stakeholder analysis for both internal and external stakeholders, including public and non-provider organizations. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes. | Completed | 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes. | Completed | 5C-Develop schedule and budget for communications, including methods for evaluating engagement processes. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 5E-Submit comprehensive Community Engagement proposal for approval by the Board of Directors. | In Progress | 5E-Submit comprehensive Community Engagement proposal for approval by the Board of Directors. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #6 Finalize partnership agreements or contracts with | In Progress | Signed CBO partnership agreements or contracts. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| CBOs | | | | | | | | | |
| Task 6A- Conduct assessment through RPACs and project activities to identify need for contracts with CBOs. | Completed | 6A- Conduct assessment through RPACs and project activities to identify need for contracts with CBOs. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 6B-Develop partnership agreements or contracts with key CBOs. | Completed | 6B-Develop partnership agreements or contracts with key CBOs. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6C-Obtain Board approval for CBO partnership agreements or contracts. | Completed | 6C-Obtain Board approval for CBO partnership agreements or contracts | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 6D-Execute agreements or contracts with CBOs | Completed | 6D-Execute agreements or contracts with CBOs | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| 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.) | Completed | Agency Coordination Plan. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 1. Identify and engage key public agencies in region (including Office of Mental Health, County Health Departments, Agencies on Aging, etc.). | Completed | 1. Identify and engage key public agencies in region (including Office of Mental Health, County Health Departments, Agencies on Aging, etc.). | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 1. Engage RPACs to develop agency coordination plan. | Completed | 1. Engage RPACs to develop agency coordination plan. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 1. Finalize agency coordination plan and obtain Board approval. | Completed | 1. Finalize agency coordination plan and obtain Board approval. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Milestone #8 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). | 04/01/2015 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Work with Workforce team to develop workforce communication and engagement plan. | In Progress | Work with Workforce team to develop workforce communication and engagement plan. | 04/01/2015 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Task 2. Finalize workforce communication and engagement plan and obtain Board approval. | In Progress | 2. Finalize workforce communication and engagement plan and obtain Board approval. | 04/01/2015 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #9 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 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | NO |
| Task CNYCC will be contracting with CBOs at the project-specific level. Representatives from potential contracting organizations have been involved in the project Workgroups and understand their roles. The CBO contracting process described above rests on determining readiness and providing support to CBOs to enable their ability to fulfill their roles in each project. Contracts with CBOs will be executed, as appropriate, as each project becomes operational. As we continue to do project planning and begin implementation, we will determine and engage needed CBOs crucial to our success. CNYCC is working with Eric Mower + Associates to develop a comprehensive 1-year engagement plan to assist in this. | In Progress | CNYCC will be contracting with CBOs at the project-specific level. Representatives from potential contracting organizations have been involved in the project Workgroups and understand their roles. The CBO contracting process described above rests on determining readiness and providing support to CBOs to enable their ability to fulfill their roles in each project. Contracts with CBOs will be executed, as appropriate, as each project becomes operational. As we continue to do project planning and begin implementation, we will determine and engage needed CBOs crucial to our success. CNYCC is working with Eric Mower + Associates to develop a comprehensive 1-year engagement plan to assist in this. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|
| Finalize governance structure and sub-committee structure | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |
| Finalize bylaws and policies or Committee Guidelines where applicable | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|----------|-----------|---|---|---------------------|
| Finalize governance structure and sub-committee structure | wetterhl | Other | 8_DY2Q1_GOV_MDL21_PRES1_OTH_Module_2.1_Milestone_1_Updated_Organization_Chart_08.04.16_LRW_5499.pdf | Organization charts for the governing body and for each subcommittee; no updates since DY1 Q4. | 08/04/2016 05:38 PM |
| | wetterhl | Templates | 8_DY2Q1_GOV_MDL21_PRES1_TEMPL_Module_2.1_Milestone_1_Meeting_Schedule_08.02.16_LES_5493.xlsx | Evidence of Committee meeting agendas, attendance/sign-in sheets, and committee meeting minutes. | 08/04/2016 05:34 PM |
| | wetterhl | Templates | 8_DY2Q1_GOV_MDL21_PRES1_TEMPL_Module_2.1_Milestone_1_Contact_Information_08.02.16_LES_5492.xlsx | Updated contact information for Governance and subcommittees members including: the names of members, their roles, and responsibilities for the governing body and subcommittees. | 08/04/2016 05:33 PM |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | wetterhl | Other | 8_DY2Q1_GOV_MDL21_PRES2_OTH_Module_2.1_Milestone_2_Updated_Organization_Chart_08.04.16_LRW_5515.pdf | Updated organization chart for the clinical quality subcommittee structure, reflecting the filling of a vacant project manager position. | 08/04/2016 06:10 PM |
| | wetterhl | Templates | 8_DY2Q1_GOV_MDL21_PRES2_TEMPL_Module_2.1_Milestone_2_Meeting_Schedule_08.02.16_LES_5504.xlsx | Evidence of Committee meeting agendas, attendance/sign-in sheets, and committee meeting minutes. | 08/04/2016 05:42 PM |
| | wetterhl | Templates | 8_DY2Q1_GOV_MDL21_PRES2_TEMPL_Module_2.1_Milestone_2_Contact_Information_08.02.16_LES_5501.xlsx | Updated contact information for clinical governing & subcommittee members including: the names of members, their roles, and responsibilities. | 08/04/2016 05:41 PM |
| Finalize bylaws and policies or Committee Guidelines where applicable | wetterhl | Other | 8_DY2Q1_GOV_MDL21_PRES3_OTH_Module_2.1_Milestone_3_Current_Bylaws_08.05.16_5757.pdf | Copy of CNYCC Bylaws. Please note: there were no changes to our bylaws in DY2 Q1. A separate charge & charter for the workforce committee was approved but is not incorporated. | 08/05/2016 04:45 PM |
| | wetterhl | Other | 8_DY2Q1_GOV_MDL21_PRES3_OTH_Workforce_Charge_and_Charter_-_Executed_April_28_2016_5520.pdf | CNYCC Board-approved charge & charter for the workforce committee. | 08/04/2016 06:16 PM |
| Establish governance structure reporting and monitoring processes | wetterhl | Report(s) | 8_DY2Q1_GOV_MDL21_PRES4_RPT_Module_2.1_Milestone_4_Update_Report_08.04.16_LRW_5489.pdf | Updated report on reporting and monitoring actions CNYCC carried out in DY2 Q1. | 08/04/2016 05:29 PM |
| 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.) | bjadigun | Other | 8_DY2Q1_GOV_MDL21_PRES7_OTH_Copy_of_Public_Sector_Agency_Template_(003)_5648.xlsx | Public Sector Agency Coordination | 08/05/2016 12:01 PM |
| | bjadigun | Other | 8_DY2Q1_GOV_MDL21_PRES7_OTH_EPAC_Committee_Structure_5469.pdf | EPAC Structure | 08/04/2016 04:42 PM |
| Inclusion of CBOs in PPS Implementation. | bjadigun | Other | 8_DY2Q1_GOV_MDL21_PRES9_OTH_CNYCC_Workforce_Newsletter_5479.pdf | CNYCC Workforce Newsletter | 08/04/2016 05:06 PM |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Finalize governance structure and sub-committee structure | For Governance Milestone 1 ("Finalize governance structure and sub-committee structure"), during DY2 Q1, CNYCC's Board filled a vacancy and renewed the terms of existing Directors who were up for renewal. Following nomination by the Nominating Committee, the Board also approved the slate of the Workforce Committee members and appointed a chair of the committee which, pursuant to our Bylaws, is a Director. Current Directors and Workforce Committee members are reflected in our uploaded Contact Information documentation. There were no changes to our governance and committee structure. The Board and existing Committees continued to meet as usual (reflected in our uploaded Meeting Schedule documentation). |
| Establish a clinical governance structure, including clinical quality committees for each DSRIP project | For Governance Milestone 2 ("Establish a clinical governance structure, including clinical quality committees for each DSRIP project"), during DY2 Q1, the one remaining Project Manager position, part of the organizational chart for clinical quality oversight, was filled (as reflected in our uploaded Updated Organizational Chart). A vacancy on the clinical governance committee occurred in mid-March which has was not filled by the end of the reporting quarter (reflected in the uploaded Contact Information template). Otherwise, the committee continued to meet as usual (as reflected in the uploaded Meeting Schedule template). |
| Finalize bylaws and policies or Committee Guidelines where applicable | For Governance Milestone 3 ("Finalize bylaws and policies or Committee Guidelines where applicable"), during DY2 Q1, CNYCC's Board of Directors reviewed, revised and approved the draft charge and charter for the Workforce Committee (final charge and charter is attached). There were no amendments to the Bylaws during this quarter. There were no changes to the policies/guidelines for the committees, which are included within our bylaws. |
| Establish governance structure reporting and monitoring processes | For Governance Milestone 4 ("Establish governance structure reporting and monitoring processes"), during DY2 Q1, there were no changes to CNYCC's governance structure reporting & monitoring processes. Dashboard slides depicting the number of patients actively engaged in each project each month were shared in each CNYCC committee and Board of Directors' meeting. This lead to the achievement of one project's actively engaged patient target that had otherwise been at risk, as well as narrowing the gap to close to reach the actively engaged patient target for two other projects in Q2. Gap to goal information for the number of contracted providers by project and provider category related to Project Implementation Scale was publicized in the Finance Committee and Board of Directors' meetings. Members assisted CNYCC staff in their outreach and those gaps have subsequently been narrowed. CNYCC expects this to be an area of ongoing, sustained effort. Updated report on reporting and monitoring actions in Q1 is attached to this milestone. |
| Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement) | <p>The development of the CNYCC Community Engagement plan is currently in progress. A comprehensive community engagement strategy has been completed, however, it is awaiting CNYCC Board of Directors review and approval. The community engagement plan outlines different communication approaches for each identified constituency in our region. The approach also includes messaging tactics to be developed and specific methods to reach various audiences. Finally, the plan provides a reference for the types of messages that will be employed for different audiences in the community. For example, Enterprise level messaging will be used to build awareness with the general public, while topic specific messaging will be used to keep current partners engaged while attracting additional partners to the Collaborative.</p> <p>We anticipate presenting the proposed Community Engagement plan to the CNYCC Board at the September meeting and will be able to submit the full plan upon Board Approval.</p> |
| Finalize partnership agreements or contracts with CBOs | <p>The CNYCC has developed a comprehensive contracting program for partner organizations including community based organizations(CBO). During the initial phase of the contracting process, we were able to secure contracting with several CBO partners. As we continue to move forward with outreach, specifically to CBO's in the region, we have discovered an opportunity to expand CBO participation. CNYCC has been working closely with several groups to engage CBO's.</p> <p>CNYCC has conducted several orientation meetings including one-on-one presentations, brown bag lunch meetings, CBO workshops and additional items to further engage the CBO community. Additionally, we are currently working with the Health Foundation of Western and Central New York on an event intended to increase awareness on DSRIP and PPS activities targeted at CBO's in the region. We anticipate this and additional engagement activities with CBO's to continue well in to the fall to ensure broad participation from CBO is project activities.</p> |
| Finalize agency coordination plan aimed at engaging | CNYCC has developed and implemented an agency plan that has engaged appropriate public sector agencies across our PPS region. CNYCC has been working |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.) | <p>closely with each County Health Department, Mental Hygiene and other agencies to coordinate efforts and develop planning for project implementation. County Agencies have participated in governance activities through membership on CNYCC's Board of Directors. County agencies are also represented on several CNYCC Board Committees, project workgroups, and have well-established relationships with CNYCC project managers.</p> <p>In addition, County agencies have played a pivotal role in the development of CNYCC's Regional Project Advisory Committees (RPAC). The RPAC structure includes committees in each of the CNYCC's six-County region. Each RPAC has a representative from the County Health Agencies in a leadership role. The Executive Project Advisory Committee that oversees the RPAC initiative is comprised of County Health Agency staff and help provide guidance for project implementation and performance. I have attached documentation that illustrates the role of the RPAC/EPAC structure and a listing of EPAC members.</p> |
| Finalize workforce communication and engagement plan | <p>CNYCC is finalizing a "formal" workforce communication plan for consideration by the newly formed CNYCC Workforce Committee that is intended to build upon the existing workforce engagement activities already underway. CNYCC has been working closely with Human Resource contacts at partner organizations across the PPS for over a year. Some of the engagement activities that have been implemented include: Monthly Workforce Newsletter; Workforce reporting via CNYCC Webinar Series, Website updates, and Targeted memos; and the recent launch of a staffing impact model.</p> <p>CNYCC also provided comprehensive engagement through the delivery of the Workforce Compensation and Benefits Survey process. CNYCC worked closely with AHAC on the survey and conducted one-on-one meetings, workshops, and webinars for partner organizations to support survey completion.</p> <p>The newly formed Workforce Committee coincides with the hiring of a full-time Manager for Workforce at CNYCC. The committee will be reviewing the proposed communication plan during an upcoming meeting. This milestone has been extended to give CNYCC's recently hired workforce lead & recently approved workforce committee an opportunity to provide input on this plan.</p> |
| Inclusion of CBOs in PPS Implementation. | |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|----------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|---|---|---------------------|
| Mid-Point Assessment | wetterhl | | 8_DY2Q1_GOV_MDL22_PPS1062_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Organizational_Narrative_08.05.16_5702.pdf | Required organizational narrative for the mid-point assessment. | 08/05/2016 02:33 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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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.

CNYCC has already seated the Board of Directors, appointed committees & committee chairs, and adopted bylaws. This puts the organization in a strong place with respect to governance going into the implementation phase. It is important that the Board, committees & RPACs focus on broad involvement of and input from the myriad of partners & community members that are impacted by the CNYCC projects.

Risk 1: Lack of meaningful participation of the Board, committees, partners, CBOs and community-at-large in CNYCC governance, planning, implementation, monitoring, and oversight. Potential Impact: The success of CNYCC will be dependent on the active & meaningful participation of everyone involved so that 1) CNYCC's efforts are informed by the full breadth of expertise and experience that exists in the region, 2) there is broad investment & buy-in across all partners, and 3) all participants are held accountable for the activities & outcomes that are produced by the CNYCC.

Risk 2: Lack of timely communication & decision-making is a challenge to successful CNYCC governance. Potential Impact: The CNYCC will make uninformed decisions or miss critical deadlines unless communication can flow freely & efficiently across all partners, particularly to Board members.

Risk 3: The formation of a new non-profit entity requires time and resources to allow members to adapt to new roles & responsibilities, form new relationships, and attend to internal functions, creating inefficiency with respect to monitoring and supporting CNYCC operations. Potential Impact: Without the necessary time & staff resources the CNYCC will not be able to properly embrace its charge, create the necessary infrastructure & operations, and implement effective and efficient projects.

Risk 4: As a new organization, the CNYCC lacks the full breadth of systems (program protocols, financial data management, human resources) necessary to fully support the leadership & functions of the organization. Potential Impact: Without the necessary systems in place, the CNYCC will not be able to appropriately engage its partners & support the development of effective programs.

Risk 5: The need to build stable relationships & trust with partners is essential. Strong partner engagement & communications efforts will be critical to building trust, facilitating collaboration, and ensuring successful project implementation. Potential Impact: Without the appropriate communication & trust, partners will not be fully engaged or informed about what they need to do to participate.

Risk 6: The CNYCC information systems & data tools are immature. Furthermore, technical expertise varies among partners. Potential Impact: Effective information systems will be the primary driver of CNYCC's success. Without effective & efficient information systems, the core elements of CNYCC implementation will not succeed.

Risk 7: The CNYCC lack strong data governance that will provide a framework in which pertinent clinical information can be aggregated & analyzed for partner and CNYCC performance. Data governance practices for each partner organization vary widely-we are still developing a systematic



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methodology for documenting & sharing the data that will be required to generate metrics of interest. Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements and manage outcomes.

Risk 8: Funds Flow from NYS: Due to our complicated funds flow arrangement with the State and SUNY, we have encountered significant delays in funds flow to our PPS. Continued issues with funds flow will jeopardize both CNYCC operations and our ability to disburse funds to partners to affect meaningful project implementation.

✓ IPQR Module 2.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

The Governance workstream depends on most of the other workstreams to be able to fulfill its substantive ongoing policy and monitoring roles.

IT Systems and Processes – Coordination with the IT Systems and Processes workstream will be critical for monitoring clinical and financial performance utilizing real-time data and developing reporting dashboards that feed project and provider specific performance into DSRIP project quality workgroups, Board committees, and the Board of Directors. CNYCC benefits from a cadre of skilled members of the Board's IT and Data-Governance Committee who have extensive experience in IT and with the RHIO.

Performance Monitoring – Coordination with the Performance Monitoring workstream will be critical for monitoring clinical and financial performance utilizing real-time data and developing reporting dashboards that feed project and provider specific performance into DSRIP project quality workgroups, to the Clinical Governance Committee and to the Board of Directors to oversee performance in relation to goals and milestones.

Workforce – The Workforce Workgroup will provide monthly reports to the Board throughout DY1 to ensure that the workforce is deployed appropriately in relation to the projects, that timely training and education is provided so that projects can be staffed appropriately, existing staff can be utilized to the greatest extent possible, and new staff can be brought up to speed quickly. Communication will be maintained with the unions and work force groups that are key stakeholders in the project.

Financial Sustainability and Funds Flow – The Financial Stability and Funds Flow workstreams provide critical information for monitoring the performance of providers so that the Finance Committee and the Board can effectively oversee the financial performance and stability of partners and the organization.

Practitioner Engagement – Coordination with Practitioner Engagement workstream is critical as full implementation of CNYCC is dependent on broad community engagement. This project depends on more than just buy-in; it relies on active championing of change. CNYCC has engaged consulting firms to assist in developing a consumer-engagement plan to promote participation and buy-in. CNYCC has also developed a practitioner engagement strategy with the assistance of a skilled consultant that will be implemented in DY1.



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Clinical Governance - Coordination of CNYCC projects with input from clinical staff will be an essential component of implementation and sustainability. The Clinical Governance committee includes representation from a wide-cross section of partner organizations within the PPS and provides the best opportunity to incorporate essential standards to meet the workflow needs of clinical staff.



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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 |
|--|--|--|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve policies related to CNYCC operations; monitor performance. |
| Oversight, Management, and Recommendations to the Board for Approval | Board Committees: Finance, Information Technology and Data Governance, Clinical Governance, and Nominating Committees, Workforce Committee | Develop performance tracking and information flow procedures; develop and propose policies and procedures to Board for approval; monitor activities and track impact and effectiveness. |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings). These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner/Consumer Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to all DSRIP activities. The RPACs provide regional, interactive forum for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. Staff or Committee representatives would report ongoing CNYCC activities at RPAC meetings. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|---|--|
| | | practice, and broad system transformation. |
| Management, Oversight, and Operations | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Tim Morris, Workforce Manager | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board. |
| Human Resources (HR) and payroll support | Staff Leasing (Vendor) | Support the administration of HR and payroll activities for CNYCC staff |
| Communications and stakeholder engagement support | Director of Communications and Stakeholder Engagement/BJ Adigun and Manager of Communications, Community Development and Partner Education/Ray Ripple | Support related to CNYCC communications and stakeholder engagement. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Executive Project Advisory Council (EPAC) | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's. |



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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 | | |
| Participating CNYCC provider and CBO Partners | Implementing projects and participating actively on the Board, Board Committees, EPAC, RPACs, and Project Implementation Collaboratives | Effective and efficient project implementation; active involvement in CNYCC governance activities and adherence to CNYCC policies in areas such as security, compliance, health literacy, and cultural competency. |
| External Stakeholders | | |
| Consumers/Community | Engaging with the projects and organization | Participate in community-based CNYCC activities |
| Public Agencies – Local, County, State, and Federal | Participating in projects and promoting the organization | Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services. |
| Professional/Provider Advocacy Organizations (i.e., HANYS, CHCANYS, NYAPERS, etc.) | Participating in projects and promoting the organization | Engaging with CNYCC |



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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.

Key challenges to implementing IT Governance will be:

1. Striking a balance between the partner individual interests and the interests of the overall CNYCC;
2. Balancing the large number of stakeholders with the need to implement rapidly; and
3. Communication of decisions and reasoning behind those decisions to a large number of stakeholders.

We plan to meet these challenges through an Information Technology and Data Governance Committee of the Board, through workgroups of that Committee and CNYCC staff. The Committee will be made up of Board members to provide alignment with partner priorities and non-Board members to provide information technology expertise and stakeholder collaboration. IT governance will be integrated within the overall governance of CNYCC. Policies related to IT that require Board approval as per the bylaws will be voted upon by the Board. Also it will be a key responsibility of a dedicated CNYCC Chief Information Officer (CIO) to promote appropriate two-way communication with partners. The CNYCC governance structure, including the Board Information Technology and Data Governance Committee, will provide a framework for policy approval and dispute resolution. A representative group of partners will have input and oversight over data sharing policies, confidentiality agreements, access to data by appropriate individuals for approved purposes, and other such issues.

It is also expected that Workgroups will be created to include non-Board IT personnel, subject matter experts, and key stakeholder representatives to set data definitions and interoperability standards, establish policies, and provide timely system performance feedback.

✓ IPQR Module 2.8 - Progress Reporting

Instructions :

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

CNYCC governance success will be measured against timely achievement of the governance milestones. This includes finalizing and establishing the governance structure including development and operation of the Board, committees, and RPACs. Success will also be measured by the timely development and approval of the by-laws, adoption of pertinent policies such as compliance and under-performing provider policies and procedures and reporting processes that enable effective oversight of CNYCC performance.

The Board will require timely and detailed reports to enable them to assess the performance within each workstream and by each project, to identify areas of weakness and oversee development and implementation of corrective action. Through using dashboard and other reporting mechanisms, such as MAPP, and establishing rapid response mechanisms the Board will foster a "culture of quality" throughout CNYCC.



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The RPACs will focus on project performance and organizational success at the community level. This includes receiving data to monitor progress and performance of the projects in each of their regions. This data will demonstrate progress and performance by project, by provider, and by region. The CNYCC staff as well as subject matter experts will support the projects and RPAC committees. A CNYCC Project Manager who will report progress and performance metrics monthly to the CNYCC Executive Director will staff each of the RPAC committees. The Executive Director will assess the metrics against the project benchmarks and CNYCC PMO staff will report similar information to the Board's Clinical Governance and Financial Committees.

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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize PPS finance structure, including reporting structure | Completed | 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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 3. Develop and receive Board approval for organizational and operational plan for CNYCC financial management and reporting, including reporting structure to the Board and oversight committees. | Completed | 3. Develop and receive Board approval for organizational and operational plan for CNYCC financial management and reporting, including reporting structure to the Board and oversight committees. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 4. Appoint CNYCC senior-level personnel to staff finance committee, including identification of DOH compliance and other financial oversight requirements placed on finance committee agenda for discussion and action as needed. | Completed | 4. Appoint CNYCC senior-level personnel to staff finance committee, including identification of DOH compliance and other financial oversight requirements placed on finance committee agenda for discussion and action as needed. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 5. Contract with qualified organization to set up financial accounting and reporting system and perform accounting and financial reporting functions until established within CNYCC operational structure. | Completed | 5. Contract with qualified organization to set up financial accounting and reporting system and perform accounting and financial reporting functions until established within CNYCC operational structure. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 1. Establish the financial structure of CNYCC and the roles and responsibilities of the Finance and Compliance Committees. | Completed | 1. Establish the financial structure of CNYCC and the roles and responsibilities of the Finance and Compliance Committees. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Task 2. Adopt charge for the CNYCC finance function and establish schedule for Finance Committee meetings. | Completed | 2. Adopt charge for the CNYCC finance function and establish schedule for Finance Committee meetings. | 04/01/2015 | 12/31/2015 | 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. | Completed | 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 | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | YES |
| Task 2A-Develop list of network partners that self-identified as being at financial risk within the next 12 months | Completed | 2A-Develop list of network partners that self-identified as being at financial risk within the next 12 months | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2B- Identify partners that are IAAF providers. | Completed | 2B- Identify partners that are IAAF providers. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2C- Define the financial indicators that will be used to measure financial stability on an ongoing basis; at a minimum | Completed | 2C- Define the financial indicators that will be used to measure financial stability on an ongoing basis; at a minimum | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2D-Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards. | On Hold | 2D-Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2E-Create process for collecting financial indicators and incorporate into Decision Support System (DSS). | On Hold | 2E-Create process for collecting financial indicators and incorporate into Decision Support System (DSS). | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task | On Hold | 2F- Establish benchmarks for each indicator consistent with | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| 2F- Establish benchmarks for each indicator consistent with provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards. | | provider type; i.e. hospitals, community health centers, skilled nursing facilities. Where available, benchmarks will come from industry standards. | | | | | | | |
| Task 2G- Define process for ongoing monitoring and follow-up with partners that show signs of financial risks. Obtain Board | Completed | 2G- Define process for ongoing monitoring and follow-up with partners that show signs of financial risks. Obtain Board | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2H-Develop financial sustainability strategy to address key issues and obtain Board approval. | On Hold | 2H-Develop financial sustainability strategy to address key issues and obtain Board approval. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2Hb-Develop financial sustainability strategy to address key issues | Completed | 2H-Develop financial sustainability strategy to address key issues | 01/01/2016 | 03/31/2016 | 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 | Completed | This milestone must be completed by 12/31/2015. Finalized Compliance Plan (for PPS Lead). | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 2. Establish Compliance Committee of the Board and begin meetings, establish hotline, and hire Compliance Officer. | Completed | 2. Establish Compliance Committee of the Board and begin meetings, establish hotline, and hire Compliance Officer. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Outreach and communication with compliance officers of partners about compliance program partner obligations to participate and comply with compliance program, training and reporting. | Completed | 3. Outreach and communication with compliance officers of partners about compliance program partner obligations to participate and comply with compliance program, training and reporting. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 4. CNYCC Compliance Officer tasked with developing and carrying out Compliance Plan for CNYCC and its partner organizations that is NYS Social Service Law 363-d. | Completed | 4. CNYCC Compliance Officer tasked with developing and carrying out Compliance Plan for CNYCC and its partner organizations that is NYS Social Service Law 363-d. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 1. Board approves Code of Conduct, for CNYCC and partners and Compliance Plan | Completed | 1. Board approves Code of Conduct, for CNYCC and partners and Compliance Plan | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Milestone #4 Develop detailed baseline assessment of | In Progress | This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | YES |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | | | | | | | | | |
| Task 4A-Survey Medicaid Managed Care Organizations (MCOs) in the region regarding the distribution of MCO payments by | Not Started | 4A-Survey Medicaid Managed Care Organizations (MCOs) in the region regarding the distribution of MCO payments by | 04/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4B- Survey the larger CNYCC health care provider partners by provider type regarding their current use of VBP models | Not Started | 4B- Survey the larger CNYCC health care provider partners by provider type regarding their current use of VBP models | 04/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4C- Educate CNYCC partners on VBP options and their comparative merits and risks and solicit input on a preferred approach. | In Progress | 4C- Educate CNYCC partners on VBP options and their comparative merits and risks and solicit input on a preferred approach. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4D- Conduct a series of meetings to understand the details of VBP models currently employed by CNY Medicaid MCOs as well as those in development or contemplated. | In Progress | 4D- Conduct a series of meetings to understand the details of VBP models currently employed by CNY Medicaid MCOs as well as those in development or contemplated. | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4E- Finance Committee drafts VBP transition plan and presents to the Board for approval. | On Hold | 4E- Finance Committee drafts VBP transition plan and presents to the Board for approval. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Not Started | This milestone must be completed by 3/31/2017. Value-based payment plan, signed off by PPS board. | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | YES |
| Task 5A- Share draft VBP transition plan with CNYCC partners for review and comment, including input on how to achieve 90% value-based payment benchmark. Plan may include partner(s) participation in demonstration payment arrangements with one or more Medicaid MCOs. | Not Started | 5A- Share draft VBP transition plan with CNYCC partners for review and comment, including input on how to achieve 90% value-based payment benchmark. Plan may include partner(s) participation in demonstration payment arrangements with one or more Medicaid MCOs. | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 5B- Review draft plan with Medicaid MCOs for | Not Started | 5B- Review draft plan with Medicaid MCOs for review and comment, including participation in demonstration payment | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| review and comment, including participation in demonstration payment arrangements with partner organizations. | | arrangements with partner organizations. | | | | | | | |
| Task 5C- Share revised draft with key stakeholders for review and comment. | Not Started | 5C- Share revised draft with key stakeholders for review and comment. | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 5D- Finance Committee drafts VBP Plan and submits to Board for review and approval. | Not Started | 5D- Finance Committee drafts VBP Plan and submits to Board for review and approval. | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Not Started | | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | Not Started | | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| Milestone #8 >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | Not Started | | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|---|---|---|
| Finalize PPS finance structure, including reporting structure | If there have been changes, please describe those changes and upload any supporting documentation as necessary. | Please state if there have been any changes during this reporting quarter. Please state yes or no in the corresponding narrative box. |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|--|----------|---------------------|---|---|---------------------|
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | wetterhl | Policies/Procedures | 8_DY2Q1_FS_MDL31_PRES2_P&P_CNYCC_Financial_Sustainability_Strategy_05.26.16_Approved_5390.pdf | Updated copy of the CNYCC Financial Sustainability Strategy | 08/04/2016 01:55 PM |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| Finalize PPS finance structure, including reporting structure | For Financial Stability Milestone 1 ("Finalize PPS finance structure, including reporting structure"), during DY2 Q1 there were no changes to financial structure. The Board and Finance Committee continued to meet as usual. |
| Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | For Financial Stability Milestone 2 ("Perform network financial health current state assessment and develop financial sustainability strategy to address key issues."), during DY2 Q1, the Finance Committee and Board continued to provide feedback and make adjustments to the CNYCC Financial Sustainability Strategy. This resulted in clarification of the optional and finite nature of steps taken by the PPS to support financially distressed partners, revision & clarification of the concept of an "essential provider" to a provider of "essential services," and acknowledgement of the need to exempt some State-run, county, and municipal providers from collection of financial indicators. An updated copy has been attached to this milestone. |
| Finalize Compliance Plan consistent with New York State Social Services Law 363-d | For Financial Stability Milestone 3 ("Finalize Compliance Plan consistent with New York State Social Service Law 363-d"), during DY2 Q1, CNYCC's Chief Corporate Compliance Officer, Laurel Baum (the "CCO") continued to monitor day-to-day operation of CNYCC's compliance program and review of compliance policies and procedures. The CCO provided training to PPS partners who attended, via webinar, a presentation regarding dispute resolution, under-performing partner and sanctions policies. There were no changes to CNYCC's Compliance Plan. A copy of CNYCC's annual OMIG certification confirmation from December 2015 was provided last quarter. The Board and Compliance Committee continued to meet as usual. |
| Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy. | |
| Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | |
| Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | |
| Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | |
| >=90% of total MCO-PPS payments (in terms of total dollars) captured in at least Level 1 VBPs, and >= 70% of total costs captured in VBPs has to be in Level 2 VBPs or higher | |



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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 | Original Start Date | Original End Date | 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 Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
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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.

Risk 1: As a new organization CNYCC must build a sound financial management and reporting infrastructure.

Potential Impact: CNYCC financial success will depend on having a sound management and reporting infrastructure. Without it CNYCC will not be able to provide the on-going support its partners need, implement sustainable operations, oversee disbursement and expenditure of DSRIP funds, or meet its other obligations to the state.

Risk 2: Success will depend on the creating a new corporation from the ground up, which will be challenging and take time.

Potential Impact: Creating the new corporation will take time and resources, particularly at the outset, which could put CNYCC at a disadvantage as it works to meet the many demanding obligations from the state with respect to project development and implementation.

Risk 3: There may be a delay in distributing DRSIP funds to the partner organizations due to changing funds flow methodologies (public equity guarantee funds).

Potential Impact: Participating partners will either not be able to participate or will have to invest their own funds to develop the necessary operations, which could halt operations entirely or delay implementation.

Risk 4: Sharing financial information related to financial viability and developing plans for operational/financial improvement among sometimes competing organizations is often a sensitivity issue. Another risk is the lack of capitalization for providers across the system as they move to VBP contracts with Medicaid MCOs.

The transition to Value-Based Payment will present a series of challenges to the CNYCC identified as follows:

Risk 1: CNYCC will not have the infrastructure it needs to monitor the health status of a population of Medicaid beneficiaries and assume responsibility for the quality and cost of health care services to this population.

Potential Impact: Without this infrastructure CNYCC runs the risk of performing poorly under value-based payment contracts with its Medicaid MCO partners.

Risk 2: Lack of alignment between CNYCC's partner network and the MCO networks.

Potential Impact: Partner contracts and incentives may not be properly aligned between CNYCC and the MCOs, impacting the success of CNYCC in VBP contracts.



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Risk 3: MCOs are wary about what DSRIP means for them, generally have very limited experience with VBP, and no experience working with CNYCC as an entity.

Potential Impact: Medicaid MCOs may not be willing to partner with CNYCC.

Risk 4: Lack of alignment of CNYCC's VBP contracts with the VBP contracts of other Medicare and commercial payers.

Potential Impact: If CNYCC and its partners move to VBP contracts, it may be difficult if the other payer contracts are not aligned with the Medicaid MCO contracts. CNYCC will need to strive for payer contract alignment over time.

✅ 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.)

The major dependencies across other workstreams related to Financial Sustainability are IT Systems and Processes, Clinical Integration and Workforce, Performance Reporting, and Governance.

Performance Reporting - CNYCC will implement a Decision Support System (DSS), a PHM platform, and a project management system that are critical to success. This infrastructure will be critical to funds flow and to creating a financial stable, well-governed organization.

Governance - Strong governance will be essential. The Executive Director will report to the Finance Committee of the Board. The Compliance Committee will oversee CNYCC adherence to DSRIP requirements and federal and state laws and regulations related to CNYCC financial reporting and compliance. The Finance Committee will also approve the initial funds flow model and continue to review the model for necessary refinements. The Finance Committee will recommend funds flow model and revisions to the Board for approval and will oversee financial management of DSRIP fund disbursement.

Clinical Integration and Workforce - Clinical Integration and Workforce workstreams are also important dependencies for value-based payment success. Value-based payment, especially when it transitions to downside financial risk in future years, will pose a threat to the financial viability of the CNYCC and its partners unless fundamental changes are made to care delivery processes. These changes need to occur for the vast majority of patients not just for the most ill patients. These changes will include standardizing care processes to eliminate unproductive (and sometimes harmful) variation and waste, and increased and informed use of lower cost and sometimes more productive effective non-physician staff.



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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 |
|--|--|--|
| Oversight and Approval | CNYCC Board of Directors | Monitor, review and ultimately approve funds flow model, CNYCC's financial systems, and operational pro forma; monitor funds flow operations |
| Oversight, Management, and Recommendations to the Board for Approval | Finance and Information Technology and Data Governance Committees of the Board | Develop, approve, and recommend funds flow model, CNYCC's financial systems, operational pro forma, and finance related policies to the Board; monitor funds flow operations overtime and report to the Board |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisory Workgroup | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Bi-directional Information Flow to Projects | Project Implementation Collaborative/Learning Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| | | meeting state project requirements, implementation of best practice, and broad system transformation |
| Management, Oversight, and Expertise | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Tim Morris Workforce Manager | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board. |
| Policy/System development and oversight of finance-related workstreams | Finance Committee of the Board | Directly responsible for the development of CNYCC funds flow policies , financial systems, and operational budget/pro forma. Work with staff and consultants to direct, oversee, monitor, and review process and deliverables. Monitor macro-level funds flow from State and SUNY. Make final recommendations to Board of Directors for all finance-related policies, systems, processes, and budget/payments. |
| Review and comment on funds flow policies made by Finance Committee | Clinical Governance and Health Information Technology and Data Governance Committees of the Board | Review and comment on CNYCC funds flow policies and other relevant finance issues before they are sent too Board of Directors for Final Approval. Monitor funds flow operations overtime and report issues to Finance Committee and Board, as appropriate. |
| Partner/Consumer Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to all DSRIP activities. The RPACs provide regional, interactive forum for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. Staff or Committee representatives would report ongoing CNYCC activities at RPAC meetings. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Executive Project Advisory Council (EPAC) | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| | | queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's. |
| Policy/System Development Support and other Technical Assistance as needed | John Snow, Inc and Health Management Associates | Assist the CNYCC Staff and Committees on funds flow policies, finance operations, budgeting/proforma development, and other finance related issues |
| Management of Financial Operational Support | Iroquois Health Alliance | Iroquois Health Alliance provides back office support and financial services, including accounts payable, accounts receivable, and other general accounting services |
| Financial Auditing Services | Audit Firm (Charles, Fust, Chambers LLP) | A Request for Proposal to provide auditing services was developed, distributed to selected potential vendors, posted on the CNYCC website, and posted in other public business forums on September 28, 2015. Once a vendor is identified, the Finance Committee and the Compliance Committee will identify an independent Workgroup to oversee the auditing process. |



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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 | | |
| All CNYCC Partner Organizations, including service providers and CBOs | Providing information and data to support funds flow distribution | Valid information and data supporting funds flow. |
| Consumers/Community | Engaging with the projects and organization | Participate in community-based CNYCC activities |
| External Stakeholders | | |
| Public Agencies – Local, County, State, and Federal | Participating in the projects and promoting the organization | Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services. |
| Professional/Provider Advocacy Organizations (i.e., HANYS, CHCANYS, NYAPERS, etc.) | Participating in planning and development of funds flow model | Participating in planning and development of funds flow model |
| Medicaid Health Plans | Collaborate on development of VBP strategy | Information provided to inform VBP plan and ultimately negotiated contracts with the PPS. |



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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.

Shared IT infrastructure will be critical to the Funds Flow and Financial Stability workstreams. CNYCC will implement a Decision Support System (DSS) that will be used to: 1) manage funds flows; 2) facilitate budget planning; and 3) perform rules-based forecasting and modeling. A Project Management System that will be used for partner management, project management, performance management, and reporting will interface with the DSS and PHM platforms to ensure that the CNYCC will be driven by consistent, objective and measurable data. This will ensure that resources are utilized effectively and appropriately by CNYCC. Additionally, in the longer term, CNYCC will establish a comprehensive Population Health Management (PHM) platform to consolidate standardized clinical and administrative data from all eligible partners in order to: 1) centralize reporting functions; 2) perform advanced population health analytics including clinical and financial risk stratification; 3) develop patient registries to track at-risk populations and; 4) coordinate care across the continuum. The integration of claims and clinical data will allow identification of intra-PPS performance variation and cost and quality performance improvement opportunities. The continued use of this platform after the conclusion of the program will ensure that outcomes continue to be monitored and coordinated care delivery will remain in place so that the CNYCC is able to move toward a value-based payment system.

✓ IPQR Module 3.8 - Progress Reporting

Instructions :

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

Success of CNYCC is dependent on meeting milestones, including developing a finance structure, conducting an assessment, and developing a plan for PPS partner organizations' transition to value-based payments (VBP). Key measures of success will be meeting milestones and reporting requirements, as well as feedback from the Board, and Finance Committee regarding performance and operations. Success will be measured through five key measures which include: 1) the CNYCC finance department and finance committees are operational; 2) a Decision Support System (DSS) is operational and being utilized; 3) funds flow payments are being made to partners on timely basis; 4) internal controls are established to oversee funds flow and expenditures; and 5) a written VBP plan that has general buy-in from the partners and health plans and that has been approved by the Board is in place. The DSS will support reporting on partner organizations' progress as relates to completing project milestones and funds flow distributions. Such reports will be reviewed by the Finance Committee to inform future decisions related to necessary changes to the funds flow model.

IPQR Module 3.9 - IA Monitoring



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #1 Finalize cultural competency / health literacy strategy. | Completed | 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 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | YES |
| Task 1A- Establish a CC/HL workgroup inclusive of CNYCC partners and community stakeholders to develop the CC/HL strategy. | Completed | 1A- Establish a CC/HL workgroup inclusive of CNYCC partners and community stakeholders to develop the CC/HL strategy. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 1B- Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcome | On Hold | 1B- Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcome | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task | Completed | 1C- Inventory array of best practice interventions and | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| 1C- Inventory array of best practice interventions and programs to address CC/HL gaps and challenges identified in assessment | | programs to address CC/HL gaps and challenges identified in assessment | | | | | | | |
| Task 1D- Assess existing CC/HL capacity across CNYCC partner network | On Hold | 1D- Assess existing CC/HL capacity across CNYCC partner network | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 1E- Develop draft CC/HL strategy. | Completed | 1E- Develop draft CC/HL strategy. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 1F- Finalize and receive Board approval of CC/HL strategic plan. | Completed | 1F- Finalize and receive Board approval of CC/HL strategic plan. | 04/01/2015 | 12/31/2015 | 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). | On Hold | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | YES |
| Task 3. Inventory available training opportunities that meet the identified needs to address health disparities. | Completed | 3. Inventory available training opportunities that meet the identified needs to address health disparities. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Develop training strategy. | Completed | 4. Develop training strategy. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 5. Develop methodology to measure training effectiveness in relation to established goals and objectives. | In Progress | 5. Develop methodology to measure training effectiveness in relation to established goals and objectives. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 6. Finalize Training Strategy and obtain Board approval | Completed | 6. Finalize Training Strategy and obtain Board approval | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 1. Collaborate with Workforce Workgroup in the development of training strategy. | In Progress | 1. Collaborate with Workforce Workgroup in the development of training strategy. | 04/01/2015 | 06/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task | Completed | 2. Assess training needs of diverse segments of the | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|--------|--|---------------------|-------------------|------------|----------|------------------|----------------------------------|----|
| 2. Assess training needs of diverse segments of the workforce throughout the PPS service area (e.g. clinicians, pharmacists, frontline staff, billing staff, etc.) | | workforce throughout the PPS service area (e.g. clinicians, pharmacists, frontline staff, billing staff, etc.) | | | | | | | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------------------------|---|--|---------------------|
| Finalize cultural competency / health literacy strategy. | bjadigun | Other | 8_DY2Q1_CCHL_MDL41_PRES1_OTH_CNYCC_CC_HL_Strategy_12_02_2015_(004)_5495.pdf | CNYCC CC/HL Strategy | 08/04/2016 05:34 PM |
| Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | bjadigun | Documentation/Certification | 8_DY2Q1_CCHL_MDL41_PRES2_DOC_CNYCC_BoD_August_2016_CCHL-Training_Approval_5832.pdf | CC/HL Training Approval CNYCC Board of Directors | 09/14/2016 01:59 PM |
| | wetterhl | Templates | 8_DY2Q1_CCHL_MDL41_PRES2_TEMPL_Module_4.1_Milestone_2_Training_Schedule_Template_08.05.16_5743.xlsx | A copy of the training schedule (please note: no CC/HL trainings were held in DY2 Q1). | 08/05/2016 04:14 PM |
| | bjadigun | Training Documentation | 8_DY2Q1_CCHL_MDL41_PRES2_TRAIN_CCHL_Training_Strategy_final_5524.pdf | CC/HL Training Strategy | 08/04/2016 06:33 PM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Finalize cultural competency / health literacy strategy. | CNYCC has successfully completed Milestone # 1 through the efforts of the CNYCC Cultural Competency/Health Literacy (CC/HL) Workgroup. CC/HL Workgroup met on a regular basis and provided guidance and support on the development of the strategy. The CC/HL Strategy was reviewed and approved by the CNYCC Board of Directors in Dec 2015. Attached to this Milestone is a copy of CNYCC's CC/HL Strategy. |
| Develop a training strategy focused on addressing the drivers | CNYCC's CC/HL Workgroup has developed a training strategy that focuses on addressing the drivers of health disparity in our region. The training strategy |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| <p>of health disparities (beyond the availability of language-appropriate material).</p> | <p>outlines several different approaches for our diverse partner organization network.</p> <p>The strategy was created top be flexible enough to address CC/HL comprehensively across the PPS. Strategies are tailored for organizations that have experience in CC/HL and provides resources for organizations that have not developed CC/HL as an initiative. The strategy also provides CC/HL training resources that are project specific. The intent was to give each partner the opportunity to benefit from a training platform regardless of their current state of readiness to implement CC/HL. As we begin the implementation process, we will continue to work closely with the Workforce Workgroup on integration of the strategy in to the overall workforce training initiative.</p> <p>Attached to this milestone narrative is a copy of the CC/HL Training Strategy. The strategy was approved by the CNYCC Board of Directors in June 2016.</p> |



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IPQR Module 4.2 - PPS Defined Milestones

Instructions :

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

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | 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 Type | 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.

The overall goal of improving health literacy and cultural competency is achieved bi-directionally through 1) a system of care delivery that is responsive to the cultures, language and literacy needs of an increasingly diverse patient population, and 2) a community of consumers who have the skills, motivation and trust to access and use the healthcare system that is available to them. Thus, this two-pronged plan will ultimately require interventions within each partner site (i.e. staff training, improving language access services, creating health literate discharge practices, etc.) and also within the community (i.e. community education programs, facilitated two-way communication with health care facilities, etc.). Establishing and maintaining the partnerships and mutual trust needed to achieve this two-way communication is not an easy process. The following are potential risks to achieving this goal and proposed mitigation strategies.

Risk 1: Partners will not have the time and/or resources to properly implement or participate in the cultural competency and health literacy trainings that will be required to transform provider practice.

Potential Impact: Without sufficient training, CNYCC partners will not be able to be fully responsive to the cultural and linguistic needs of its patients/consumers, potentially decreasing the effectiveness and quality of care that is provided.

Risk 2: The complexity of the CNYCC network and the sheer number and diversity of organizations that exist across CNYCC partnership create a need for multiple strategies.

Potential Impact: The complexity, size, and diversity of the partnership could lead to a strategy that does not fit everyone's needs and capacities.

Risk 3: Partnering with the large and diverse group of community partners that will be critical to reaching out to the target population may be a challenge.

Potential Impact: The complexity, size, and diversity of the target population and the program partners that serve the target population could lead to a strategy that does not fit everyone's needs and capacities.

✓ 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.)

The success of the CC/HL strategy relies heavily on the Workforce and Practitioner Engagement workstreams, and vice versa.



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Workforce - Recruiting and hiring trained interpreters, translators, and community health workers, or similar types of service providers who may lead CC/HL efforts, will be essential in promoting and ensuring the goals of CC/HL. Additionally, CNYCC anticipates that CC/HL will be embedded into all hiring and workforce training activities.

Practitioner Engagement - The Practitioner Engagement workstream is also crucial to promoting the enhancement of CC/HL skills and capacities across the practitioner community. Actively engaged practitioners are necessary to achieve a culturally competent CNYCC and health literate community.

Community Outreach - Engagement with the general community, particularly audiences in regions experiencing health disparity, will be key to raise awareness and provide resources to enable effective two-way communication between clinical staff and patients for improved outcomes.



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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 |
|--|---|---|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve CC/HL and training strategies and monitor project performance related to CC/HL and reducing disparities among the target populations. |
| Oversight, Management, and Recommendations to the Board for Approval | Clinical Governance and Information Technology and Data Governance Committees | Develop performance tracking and information flow procedures that are relevant to CC/HL; monitor activities and track impact and effectiveness; develop and recommendations to Board regarding CC/HL and training strategies |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, health literacy/cultural competence, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Partner Engagement, Oversight, and Board Conduit to Partners` | Executive Project Advisory Council | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective, including issues related to health literacy/cultural |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|--|--|
| | | competence. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation, including issues related to health literacy and cultural competence |
| Focused expertise and support across a representative group of partners and stakeholders | CC/HL Workgroup | Responsible for developing CC/HL Strategic Plan. |
| Management, Oversight, and Expertise | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Tim Morris Workforce Manager | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board. |
| Partner Input, Oversight, and Expert Guidance on Health Literacy and Cultural Competence | Health Literacy / Cultural Competence Workgroup | The Health Literacy and Cultural Competence Workgroup is responsible for developing the CNYCC's HL/CC Strategy and the HL/CC Training Strategy. The Workgroup was convened in September 2015 and will meet 6-8 times between in DSRIP Year 1 to plan, oversee, and provide expert guidance on the development of the two strategies referenced above. The Workgroup is being facilitated by Kari Burke, CNYCC's Interim HL/CC Coordinator. The Workgroup is being supported by the CNYCC staff and John Snow, Inc. |
| Organization and Project Management Support and Consulting | John Snow, Inc. (JSI) | JSI is a public health and health care consulting firm that has been engaged by the CNYCC to provide project implementation, partner engagement, and general CNYCC operations support in the areas of CNYCC management operations, partner engagement, funds flow, Health Literacy/Cultural Competency , and Workforce until CNYCC staff members can be hired. |



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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 | | |
| CNYCC Workforce Working group | Participate and collaborate in CC/HL and Training strategy development | Participate in assessment, planning, and training activities |
| All CNYCC Partner Organizations, Including Service Providers and CBOs | Partners with respect to service provision, community education and/or training activities | Participate in projects, share CC/HL resources, serve as CC/HL training other CC/HL resources |
| Consumers/Community | Engaging with the projects and organization | Participate in community-based CNYCC activities |
| External Stakeholders | | |
| Local School Districts and Other Educational Institutions Including Community Colleges | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| Organizations and Agencies Serving Refugees and New Immigrants | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| Adult Education Programs Including Job Training and English for Speakers of Other Languages | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| WIC Programs, Senior Centers and Other Health and Social Services Programs | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| Libraries Including Public Libraries, School-based and Health Care Consumer and Medical Libraries | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| AHECs and other local programs offering education and promotion programing | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |
| NY State department of public health, office of minority health, county/local health agencies, and other governmental agencies | Potential partner in community education and/or training activities | Share CC/HL resources; possibly serve as CC/HL trainers. |



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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.

In order to effectively address the drivers of health disparities, CNYCC will need to identify the disparities that exist, as well as understand the populations that they impact. A shared IT infrastructure will support the identification of health disparities by enabling the aggregation of data from across localities and healthcare sectors, as well as the systematic analysis of that data to identify trends. Demographic, socio-economic and health literacy data that is captured and shared through this same infrastructure will allow CNYCC to characterize the populations that are most affected by these disparities, which will lead to developing interventions that are culturally appropriate. In addition, the CNYCC website will serve as a forum for sharing information and resources about CC/HL with all CNYCC partners. This will include maintaining an inventory of CC/HL resources that can be easily accessed as well as promoting CC/HL trainings.

✓ IPQR Module 4.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on reaching two milestones related to CC/HL: the development of an overarching CC/HL strategy and training plan. The measure of success for this workstream is integrated with the larger goal of evolving the CNYCC toward a population health orientation that is person-focused. Understanding health disparities is critical to realizing this goal and CC/HL is a fundamental strategy for addressing these health disparities. Key measures of success will be meeting milestones and reporting requirements, as well as feedback from the Board regarding performance. Key indicators include progress in developing the strategies, which will ultimately receive Board approval.

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 | Original Start Date | Original End Date | 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 | 06/30/2016 | 04/01/2015 | 07/13/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1A- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project plans – functional requirements identified. | Completed | 1A- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project plans – functional requirements identified. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 1B- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project | Completed | 1B- Work with CNYCC project teams to incorporate Health Information Technology (HIT) needs into detailed project | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Complete detailed provider HIT readiness assessment using surveys and provider specific follow-up, including the following information: EHR/practice management system use (including vendors and versions); HIE/RHIO participation; meaningful use (MU)/PCMH status; Direct Exchange capabilities; workflow automation capabilities; IT systems infrastructure including security systems and safeguards (including support staff/services). | Completed | 3. Complete detailed provider HIT readiness assessment using surveys and provider specific follow-up, including the following information: EHR/practice management system use (including vendors and versions); HIE/RHIO participation; meaningful use (MU)/PCMH status; Direct Exchange capabilities; workflow automation capabilities; IT systems infrastructure including security systems and safeguards (including support staff/services). | 04/01/2015 | 03/14/2016 | 04/01/2015 | 03/14/2016 | 03/31/2016 | DY1 Q4 | |
| Task | Completed | 1D- Develop plans to assist community providers in accessing | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 1D- Develop plans to assist community providers in accessing and providing EHR solutions. | | and providing EHR solutions. | | | | | | | |
| Task 1E- Complete gap analysis comparing current state assessment to required inputs, required functionality, and intended outputs. | Completed | 1E- Complete gap analysis comparing current state assessment to required inputs, required functionality, and intended outputs. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 1F- Build roadmap including an HIT acquisition and implementation plan for all identified gaps. | Completed | 1F- Build roadmap including an HIT acquisition and implementation plan for all identified gaps. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 1G- Obtain Board approval for HIT/HIE roadmap | On Hold | 1G- Obtain Board approval for HIT/HIE roadmap | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 1H - Obtain approval from CNYCC's IT and Data Governance Committee for the IT Roadmap. | In Progress | 1H - Obtain approval from CNYCC's IT and Data Governance Committee for the IT Roadmap. | 03/31/2016 | 06/30/2016 | 03/31/2016 | 07/13/2016 | 09/30/2016 | DY2 Q2 | |
| 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 | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 2A1. Determine CNYCC organizational vision, commitment, capabilities, and desired future state | On Hold | 1. Determine CNYCC organizational vision, commitment, capabilities, and desired future state | 04/01/2015 | 07/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2B2. Choose/create/customize Change Management Toolkit. | Completed | 2. Choose/create/customize Change Management Toolkit. | 04/01/2015 | 05/31/2016 | 04/01/2015 | 05/31/2016 | 06/30/2016 | DY2 Q1 | |
| Task 2C3. Create Board IT and Data Governance Committee. | Completed | 3. Create Board IT and Data Governance Committee. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 2D4. Hold IT and Data Governance Committee meetings, organize and establish priorities, roles and responsibilities, including change | In Progress | 4. Hold IT and Data Governance Committee meetings, organize and establish priorities, roles and responsibilities, including change management oversight and performance metrics. | 04/01/2015 | 05/31/2016 | 04/01/2015 | 09/14/2016 | 09/30/2016 | DY2 Q2 | |



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Central New York Care Collaborative, Inc. (PPS ID:8)

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|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| management oversight and performance metrics. | | | | | | | | | |
| Task 2E5. Create IT decision-making model, including communication and escalation processes. | Completed | 5. Create IT decision-making model, including communication and escalation processes. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2F6. Establish data governance structure, guiding principles, priorities, and roles and responsibilities. | Completed | 6. Establish data governance structure, guiding principles, priorities, and roles and responsibilities. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2G7. Develop plans to communicate and educate stakeholders as appropriate. | In Progress | 7. Develop plans to communicate and educate stakeholders as appropriate. | 04/01/2015 | 07/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 2H8. Obtain Board approval of IT Governance and Data Governance plans. | On Hold | 8. Obtain Board approval of IT Governance and Data Governance plans. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2I9. Elicit feedback from partner organizations to understand their change management readiness, commitment, and capabilities. | Completed | 9. Elicit feedback from partner organizations to understand their change management readiness, commitment, and capabilities. | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 10. Develop Impact/Risk Assessment. | In Progress | 10. Develop Impact/Risk Assessment. | 04/01/2015 | 08/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 11. Develop training plan. | In Progress | 11. Develop training plan. | 04/01/2015 | 07/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 12. Obtain Board approval for change management strategy and policies and publish approved plan. | In Progress | 12. Obtain Board approval for change management strategy and policies and publish approved plan. | 04/01/2015 | 09/30/2016 | 04/01/2015 | 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 | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| | | between all providers within the PPS, including care management records (completed subcontractor DEAs 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). | | | | | | | |
| Task 1. Present Data Sharing roadmap requirements to the IT and Data Governance Committee and establish workgroups to develop sections of the roadmap including; Data sharing rules and enforcement via governance; Technical standards for a common clinical data set; training plan. | Completed | 1. Present Data Sharing roadmap requirements to the IT and Data Governance Committee and establish workgroups to develop sections of the roadmap including; Data sharing rules and enforcement via governance; Technical standards for a common clinical data set; training plan. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3B- Develop and present Data Sharing Roadmap components to IT and Data Governance Committee including: HIE and | In Progress | 2. Develop and present Data Sharing Roadmap components to IT and Data Governance Committee including: HIE and data sharing current state assessment; data sharing rules and enforcement strategy; proposed technical standards for a common clinical data set; proposed training plan. | 04/01/2015 | 08/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 3C- Obtain Board approval for Data Sharing Roadmap. | In Progress | 3C- Obtain Board approval for Data Sharing Roadmap. | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 3AA- Develop CNYCC policies and standards requiring appropriate BAA and DEAA documentation and the necessary | Completed | 3AA- Develop CNYCC policies and standards requiring appropriate BAA and DEAA documentation and the necessary | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3BB- Develop data sharing partner onboarding process, forms and procedures. | In Progress | 3BB- Develop data sharing partner onboarding process, forms and procedures. | 04/01/2015 | 08/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 3CC- Establish and present proposed plan to obtain data exchange agreements by all providers, as well as standard | Completed | 3CC- Establish and present proposed plan to obtain data exchange agreements by all providers, as well as standard | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3DD- Obtain Board approval for Data Sharing Agreement Plan. | In Progress | 3DD- Obtain Board approval for Data Sharing Agreement Plan. | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 3AAA- Develop functional specifications for data exchange to support project requirements and | Completed | 3AAA- Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| use cases including supported payloads and modes of exchange. | | | | | | | | | |
| Task 3BBB- Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange. | Completed | 3BBB- Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 3CCC- Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange. | Completed | 3CCC- Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange. | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 3DDD- Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based | Completed | 3DDD- Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3EEE- Obtain Board approval for Data Sharing Rollout Plan. | In Progress | 3EEE- Obtain Board approval for Data Sharing Rollout Plan. | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| 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. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 4A-1. Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcomes | Completed | 1. Compile information from existing community health needs assessment and other data sources to identify target populations that face cultural and linguistic barriers and disparities in outcomes | 11/01/2015 | 01/31/2016 | 11/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 4B- 2. Work with cultural competency workgroup and the IT and Data Governance Committee (includes representative from local QE) to inventory HIT related strategies/workflows to engage target populations including: channels of communication; modes of communication; | In Progress | 2. Work with cultural competency workgroup and the IT and Data Governance Committee (includes representative from local QE) to inventory HIT related strategies/workflows to engage target populations including: channels of communication; modes of communication; required HIT system support | 01/01/2016 | 05/31/2016 | 01/01/2016 | 07/13/2016 | 09/30/2016 | DY2 Q2 | |



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|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| required HIT system support | | | | | | | | | |
| Task 3. Inventory best practices for supporting identified HIT related cultural competency strategies into existing technologies/workflows (e.g. partner EMRs, patient portals), new technologies identified in HIT Roadmap (e.g. PHM platform) and workflows (e.g. QE consent, patient education) | In Progress | 3. Inventory best practices for supporting identified HIT related cultural competency strategies into existing technologies/workflows (e.g. partner EMRs, patient portals), new technologies identified in HIT Roadmap (e.g. PHM platform) and workflows (e.g. QE consent, patient education) | 05/01/2016 | 05/31/2016 | 05/01/2016 | 07/13/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4. Assess CNYCC's partner's ability to adopt and implement identified best practices | On Hold | 4. Assess CNYCC's partner's ability to adopt and implement identified best practices | 04/01/2016 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 5. Work with IT and Data Governance Committee and cultural competency workgroup to finalize engagement plans, including: identifying appropriate touch-point for the target populations; existing policies and procedures in place at partner organizations that can be leveraged (e.g. QE consent); required changes to new and existing technologies based on identified capabilities | In Progress | 5. Work with IT and Data Governance Committee and cultural competency workgroup to finalize engagement plans, including: identifying appropriate touch-point for the target populations; existing policies and procedures in place at partner organizations that can be leveraged (e.g. QE consent); required changes to new and existing technologies based on identified capabilities | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #5 Develop a data security and confidentiality plan. | Completed | Data security and confidentiality plan, signed off by PPS Board, including: -- Analysis of information security risks and design of controls to mitigate risks -- Plans for ongoing security testing and controls to be rolled out throughout network. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | NO |
| Task 5A- Develop initial CNYCC Information Security and Privacy Policies to receive and manage Medicaid Claims Data; develop inventory of other Security and Privacy Policies needed. | Completed | 5A- Develop initial CNYCC Information Security and Privacy Policies to receive and manage Medicaid Claims Data; develop inventory of other Security and Privacy Policies needed. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 5B- Identify technical standards and protocols for CNYCC and partner organizations in relation to data shared for CNYCC purposes. | Completed | 5B- Identify technical standards and protocols for CNYCC and partner organizations in relation to data shared for CNYCC purposes. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task | Completed | 5C- Identify and inventory security/privacy officer responsible | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |



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|---|-----------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 5C- Identify and inventory security/privacy officer responsible for CNYCC security practices and management at each | | for CNYCC security practices and management at each | | | | | | | |
| Task 5D- Develop initial risk assessment and analysis which may include, but not be limited to, surveys of security and privacy practices at partner organizations, requesting partner organizations to conduct a security and privacy risk analysis and resulting remediation as well as requests for any other information required to assess or promote compliance with CNYCC security and privacy safeguards, and the Security and Privacy Policies and Procedures. | Completed | 5D- Develop initial risk assessment and analysis which may include, but not be limited to, surveys of security and privacy practices at partner organizations, requesting partner organizations to conduct a security and privacy risk analysis and resulting remediation as well as requests for any other information required to assess or promote compliance with CNYCC security and privacy safeguards, and the Security and Privacy Policies and Procedures. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 5E- Develop data security and confidentiality communication plan including protocols and training materials for partner organization security officers. | Completed | 5E- Develop data security and confidentiality communication plan including protocols and training materials for partner organization security officers. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|----------|-----------|---|---|---------------------|
| Develop a data security and confidentiality plan. | nol11932 | Other | 8_DY2Q1_IT_MDL51_PRES5_OTH_SSP_Remediation_Plan_CP_MA_PM_PL_SA_5884.DOCX | Outline and plan for remediation of CP,MA,PM,PL,SA | 09/16/2016 12:54 PM |
| | nol11932 | Other | 8_DY2Q1_IT_MDL51_PRES5_OTH_Partner_Oraganization_Security_Information_5045.xlsx | Partner Organization Security Contacts and Assessment Information | 08/03/2016 01:44 PM |
| | nol11932 | Other | 8_DY2Q1_IT_MDL51_PRES5_OTH_Embedded_SSP_Submission_4221.docx | Included in this document are the contents on CNYCC's System Security Plan and its supporting documentation | 07/27/2016 09:14 AM |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Perform current state assessment of IT capabilities across network, identifying any critical gaps, including readiness for data sharing and the implementation of interoperable IT platform(s). | <p>For the organizational section IT Systems and Processes, the original end date for Milestone 1 was extended from 6/30/2016 to 7/13/16. This change is due to the adjustments made to Task 1H. The documentation requirements for this milestone will be submitted as part of the next quarterly report.</p> <p>For the organizational section IT Systems and Processes Milestone 1, the original end date for Task 1H was extended from 6/30/2016 to 7/13/2016. This change was made to reflect the approval date of the IT roadmap by CNYCC's IT Governing Body.</p> |
| Develop an IT Change Management Strategy. | <p>For the organizational section IT Systems and Processes Milestone 2, the status for Task 2A1 was changed to "on-hold. This change is due to the fact that CNYCC's role in the VBP roadmap for this region is still under consideration by our Board and partner organizations. In addition to the previously reported VBP alignment activities, CNYCC is in the process of implementing a VBP self-assessment tool that will allow our partners to objectively measure their current capacity to assume clinical and financial risk. It is CNYCC's hope that the findings from this assessment will help further discussions regarding the PPSs long term role in VBP. However, it is CNYCC's desire to separate these discussions and activities from the change management milestone.</p> <p>The original end date for Task 2D4 was extended from 05/31/2016 to 9/14/2016. While CNYCC's IT governing body has discussed the Change Management Requirement, the Change Management Plan will not be presented to this body for final approval until their meeting on 9/14/2016.</p> <p>The original end date for Task 2G7 was extended from 07/31/2016 to 08/31/2016. Although this plan is in process, it has not been completed, but will be with the other components of the change management plan.</p> <p>The status for Task 2H8 was changed to "on-hold". This change is due to the fact that CNYCC's IT governance structure was established long ago as part of our initial governance activities, our governing body has a well-defined charter and scope of responsibilities. Data governance is being addressed through our implementation planning efforts, and the governance structure for, our population health management platform. However, an explicit data governance plan will not be submitted to the Board for approval. However, the data governance considerations most pertinent to our change management plan will be approved by the Board as part of their approval of our overall plan.</p> <p>The original end date for Task 11 was extended from 07/31/2016 to 08/31/2016. Although this plan is in process, it has not been completed, but will be with the other components of the change management plan.</p> |
| Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | |
| Develop a specific plan for engaging attributed members in Qualifying Entities | <p>For the organizational section IT System and Processes, the original end date for Milestone 4 was extended from 6/30/2016 to 9/30/2016. This change was made as a result of the changes for tasks 4B2, 3, 4 and 5.</p> <p>The original end date for Task 4B2 was extended from 5/31/2016 to 7/13/2016. CNYCC's Cultural Competency (CC) and Health Literacy (HL) Workgroup has established a framework for CNYCC's overall CC/HL strategies based on: 1) The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS); 2) The 10 Attributes of Health Literate Health Care Organizations. The selecting of this framework and the inventory of IT implications it contains was reviewed with CNYCC's IT governing body on 7/13/2016.</p> <p>The original end date for Task 3 was extended from 5/31/2016 to 7/13/2016. CNYCC's Cultural Competency (CC) and Health Literacy (HL) Workgroup has established a framework for CNYCC's overall CC/HL strategies based on: 1) The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS); 2) The 10 Attributes of Health Literate Health Care Organizations. The selecting of this framework and the IT best practices they</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| | <p>contain was reviewed with CNYCC's IT governing body on 7/13/2016.</p> <p>The status for Task 4 was changed to "on-hold". Based on the framework that has been selected by CNYCC's CC and HL Workgroup, the identified best practices for engaging culturally isolated communities is centered around: 1) the capture and utilization of applicable demographic data; 2) use of translation services and technologies; 3) availability and access to linguistically appropriate patient consent and educational materials. Based off of information that CNYCC has already collected from our recent IT assessment, as well as through discussions with partners, we feel the that identified strategies are attainable in the current technical environment and that we do not need to perform a separate assessment around these capabilities.</p> <p>The original end date for Task 5 was extended from 6/30/2016 to 9/30/2016. This change was made to reflect the recent selection and approval of the CC/HL framework. Additional time is needed to finalize the plans.</p> |
| Develop a data security and confidentiality plan. | <p>Included in the workbooks folder: 18 Workbooks DOH_SSP_MAP_Matrix.xlsx</p> <p>Included in Supporting Documents Folder: 2fa logs.xlsx-Multifactor authentication logs from Duo portal 2fa screen shot.png-RDP Screen Shot of Multifactor authentication, by design Duo app does not allow screen shots AzureNetwork.pdf-Network diagram of Azure infrastructure as currently set up AzureNetwork SFTP.pdf-Outlined future state SFTP site, this is not implemented but would be used to securely send CNYCC patient rosters from partners Microsoft Azure Platform Medicaid Data Access Control Matrix.pdf-CNYCCs current state access control matrix Training Schedule Template - Compliance and HIPAA.xlsx-Training Schedule Template for HIPAA and Compliance Training Warning AC8.PNG-Federal Access Control warning Windows logs Export.xlsx-Sample windows audit logs</p> <p>All policies Referenced in Matrix (DOH_SSP_MAP_Matrix.xlsx) are located on spread sheet tabs with the corresponding name e.g. information security policy is on the information security policy tab as reference in column "M"</p> <p>Policy reference in column "M" of DOH_SSP_MAP_Matrix.xlsx is meant to supplement inserting each policy into the individual workbooks. Control implementations are copied directly from control workbooks</p> <p>Included on the Supporting document tab is a list and description of all other supporting documents</p> |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
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No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
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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.

Risk 1: Data governance practices for each partner organization vary widely, and there is currently no systematic methodology for documenting and sharing the data that will be required to generate metrics of interest. Key challenges to implementing IT Governance will be: 1) striking a balance between the interests of individual partners and the interests of the overall CNYCC and 2) communication of decisions and reasoning behind those decisions to a large number of stakeholders.

Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements.

Risk 2: A challenge will be to balance the large number of partners with the need to implement rapidly.

Potential Impact: If there is a lack of coordination across partners, projects will not be implemented in alignment. This will impact the efficiency by which projects can be implemented.

Risk 3: Given the newness of CNYCC as an entity, it is necessary to efficiently establish infrastructure to support data security and confidentiality.

Potential Impact: Data security and confidentiality is critical to meeting ethical and regulatory regulations surrounding data sharing.

Risk 4: Given the large amount of data that has to be aggregated and analyzed to drive CNYCC operations and facilitate safe care transitions across the continuum, there are risks associated with the number of vendors that are represented in the CNYCC and their varying capabilities as it relates to interoperability. Additionally, there are risks associated with varying documentation practices across the partners that may lead to inconsistencies in the type or amount of data that is captured by each partner.

Potential Impact: Lack of data standardization will lead to delay in useful analytics.

Risk 5: There are competing priorities and resource constraints for partner organizations.

Potential Impact: If partners feel that the resources they have do not enable them to meet DSRIP project requirements they may not prioritize implementation of DSRIP projects.

Risk 6: CNYCC's role in support of regional VBP programming is still being finalized.

Potential Impact: The role that CNYCC is ultimately expected to play in support of regional VBP initiatives may impact our partners' willingness to share data with the CNYCC, as well as their support of expensive investments in a centralized PHM platform. In addition, there are other VBP initiatives (private CIN development and MSSP programs) that are already underway regionally. CNYCC is trying to align with these other initiatives, as we have a very large overlap in participating partners and functional requirements, however alignment may lead to delays in the



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selection and implementation of our PHM infrastructure.

✓ 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.)

Workforce – We will need to ensure that the workforce is adequately trained on new technologies and their associated functionality in order to ensure effective utilizations of the HIT solutions that are introduced as part of DSRIP. We will also need to ascertain partner capabilities with respect to tracking and delivering required training through a Learning Management System, or other data collection and reporting platform.

Financial Sustainability – Significant new applications will be required for the CNYCC. Initial system cost, implementation, and ongoing maintenance will be a significant portion of the CNYCC budget. The cost effectiveness of the IT solution will have a significant impact on the sustainability of the CNYCC.

Cultural Competency/Health Literacy – IT applications will need to be built to gather data that will identify cultural and health literacy factors such as language. Communication to attributed members generated from CNYCC IT applications may need to be sent in multiple languages and sensitive to cultural norms.

Population Health Management- All CNYCC projects are expected to need to leverage the Population Health Management infrastructure. As such, it will be important to map the project requirements against the chosen PHM system. Implementation of the system will similarly affect rollout timelines for each project.

Clinical Integration –The foundation provided by the HealtheConnections RHIO will provide CNYCC a significant head start toward integration. However, CNYCC is concerned about aligning requirements for the multiple EHRs from multiple vendors. This is expected to be an ongoing challenge. Use cases and processes that are defined as part of clinical integration will also serve as a driving force for IT solutions development.

Performance Reporting- CNYCC's ability to systematically generate consistent, dependable metrics to track performance improvement on aggregate and at the partner level will be heavily dependent on HIT. Specifically, the development of an HIT infrastructure to support data collection and aggregation, as well as strong data governance to ensure documentation and data standards are upheld among collaborating partners.

Practitioner Engagement- The requirement for partners to meet Meaningful Use and PCMH certification will be heavily dependent on practitioner adoption of new and existing technologies within each partner organization. In addition, the cost of the IT systems and resources required to achieve these certifications may be a significant barrier to practitioner buy-in.

Budget and Funds Flow – CNYCC will be creating a decision support system (DSS) that will enable them to: manage funds flow; facilitate budget planning; and perform rules based forecasting and modeling. Used in conjunction with the performance data available through the MAPP tools provided by the State, as well as through the PHM platform, the DSS will enable the systematic alignment of incentives with performance.



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Central New York Care Collaborative, Inc. (PPS ID:8)

☑ 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 |
|--|---|--|
| Oversight and Approval | CNYCC Board of Directors | Approve budgets, expenditures, and key policies; assure regulatory compliance, IT governance oversight. |
| Oversight, Management, and Recommendations to Board for Approval | Information Technology and Data Governance Committee | Obtain consensus on system selection and management, policy formation, dispute resolution, change management oversight, security and risk management oversight, progress reporting. |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner input, technical input | Project Implementation Collaboratives | Develop system recommendations, project management, ongoing reporting. |
| Operational Management | CIO and Security Officer | Operation responsibility, implementation responsibility, data security responsibility, change management, data architecture definition, data security, confidentiality, data exchange standards definition, risk management, progress reporting. |
| Advisory and operational | CEO, CFO, CMIO, CNO of hospitals and other partner organizations | Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals. |
| Advisory and operational | HealthConnections RHIO Director and staff | Provide input on impact of key CNYCC policies and decisions on the RHIO. Implement RHIO changes needed to achieve DSRIP goals. Data architecture, data security, confidentiality, data exchange input and operational responsibilities. |
| Advisory and operational | Chartis (formerly known as Aspen Group) and other vendors who provide technical input, and implementation support | Supply tools to enable outreach and analysis. |
| Management, Oversight, and Operations | Virginia Opihare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|------|---|--|
| | Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Tim Morris, Workforce Manager | and projects; monitor performance and progress of projects and corporation; report to Board. |



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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 | | |
| All CNYCC Partner Organizations, including service providers and CBOs | Advisory, operational, technical input | Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals. |
| Healthy Connections (RHIO) | Operational, technical input, advisory | Provide input on impact of key CNYCC policies and decisions on the RHIO. Implement RHIO changes needed to achieve DSRIP goals. Data architecture, data security, confidentiality, data exchange, input and operational responsibilities. |
| Consumers/Community | Engaging with the projects and organization | Participate in community-based CNYCC activities |
| External Stakeholders | | |
| Vendors | "Technical input Advisory Regulatory " | Various activities based on scope of work and needs of CNYCC |
| Public Agencies – Local, County, State, and Federal | Participating in the projects and promoting the organization | Engaging with CNYCC at the organization level to support its goals; participating in project-level activities as providers of services. Provide advice, guidance, and decisions. |
| Other Regional Payers | Alignment of functional requirements across various payer based VBP initiatives | Joint engagement of shared partners, who are participants in multiple, regional VBP initiatives. Alignment of functional requirements and technical infrastructure. |



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☑ IPQR Module 5.7 - Progress Reporting

Instructions :

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

CNYCC success is dependent on reaching a series of milestones related to assessment and change management, as well as strategic planning with respect to data sharing, interoperability, and data security/confidentiality. The measure of success for this workstream is integrated with the larger goal of evolving the CNYCC toward a population health orientation that is person-focused. Assessing and developing strategies and change management plans that will allow partners and the CNYCC to collect, analyze, share, use patient information to manage the health of those in the service area is critical to realizing CNYCC goals. Success will rely on the following factors: 1) the CNYCC's HIT Department and Information Technology and Data Governance Committee is operational and working with the Clinical Governance Committee, the RPACs/EPAC, the Board of Directors, and other governance and oversight structures; 2) a Decision Support System (DSS) is operational and being utilized; 3) that patient, project-level, and CNYCC-level information is flowing between partners and to the CNYCC on a timely basis; 4) internal controls are established to oversee partner HIT/HIE related achievements, and 5) the development of sound plans with respect to data sharing, interoperability, and data security/confidentiality. The CNYCC will develop or use existing required measures in these areas and report on performance related to these measures.

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 | Original Start Date | Original End Date | 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 | 04/01/2015 | 06/30/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 1. Map out performance reporting requirements by project, by locus of reporting responsibilities by organization type, by commonalities across project and across organization type. | Completed | 1. Map out performance reporting requirements by project, by locus of reporting responsibilities by organization type, by commonalities across project and across organization type. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2. Develop short-term strategy for reporting for organizations engaging patients in DY1. | Completed | 2. Develop short-term strategy for reporting for organizations engaging patients in DY1 (before Project Management Platform is in place). | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Develop long-term strategy for performance reporting and partner/CNYCC communications (including identification of individuals responsible for clinical and financial outcomes of specific patient pathways, plans for the creation and use of clinical quality & performance dashboards, and approach to rapid cycle evaluation). Additionally, the strategy will include how to collect metrics that will not be available through DOH or the MAPP system. | Completed | 3. Develop long-term strategy for performance reporting and partner/CNYCC communications (including identification of individuals responsible for clinical and financial outcomes of specific patient pathways, plans for the creation and use of clinical quality & performance dashboards, and approach to rapid cycle evaluation). Additionally, the strategy will include how to collect metrics that will not be available through DOH or the MAPP system. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task | Completed | 4. Develop specifications of Project Management Platform. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 4. Develop specifications of Project Management Platform. | | | | | | | | | |
| Task 5. Assess vendor products. | Completed | 5. Assess vendor products. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 6. Purchase and install Project Management Platform. | Completed | 6. Purchase and install Project Management Platform. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 7. Train CNYCC staff on Project Management Platform. | Completed | 7. Train CNYCC staff on Project Management Platform. | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 8. Train and on-board necessary partners to use Project Management Platform. | In Progress | 8. Train and on-board necessary partners to use Project Management Platform. | 10/01/2015 | 06/30/2016 | 10/01/2015 | 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. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 2A- Conduct webinar for short-term project reporting (instructions and timelines). | Completed | 2A- Conduct webinar for short-term project reporting (instructions and timelines). | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2B- Post instructions and timelines for short-term project reporting on CNYCC website. | Completed | 2B- Post instructions and timelines for short-term project reporting on CNYCC website. | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2C- Provide technical assistance to organizations that may be having difficulties. | In Progress | 2C- Provide technical assistance to organizations that may be having difficulties. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 2D- Develop initial training program focused on clinical quality and performance reporting. | In Progress | 2D- Develop initial training program focused on clinical quality and performance reporting. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | 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. | <p>Milestone 1 Completion has been pushed back to 12/31/2016 due to CNYCC finalizing an approach to Rapid Cycle Evaluation and retooling the structure of our PICs. CNYCC staff members met several times in DY2Q1 to discuss the appropriate approach for Rapid Cycle Evaluation using information that was submitted to the state in planning documents. As there is a significant delay of data that is available to CNYCC, it's important that the Rapid Cycle Evaluation approach for Performance Reporting allows CNYCC and partners to be able to accurately monitor performance and be able to make changes in order to improve performance. CNYCC anticipates that implementation of the PHM System will help monitor performance in a real-time setting while also allowing partner organizations to see change when RCE is done. There are many different approaches that CNYCC is looking at including Plan, Do, Study & Act as well as business strategies such as Lean.</p> <p>CNYCC anticipates this milestone to be fully complete by 12/31/2016 as we will have a clearer view of PHM implementation and our new PIC strategies will have been in effect for several months.</p> <p>Performance Reporting Milestone #1 Task 8 is pushed out because not all Project Managers have been trained on the Performance Logic Platform. CNYCC recently had a workforce project manager start in June who will need to be trained accordingly. CNYCC anticipates that this task will be completed during DY2Q2.</p> |
| Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | <p>Milestone #2 of the Performance Reporting Module has been pushed back due to CNYCC trying to create and roll out a Rapid Cycle Evaluation plan that will coincide with the release of the training materials. CNYCC has been using the information that was provided to the state as a foundation for their Rapid Cycle Improvement plan but is currently researching other methods not included in the original plan as a way to make the program more robust. CNYCC anticipates to have this task and the Milestone wrapped up by 12/31/2016 which also allows CNYCC to further define their Performance Reporting Strategy.</p> <p>CNYCC wants the training program to be as robust as possible so we do not overload our partners with information and the information that is provided to them is fruitful. We are currently in the process of redesigning the PICs and creating Learning Collaboratives which will help facilitate Rapid Cycle Evaluation. CNYCC also just finalized the employment terms with the Clinical Informaticist who is spear heading the effort of RCE with expertise in the Primary Care arena.</p> <p>CNYCC moved the completion date of Milestone #2 Task C in the Performance Reporting module due to the ongoing support we will be providing partners through our training program based on clinical quality and performance reporting. CNYCC doesn't anticipate that this component of the Milestone will ever stop being relevant and CNYCC aims to help partners in anyway by providing ongoing support throughout the DSRIP Initiative.</p> <p>Milestone #2, Task D of the Performance Reporting Module has been pushed back due to CNYCC trying to create and roll out a Rapid Cycle Evaluation plan that will coincide with the release of the training materials. CNYCC has been using the information that was provided to the state as a foundation for their Rapid Cycle Improvement plan but is currently researching other methods not included in the original plan as a way to make the program more robust. CNYCC anticipates to have this task and the Milestone wrapped up by 12/31/2016 which also allows CNYCC to further define their Performance Reporting Strategy.</p> |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone 1. CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP). | Not Started | CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP). | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1a: The QPIP will mandate the development of project dashboard, which will include the State' required measures as well as other measures deemed appropriate by the PIC | Not Started | The QPIP will mandate the development of project dashboard, which will include the State' required measures as well as other measures deemed appropriate by the PIC | 04/01/2016 | 06/30/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1b. The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles | Not Started | The QPIP will outline PPS expectations related to the implementation of robust continuous quality improvement (CQI)/Rapid Cycle Evaluation (RCE) principles | 04/01/2016 | 06/30/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1c. The Project QPIP will be monitored by the PPS' Medical Director, the PIC, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of Directors. | Not Started | The Project QPIP will be monitored by the PPS' Medical Director, the PIC, the Regional Project Advisory Councils, the Executive Project Advisory Council, the Clinical Governance Committee of the Board, and ultimately the PPS Board of Directors. | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task | Not Started | The PPS will conduct trainings on a regular basis that will educate | 04/01/2016 | 03/31/2020 | 07/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------|---|---------------------|-------------------|------------|----------|------------------|----------------------------------|
| 1d. The PPS will conduct trainings on a regular basis that will educate partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance. | | partners on CQI/RCE principles and instill in partners the importance of using data and HIT systems in a meaningful way to monitor and improve quality and performance. | | | | | | |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| 1. CNYCC staff, led by the Medical Director with guidance from the Clinical Governance Committee of the Board, will work with the Project Implementation Collaborative (PIC) for this project to develop and implement a comprehensive Quality/Performance Improvement Plan (QPIP). | <p>This milestone has not started and the start dates have been pushed back due to not having a Medical Director employed by CNYCC.</p> <p>Task 1a and 1b have been pushed back due to the fact that CNYCC still has not filled the position of Medical Director. The PPS has been conducting a search to fill the vacancy and in the meantime is working closely with the Clinical Governance Committee to develop dashboards that are rolled out to all board committees.</p> <p>The current dashboards that are being used reflect Actively Engaged Patient numbers submitted by our partners but CNYCC has also been working on Performance Dashboards using information provided to us from the MAPP Dashboards and Salient. The delay with rolling out Performance Dashboards results from the lack of current data available to the PPS. The most recent Performance Data available is from June 2015 giving us no indication of performance in Measurement Year 2 even though the period closed out on 6/30/2016 with our Performance Targets released in early June.</p> <p>CNYCC anticipates releasing more Performance Dashboards once the PHM system is implemented because we will have the capability to provide more real-time data to our partners regarding DSRIP measures but also other measures that may be meaningful to the initiative.</p> <p>CNYCC is in the process of building a Rapid Cycle Evaluation program in conjunction with the previous Milestones in Module 6.1. Internal meetings have been occurring with Subject Matter Experts to understand the best Rapid Cycle Evaluation to undertake (PDSA, Lean) and CNYCC anticipates to have this done by the end of 12/31/2016. Again with the help of the PHM system, CNYCC will be able to meaningfully track progress being made and implement other RCE strategies to improve our performance throughout the PPS.</p> |



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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.

Risk 1: One critical purpose of the performance reporting workstream is to build capacity and data use to improve quality and develop a culture of quality across the CNYCC through using data and rapid cycle evaluation. However, the learning curve for reporting data and the sheer number of data elements that need to be reported draw capacity away from using the data to inform quality improvement and for rapid cycle evaluation. Thus, there is a risk that partners will become more focused on reporting details than on developing a "culture of quality".

Potential Impact: To fall short on developing this culture of quality will mean that data collection becomes only a burden to partners and CNYCC without the value of using and acting upon data to drive quality improvement.

Risk 2: Although there will be a wealth of metrics available through the DOH to assess clinical quality, there are some metrics required for tracking that are not available through DOH. The CNYCC will use its Population Health Management (PHM) Platform to capture these metrics; however, the risk is in being able to collect these metrics from the partners. As with all reporting requirements, organizational capacity will play a role. Organizational capacity is dependent on organizational resources available, organizational leadership commitment, and organizational culture (most notably, how far along the path an organization is to having a "culture of quality").

Potential Impact: If CNYCC falls short on accurately collecting and reporting this subset of metrics, there is a risk that CNYCC will not achieve its performance goals.

Risk 3: Diversity in organizational and staff capacity to report on performance and conduct quality improvement: Some organizations will be very sophisticated regarding these activities and others will be less so. Additionally, staff members within organizations learn in different ways.

Potential Impact: Such diversity is a challenge when it comes to training. If CNYCC assumes the same training will be effective for all partners, some partners will become unengaged, and other partners will not have the information they need to improve quality outcomes and next quality goals.

✓ 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.)

"Performance Reporting will have interdependencies with all projects and the funds flow, information technology systems and processes, workforce, and governance workstreams.



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IT Systems and Processes - The IT systems and processes workstream are interdependent with performance reporting given that the Population Health Management Platform will be used to collect and report out on the performance metrics. The Population Health Management Platform will be used to generate dashboards for partners as a quality improvement tool; developing the reporting capacity within the system for these dashboards will fall largely to the IT systems and processes workstream. Additionally, Domain 2 and 3 measures will be available through the State's Salient platform and will be integrated into the Population Health Management Platform for reporting "down" from the CNYCC staff to partners. The Population Health Management Platform used must also be consistent and compatible with the State's MAPP system.

Funds Flow - Performance reporting is interdependent with funds flow because a critical strategy within funds flow is to issue payments to partners based on performance. Additionally, there must be compatibility between the Project Management Platform and the Decision Support System, which will calculate funds flow to partners based, in part, on performance reporting.

Workforce - The workforce workstream and performance reporting are interdependent given the large training component within performance reporting. All CNYCC training falls under the auspices of the workforce workstream.

Governance - The governance and performance reporting workstreams are also interdependent in that the Board and its committees will be using data generated through performance reporting to assess progress of the CNYCC toward meeting its goals and using data to conduct rapid cycle evaluation at the CNYCC level. "



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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 |
|--|--|--|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve performance monitoring and reporting systems and infrastructure |
| Oversight, Management, and Recommendations to the Board | Clinical Governance and Information Technology and Data Governance Committees of the Board | Develop performance tracking and information flow procedures that are relevant to performance measurement and reporting; monitor activities and track impact and effectiveness Provide vision and leadership to promote culture of excellence and vision of population health. Leverage clinical strengths and address clinical weaknesses to improve population health across CNYCC |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|--|---|--|
| | | implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |
| Management, Oversight, and Expertise | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Tim Morris, Workforce Manager | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board. |
| Clinical Oversight and Quality/Performance Improvement | Clinical Director CNYCC Staff - TBD (by 12/31/2016) | Responsible for working with Clinical Governance Committee to oversee project implementation as well as develop and implement the PPS' Quality/Performance Improvement Plan |



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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 | | |
| All CNYCC Partner Organizations, Including Service Providers and CBOs | Advisory, operational, technical input | Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals. |
| IT Staff Within Individual Provider Organizations | Reporting and IT system maintenance | Monitor, tech support, upgrade of IT and reporting systems. |
| External Stakeholders | | |
| DOH | Using performance data to identify progress toward milestones | Determine extent to which CNYCC has achieved its goals for payment purposes. |
| Public Agencies – Local, County, State, and Federal | Participating in the projects and promoting the organization | Participating in the projects and promoting the organization |
| Consumers/Community | Engaging with projects and organization | Participate in community-based CNYCC activities |



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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.

CNYCC will initially rely on claims-driven partner/provider metrics available within the MAPP Performance Measurement Portal, while clinical data-driven metrics will be reported by individual partners/providers from their local EHRs. CNYCC will begin implementing a Decision Support System (DSS) in DY1 that will be used to: 1) manage funds flows; 2) facilitate budget planning; and 3) perform rules-based forecasting and modeling. Additionally, by DY3, CNYCC will establish a comprehensive Population Health Management (PHM) platform to consolidate standardized clinical and administrative data from all eligible partners in order to: 1) centralize reporting functions; 2) perform advanced population health analytics including clinical and financial risk stratification; 3) develop patient registries to track at-risk populations and; 4) coordinate care across the continuum. The integration of claims and clinical data will allow identification of intra-CNYCC performance variation and cost and quality performance improvement opportunities. A Project Management Platform will also be implemented in DY1, which will be used for partner management, project management, and performance management and reporting will interface with the DSS and PHM platforms to ensure that the CNYCC will be driven by consistent, objective and measurable data that will ensure the effective and appropriate utilization of resources by the collaborative. The continued use of these platforms after the conclusion of the program will ensure that outcomes continue to be monitored and coordinated care delivery will remain in place and that CNYCC is able to move toward a value-based payment system.

✓ IPQR Module 6.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on having a well-functioning Project Management Platform that interfaces with other key systems (e.g., Decision Support System, Salient platform, PHM platform, and MAPP) and yields credible data for reporting ("up" from partners to the CNYCC and "down" from the CNYCC to partners) and quality improvement purposes. Key measures of success will be meeting milestones and reporting requirements and Board assessment of performance in relation to goals established. Specifically, key indicators of interest are establishing the Project Management Platform, percent of partners that use the system within one DSRIP quarter of being on-boarded, and percent of partners that engage in quality improvement activities (i.e., using data to identify need for improvement, engaging in change process, testing change, and spreading change when valuable).

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 | Original Start Date | Original End Date | 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 | 04/01/2015 | 06/30/2016 | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 1A- Identify clinical professions (MD, PsyD/PhD, PA, NP, LCSW, RN, etc.) of membership of CNYCC Board of Directors | Completed | 1A- Identify clinical professions (MD, PsyD/PhD, PA, NP, LCSW, RN, etc.) of membership of CNYCC Board of Directors | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 1B- Conduct initial interviews with practitioners to garner feedback about preferences for future engagement, to solicit names of additional practitioners to interview, and to identify champions. | Completed | 1B- Conduct initial interviews with practitioners to garner feedback about preferences for future engagement, to solicit names of additional practitioners to interview, and to identify champions. | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 1C- Develop communication strategies by clinical professional group. | In Progress | 1C- Develop communication strategies by clinical professional group. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 1D- Identify and engage local chapters of professional organizations including medical societies. | Completed | 1D- Identify and engage local chapters of professional organizations including medical societies. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task | In Progress | 1E- Present CNYCC-wide, standard performance report to | 09/01/2015 | 06/30/2016 | 09/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| 1E- Present CNYCC-wide, standard performance report to professional groups in profession-specific webinars based on output from quarterly report; gather participant feedback to inform content and format of future performance reporting webinars. | | professional groups in profession-specific webinars based on output from quarterly report; gather participant feedback to inform content and format of future performance reporting webinars | | | | | | | |
| Task 1F- Draft practitioner communication and engagement plan, with strategies segmented by professional group, based on feedback from interviews. | Completed | 1F- Draft practitioner communication and engagement plan, with strategies segmented by professional group, based on feedback from interviews. | 04/01/2015 | 06/30/2016 | 04/01/2015 | 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. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 2A- Based on information needs identified during initial interview phase, develop preliminary DSRIP presentations | Completed | 2A- Based on information needs identified during initial interview phase, develop preliminary DSRIP presentations | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 2B- Based on content of and feedback from first CNYCC-wide standard performance report to professional groups, identify topics for practitioner training such as project-specific reporting needs, tools, and standards; education on new CNYCC-wide clinical protocols; and CNYCC-wide operations changes related to strategic plans and assessments. | In Progress | 2B- Based on content of and feedback from first CNYCC-wide standard performance report to professional groups, identify topics for practitioner training such as project-specific reporting needs, tools, and standards; education on new CNYCC-wide clinical protocols; and CNYCC-wide operations changes related to strategic plans and assessments. | 03/31/2016 | 06/30/2016 | 03/31/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 2C- Identify resources for developing trainings, whether pre-existing, internal to CNYCC, or through an outside | Completed | 2C- Identify resources for developing trainings, whether pre-existing, internal to CNYCC, or through an outside | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 2D- Finalize practitioner training/education plan. | In Progress | 2D- Finalize practitioner training/education plan | 01/01/2016 | 06/30/2016 | 01/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 2E- Obtain approval for training and educational | In Progress | 2E- Obtain approval for training and educational plan from Clinical Governance Committee and the Board of Directors | 01/01/2016 | 06/30/2016 | 01/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|----|
| plan from Clinical Governance Committee and the Board of Directors | | | | | | | | | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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No Records Found

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Develop Practitioners communication and engagement plan. | <p>CNYCC has developed key relationships throughout the region with the practitioner community through work on the CNYCC Board, Board Committees, RPAC initiative and targeted outreach (Medical Society, Physician Champion workshops etc.). While this approach has provided value, a more concentrated approach to practitioner engagement continues to be developed.</p> <p>One of the elements that has led to modifying the milestone development is CNYCC's current recruitment of a Chief Medical Officer. The role of CMO will play a vital role in practitioner engagement. CNYCC is currently interviewing several candidates and plans to have a CMO in place by fall 2016.</p> |
| 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. | <p>We are currently developing a training platform with CNYCC's Workforce Committee and Manager of Workforce for the entire PPS. We anticipate to have a comprehensive plan in place by fall 2016.</p> |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
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No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

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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.

Risk 1: Currently, practitioner engagement in DSRIP in CNYCC has been developed slowly. CNYCC has been able to develop relationships with practitioners across the PPS, but we have found it difficult to develop a comprehensive approach. As we move forward with practitioner engagement, a key element will be the participation of CNYCC's Chief Medical Officer to champion efforts and engagement with the practitioner community.

Potential Impact: Strategies to engage practitioners who are part of smaller groups or who are community-based have been less successful to date than desired. These practitioners are key to the success of CNYCC projects but also have less time available for DSRIP activities.

Risk 2: Going forward, one of the largest risks to successful implementation will be failing to find a balance between the convenience of online communication and education platforms, and the more in-depth involvement possible through logistically complicated in-person meetings.

Potential Impact: If the CNYCC relies entirely on online or remote learning strategies then some partners may not be as engaged as they need to be or absorb the information that they need to participate effectively in CNYCC projects

Risk 3: Failing to identify the right people within organizations for engagement, namely the practitioner champions, will impede implementation of the projects and reaching goals. Up to this point, CNYCC communications have been typically funneled through an administrative contact at each organization that was then responsible for passing information along to the relevant person(s). However, CNYCC's engagement and information needs are rapidly outgrowing this approach.

Potential Impact: If the right people within organizations are not identified these partners may become less engaged.

✓ 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.)

Other organizational workstreams (Clinical Integration, Population Health Management, Financial Sustainability, Cultural Competency and Health Literacy, IT Systems and Processes, Performance Reporting, and Funds Flow) will generate the content which must be successfully communicated to practitioners and should incorporate practitioner feedback whenever possible.

Workforce and Governance - Workforce and Governance workstreams will present venues for practitioner leadership and engagement in decision-



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making. We expect robust practitioner participation on the Clinical Governance committee and the Workforce Workgroup, as well as through the PAC. The Clinical Governance Committee of the Board is involved in overseeing & monitoring clinical aspects of CNYCC's 11 projects and approving the practitioner training plan. The Workforce workgroup will assist in the assessment of the human resource impacts of health system transformation under DSRIP, changes that will most certainly impact clinicians. Any strategies to address these impacts will require their input and buy-in. Front-line clinicians as well as clinical quality professionals will provide crucial input on project activities and project funding models to ensure that they drive the desired changes in our attributed population's clinical & service utilization outcome variables.

IT Systems and Processes – Continuous coordination with IT Systems and Processes workstream is particularly important because the characteristics of the CNYCC network, namely its large geographic size, relatively small portion of direct physician employment compared to other regions of the State, and uneven levels of engagement between employed and independent physicians makes true clinical integration, coordination of IT systems and processes, and successful population health management particularly challenging. Lack of familiarity with each other and with CNYCC and the resultant lack of trust related to the same network characteristics may make funds flow and performance reporting (as it relates to funds flow and the differential administrative burden upon large versus small organizations) challenging as well.

Clinical Governance - Coordination with CNYCC's Clinical Governance Committee will play a vital role in full engagement and relationship with Practitioners across the PPS. Full engagement will enable a smoother transition to DSRIP activities and project participation. Including but not limited to: workstream modification, care coordination, patient interaction and quality improvement.



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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 |
|--|--|--|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve practitioner engagement activities |
| Oversight, Management, and Recommendations to the Board | Clinical Governance and Information Technology and Data Governance Committees of the Board | Develop and approve practitioner engagement activities |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Executive Project Advisory Council | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|--|--|
| | | communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives./ Learning Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |
| Management, Oversight, and Expertise | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel, Time Morris, Workforce Manager | Oversee development and implementation of strategies for practitioner engagement Administer trainings, analyze pre- and post-training materials, conduct and analyze period engagement surveys. Conduct initial interviews with non-physician practitioners, conduct follow-up interviews, administer trainings, analyze pre- and post-training materials, conduct and analyze period engagement surveys |



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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 | | |
| CNYCC Partner Organizations' Practitioner Workforce | Target audience for communication/engagement plan & training/education plan; source of on-the-ground experience to inform project implementation | Participate in interviews and other engagement opportunities, attend trainings and complete pre- and post-training evaluation materials. |
| Workforce Strategy Workgroup | Development and oversight of CNYCC-wide workforce strategy & DSRIP impacts | On-going assessment of CNYCC-wide workforce's training/educational needs. |
| Patients, Both uninsured, Medicaid members, and those with other sources of insurance | Represent patient concerns based on own experience of care | Receive care from practitioners in our CNYCC whose levels of engagement may vary. |
| External Stakeholders | | |
| Local Chapters of State or National Professional Organizations | Represent concerns and interests of members | Audience for CNYCC communications and engagement activities. |
| Unions Representing Practitioners | Represent concerns and interests of members | Audience for CNYCC communications and engagement activities. |



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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.

The CNYCC website; email lists; webinar calendar, registration, and archives; and survey functions will be important to the success of the practitioner engagement strategy. Professional group-specific web pages with tailored content, identification of professional groups' representatives to the CNYCC Board of Directors and board committees, and professional group email list sign-up information will provide an online space for peer engagement and be a resource for relevant information.

Standard performance reporting and the success of the clinical integration elements of selected projects are heavily dependent upon the success and timely progress of the broader CNYCC HIT/HIE strategy and infrastructure. In the short term, rapid adoption and accurate use of the project management platform for reporting of Domain 1 project process metrics will be key. In the longer term, increased EHR interoperability, RHIO participation, and adoption of the CNYCC's population health management platform and its true integration into providers' day-to-day practices will be essential for attainment of our Domain 2, 3, and 4 measure goals.

✓ IPQR Module 7.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on meeting milestones, including the development of plans for engagement, communication and education of practitioner partners. Plans for these practitioner communication, engagement, training, and education activities will need to be informed and refined overtime by feedback from participating partners and practitioners. These plans will also need to be developed and refined based on changing conditions and DSRIP requirements. Key measures of success will be meeting milestones, reporting requirements, and speed and scale elements (i.e. patient activation and provider ramp-up). Key reporting indicators will include progress in engaging partners and practitioners in RPAC meetings, PIC meetings, project collaboratives, and other training activities. Additionally, CNYCC will conduct periodic engagement surveys of our CNYCC's practitioners and provide venues for more open-ended feedback, including at RPAC meetings and regular performance presentations to the professional groups. CNYCC and the current workforce vendor, AHEC, are in discussions regarding shared responsibility for tracking and reporting training requirements related to DSRIP, including those described above. AHEC intends to provide this resource across the PPSs where it has been contracted. This may facilitate progress reporting as it relates to CNYCC's practitioner training/education plan. CNYCC's close working relationship with AHEC also presents opportunities to incorporate tracking other aspects of practitioner engagement through their ongoing and CNYCC workforce-strategy specific activities.

IPQR Module 7.9 - IA Monitoring



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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 | Original Start Date | Original End Date | 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 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Conduct inventory of available data sets to supplement existing data from CNA, the MAPP tool, and other resources | Completed | 1. Conduct inventory of available data sets to supplement existing data from CNA, the MAPP tool, and other resources | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 2. Identify data gaps and expand on the data collected as needed for program planning and care management | On Hold | 2. Identify data gaps and expand on the data collected as needed for program planning and care management | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 3. Develop overarching plan for achieving PCMH 2014 Level 3 certification in relevant provider organizations | Completed | 3. Develop overarching plan for achieving PCMH 2014 Level 3 certification in relevant provider organizations | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 4. Identify priority clinical areas drawn from CNA and other sources | Completed | 4. Identify priority clinical areas drawn from CNA and other sources | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 | |
| Task 5. Develop interim and long term data access/ aggregation strategy for all metrics associated | Completed | 5. Develop interim and long term data access/ aggregation strategy for all metrics associated with priority clinical areas | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| with priority clinical areas | | | | | | | | | |
| Task 6. Conduct current state PHM HIT assessment for CNYCC partners | Completed | 6. Conduct current state PHM HIT assessment for CNYCC partners | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 7. Complete inventory of HIT-related PHM deliverables and current use cases for each of the DSRIP projects | Completed | 7. Complete inventory of HIT-related PHM deliverables and current use cases for each of the DSRIP projects | 04/01/2015 | 10/31/2015 | 04/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 8. Identify needed functionality and select a PHM software vendor | Completed | 8. Identify needed functionality and select a PHM software vendor | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 9. Finalize population health management roadmap and receive approval of Board of Directors | In Progress | 9. Finalize population health management roadmap and receive approval of Board of Directors | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #2 Finalize PPS-wide bed reduction plan. | Not Started | 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. | 04/01/2016 | 03/31/2017 | 10/01/2016 | 07/31/2017 | 09/30/2017 | DY3 Q2 | NO |
| Task 1. Establish baseline and develop process to monitor staffed bed volume | Not Started | 1. Establish baseline and develop process to monitor staffed bed volume | 04/01/2016 | 06/30/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 2. Establish methodology to determine impact of DSRIP on staffed bed volume | Not Started | 2. Establish methodology to determine impact of DSRIP on staffed bed volume | 04/01/2016 | 06/30/2016 | 10/01/2016 | 02/28/2017 | 03/31/2017 | DY2 Q4 | |
| Task 3. Develop partner bed reduction/service transformation plans on an as needed basis | Not Started | 3. Develop partner bed reduction/service transformation plans on an as needed basis | 07/01/2016 | 03/31/2017 | 03/01/2017 | 07/31/2017 | 09/30/2017 | DY3 Q2 | |
| Task 4. Establish Board Sub-committee to be convened on an as needed basis to review and respond to bed reduction/service transformation plans | Not Started | 4. Establish Board Sub-committee to be convened on an as needed basis to review and respond to bed reduction/service transformation plans | 07/01/2016 | 03/31/2017 | 01/01/2017 | 07/31/2017 | 09/30/2017 | DY3 Q2 | |
| Task 5. Finalize Bed Reduction/Service Transformation Plan(s) and receive approval of Board of Directors, as appropriate | Not Started | 5. Finalize Bed Reduction/Service Transformation Plan(s) and receive approval of Board of Directors, as appropriate | 07/01/2016 | 03/31/2017 | 01/01/2017 | 07/31/2017 | 09/30/2017 | DY3 Q2 | |



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IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Develop population health management roadmap. | |
| Finalize PPS-wide bed reduction plan. | <p>For the organizational section Population Health Management, the original start date for Milestone 2 was extended from 4/1/2016 to 10/1/2016 and the original end date was extended from 3/31/2017 to 7/31/2017. This change was made as a result of the fact that none of the DSRIP projects are currently impacting inpatient utilization and that we are seeing an overall upward trend of such utilization in our region.</p> <p>The original start date for Task 1 was extended from 4/1/2016 to 10/1/2016 and the original end date was extended from 6/30/2016 to 12/31/2016. These changes were made as a result of the delay in the start of the overall milestone, as described above.</p> <p>The original start date for Task 2 was extended from 4/1/2016 to 10/1/2016 and the original end date was extended from 6/30/2016 to 2/28/2016. These changes were made as a result of the delay in the start of the overall milestone, as described above.</p> <p>The original start date for Task 3 was extended from 7/1/2016 to 3/1/2017 and the original end date was extended from 3/31/2017 to 7/31/2017. These changes were made as a result of the delay in the start of the overall milestone, as described above.</p> <p>The original start date for Task 4 was extended from 7/1/2016 to 1/1/2017 and the original end date was extended from 3/31/2017 to 7/31/2017. These changes were made as a result of the delay in the start of the overall milestone, as described above.</p> <p>The original start date for Task 5 was extended from 7/1/2016 to 1/1/2017 and the original end date was extended from 3/31/2017 to 7/31/2017. These changes were made as a result of the delay in the start of the overall milestone, as described above.</p> |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
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No Records Found

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
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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.

Risk1: Without a collaborative approach to the Community Needs Assessment (CNA), there could be a lack of consistency, consensus, and buy-in regarding strategic priorities and the identified approaches to addressing these priorities.

Potential Impact: There will be lack of commitment or buy-in towards a coordinated or collective response to community needs and priorities.

Risk 2: Given the overlapping nature of New York's health care markets and transportation patterns, the DSRIP CNYCC boundaries present a somewhat arbitrary way of segmenting the service area populations. For example, an individual could live in one CNYCC service area but seek services in a neighboring CNYCC service area. Collaboration across neighboring CNYCC' to explore how they can align their efforts to meet the needs of those throughout the broader Central New York and Upstate New York region is essential.

Potential Impact: Lack of commitment or buy-in towards a coordinated or collective response to community needs, priorities, and project plans will mean less effective and lower quality care.

Risk 3: Not all service providers utilize meaningful use certified EHRs, which will lead to further fragmentation of services and poor coordination

Potential Impact: PCMH Level 3 recognition as well as appropriate care planning, care coordination, health information exchange, and information flow between providers will not be possible unless eligible providers have meaningful use certified EHRs that are capable of facilitating the necessary care planning, care coordination, and information sharing.

Risk 4: CNYCC lacks a centralized data analytics and PHM platform.

Potential Impact: Success of CNYCC will rely on the ability of clinical and non-clinical practices/providers to identify those at-risk, share information, coordinate care, integrate service strategies, and monitor care, particularly of those most at-risk over time.

Risk 5: CNYCC must ensure that there is a strong data governance structure that will provide a framework in which pertinent clinical information can be aggregated and analyzed for partner and PPS performance. Data governance practices for each partner organization vary widely, and there is currently no systematic methodology for documenting and sharing the data that will be required to generate metrics of interest.

Potential Impact: Without a strong IT Data Governance structure in place, CNYCC will be unable to generate the necessary metrics for reporting requirements.

Risk 6: The care provided by participating practices could be uncoordinated and reactive rather than a data-driven, PHM approach that promotes integrated, well-coordinated care across partners.



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Potential Impact: Without a coordinated PHM approach, individual practices and providers could be providing guideline-driven, evidenced-based care to patients but that care could be provided in silos leading to an inefficient, uncoordinated, duplicative response overall.

Risk 7: CNYCC's role in support of regional VBP programming is still being finalized.

Potential Impact: The role that CNYCC is ultimately expected to play in support of regional VBP initiatives may impact our partners' willingness to share data with the CNYCC, as well as their support of expensive investments in a centralized PHM platform. In addition, there are other VBP initiatives (private CIN development and MSSP programs) that are already underway regionally. CNYCC is trying to align with these other initiatives, as we have a very large overlap in participating partners and functional requirements, however alignment may lead to delays in the selection and implementation of our PHM infrastructure.

✅ IPQR Module 8.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

"The most significant dependencies with respect to other workstreams relate to:
IT Systems and Processes - All CNYCC projects are expected to need to leverage the base Population Health infrastructure. As such, it will be important to map the project requirements against the chosen Population Health Management system. Implementation of the system will similarly affect timelines for rollout of each project.
Clinical Integration - Clinical Integration is an essential component of population health management. Without full clinical integration, a population health vision and strategy cannot be obtained; this requires that stakeholders engaged in these two workstreams coordinate and collaborate in their efforts. "



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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 |
|---|--|--|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve population health management and bed reduction strategies as appropriate |
| Oversight, Approval, and Recommendations to the Board | Clinical Governance and Information Technology and Data Governance Committees of the Board | Develop and approve population health management and bed reduction strategies as appropriate Oversee implementation of population health management platform |
| CNYCC Board of Directors Sub-committee on Bed Reduction and Transformation Planning (as-needed) | TBD | Oversee and approve bed reduction and transformation planning plans across hospital partners |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | 1) Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Executive Project Advisory Council | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|--|---|
| | | Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees issues/concerns/suggestions from the RPAC's. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |
| Management, Oversight, and Expertise | Project manager for population health management | Oversee development and implementation of population health management and bed reduction strategies as appropriate |
| PHM Platform Vendor | Key partner in implementing PHM platform | Technical assistance in implementing and maintaining platform |



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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 | | |
| All CNYCC Partner Organizations, including service providers and CBOs | Advisory, operational, technical input | Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals. |
| External Stakeholders | | |
| MCOs | Key partner in payment reform | Collaborate in PPS payment reforms (VBP) in line with VBP roadmap; provide insight into population health management approach to be implemented across Forestland PPS |
| Consumer/Community | Engaging with the projects and organizations | Participate in community-based CNYCC activities |
| Other Regional Payers | Alignment of functional requirements across various payer based VBP initiatives | Joint engagement of shared partners, who are participants in multiple, regional VBP initiatives. Alignment of functional requirements and technical infrastructure |



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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.

"1) Core Application Systems: CNYCC will establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement PHM strategies. Most notably is the acquisition and implementation of a dedicated PHM platform. This net new community investment will enable collaborative care planning across the continuum, including real-time access to pertinent clinical information to facilitate safe transitions of care, as well as maintaining a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for prospective and predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk and high utilizing patients can be proactively managed. This will also allow for monitoring and measuring the effectiveness of the projects implemented by the DSRIP, providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable tracking target populations, including performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as program development evolves. Finally, the PHM platform will enable roles, and rules-based reporting, facilitating access to actionable data for CNYCC partners.

2) Interoperability, Connectivity and Security: The current HIT infrastructure of CNYCC is characterized by a well-established HIE via the HealthConnections RHIO. Securely connecting stakeholders to allow access to consolidated patient data and enable information sharing will be accomplished through the RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected physicians, managing the exchange of unstructured data (i.e. Images/RAD), and providing alerts to CNYCC providers. Information is currently shared with the RHIO by all of CNYCC's hospitals, some of the ambulatory providers, and a majority of the diagnostic centers (lab and radiology) in the region. Access to this information is facilitated through a web-based portal that is available to any provider with appropriate consent, as well as through results delivery. As part of this project, CNYCC and the RHIO will collaborate to establish additional bi-direction, real-time, and near real-time data transmission from and to all eligible providers.

3) Engagement Technologies: Data consolidated in the RHIO will be available to eligible providers through the existing web-based portal. In addition, the selected PHM solution will provide role-based access to consolidated data for all providers across the continuum of care. The PHM solution will also facilitate engagement across all areas of the care continuum and assist in managing outreach to target populations.

✓ IPQR Module 8.8 - Progress Reporting

Instructions :

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

CNYCC success is dependent on meeting milestones including developing a population health roadmap and finalizing a plan for dealing with bed



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reductions. Key measures of success will be meeting milestones and reporting requirements as well as Board assessment of performance in relation to established goals. Key reporting indicators of interest will include progress in developing these plans. Additionally, CNYCC will report on progress in conducting regular needs assessments, the results of which inform strategic planning and population health strategies.

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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Perform a clinical integration 'needs assessment'. | In Progress | Clinical integration 'needs assessment' document, signed off by the Clinical Quality Committee, including: -- Mapping the providers in the network and their requirements for clinical integration (including clinical providers, care management and other providers impacting on social determinants of health) -- Identifying key data points for shared access and the key interfaces that will have an impact on clinical integration -- Identify other potential mechanisms to be used for driving clinical integration | 04/01/2015 | 09/30/2016 | 04/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 1A- Map network partners' clinical integration needs by partner type and by project | In Progress | 1A- Map network partners' clinical integration needs by partner type and by project | 04/01/2015 | 05/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 1B- Assess key data points for shared access and key interfaces common across projects, identifying gaps where other | In Progress | 1B- Assess key data points for shared access and key interfaces common across projects, identifying gaps where other | 04/01/2015 | 05/31/2016 | 04/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 1C- Conduct needs assessment for clinical integration | In Progress | 1C- Conduct needs assessment for clinical integration | 04/01/2015 | 06/15/2016 | 04/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 | |
| Task 1D- Share draft needs assessment with key audiences & collect feedback | In Progress | 1D- Share draft needs assessment with key audiences & collect feedback | 04/01/2015 | 07/31/2016 | 04/01/2015 | 09/11/2016 | 09/30/2016 | DY2 Q2 | |
| Task 1E- Finalize needs assessment based on feedback and present to the Clinical Governance Committee for review. | In Progress | 1E- Finalize needs assessment based on feedback and present to the Clinical Governance Committee for review. | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #2 Develop a Clinical Integration strategy. | In Progress | Clinical Integration Strategy, signed off by Clinical Quality Committee, including: -- Clinical and other info for sharing -- Data sharing systems and interoperability -- A specific Care Transitions Strategy, including: hospital admission and discharge coordination; and care transitions and coordination and communication among primary care, mental health and substance use providers -- Training for providers across settings (inc. ED, inpatient, outpatient) regarding clinical integration, tools and communication for coordination -- Training for operations staff on care coordination and communication tools | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | NO |
| Task 1. Based on results of the needs assessment, develop clinical integration strategy that includes clinical and other information for sharing, data sharing systems and interoperability, care transitions strategy, and training plan; timeline for implementation; and identification of responsible parties | In Progress | 1. Based on results of the needs assessment, develop clinical integration strategy that includes clinical and other information for sharing, data sharing systems and interoperability, care transitions strategy, and training plan; timeline for implementation; and identification of responsible parties | 04/01/2015 | 10/31/2016 | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 2. Share strategy with key audiences & gather feedback | In Progress | 2. Share strategy with key audiences & gather feedback | 04/01/2015 | 11/30/2016 | 04/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 | |
| Task 3. Finalize clinical integration strategy based on feedback and present to the Clinical Governance Committee and the Board of Directors for approval | In Progress | 3. Finalize clinical integration strategy based on feedback and present to the Clinical Governance Committee and the Board of Directors for approval | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| Perform a clinical integration 'needs assessment'. | <p>For the organizational section Clinical Integration, the original end date for Milestone 1 was extended from 9/30/2016 to 10/31/2016. This change was made as a result of the changes for tasks 1A, 1B, 1C and 1D.</p> <p>The original end date for Task 1A was extended from 5/31/2016 to 8/31/2016. CNYCC has begun an in-depth inventory of partner type data needs, however this work has not been completed. We have decided to eliminate project participation from the initial considerations and instead will drive the analysis by partner type and transition type (e.g. Hospital to Home).</p> <p>The original end date for Task 1B was extended from 5/31/2016 to 8/31/2016. This task is being done in conjunction with Task 1A and will be completed on the same timeline.</p> <p>The original end date for Task 1C was extended from 6/15/2016 to 10/31/2016. This change was made to align the completion of the assessment with the completion of the Milestone.</p> <p>The original end date for Task 1D was extended from 7/31/2016 to 9/11/2016. This change was made to account for the delays associated with Tasks 1A and 1B.</p> |
| Develop a Clinical Integration strategy. | <p>For the organizational section Clinical Integration Milestone 2, the original end date for Task 1 was extended from 10/31/2016 to 11/30/2016. The change was made to align with the adjusted timeline for Milestone 1.</p> |



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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 | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---------------------|--------|-------------|---------------------|-------------------|------------|----------|------------------|----------------------------------|
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PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
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PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
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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.

CNYCC has identified four major risks as outlined below. These risks are not unique to clinical integration. They are risks inherent in systems transformation more broadly. Risk mitigation strategies for clinical integration are part of the risk mitigation strategies to be employed overall by CNYCC.

Risk 1: As CNYCC moves toward transforming its health delivery system to a population health vision, it is essential to transform the system based on how it can best serve patients through providing the highest quality care at the right time and in the right setting for the patient. There is a risk, however, that the system does not develop in a way that supports person-centeredness.

Potential Impact: Not developing a system that is person-centered would mean falling short of a full population health approach. A critical component of person-centeredness is understanding the social determinants of health, such as poverty, culture, race/ethnicity, educational attainment, and housing status.

Risk 2: The shift toward a population health focus will take time.

Potential Impact: Without achieving a shared population health vision, CNYCC will not be able to fully reform its service system to be sustainable post-DSRIP.

Risk 3: Full clinical integration can only be achieved with the leadership and buy-in of the practitioner community. Clinical integration depends on practitioners working across disciplines and organizations on behalf of their patients.

Potential Impact: Without practitioner leadership to promote practitioner buy-in to clinical integration across the CNYCC, full clinical integration will not be achieved, which ultimately will compromise the capacity of CNYCC to achieve its goals.

Risk 4: Although organizational workstreams and projects are reported on separately for the Implementation Plan, CNYCC is acutely aware that they are all interrelated. Coordination across other organization workstreams and projects is essential.

Mitigation: The Clinical Governance Committee, reporting to and advising the Board of Directors, will have members knowledgeable of all other organizational workstreams and all 11 projects. Part of their role will be to oversee the coordination of clinical integration with these other workstreams and projects.

✓ IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :



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

Clinical integration will have interdependencies with all workstreams and all projects. However, the most critical workstreams are IT systems and processes, practitioner engagement, cultural competency/health literacy, funds flow, and population health management.

IT Systems and Processes - A first dependency is with IT Systems and Processes, especially as relates to clinical data sharing and interoperable systems across the CNYCC network. This will be facilitated by the RHIO and the Population Health Management (PHM) Platform to be established by the CNYCC. The clinical integration strategic plan will be shared with the IT Data Governance Committee to ensure that the PHM platform accommodates clinical integration needs. The Clinical Governance Committee and the IT Data Governance Committee will work closely throughout the DSRIP project.

Practitioner Engagement - Engaging practitioners in understanding and championing population health is part of the clinical integration strategy. Enabling the Clinical Governance Committee members to work with those involved with the practitioner engagement workstream will ensure coordination between these two areas. In addition, RPACs may also serve as a practitioner engagement strategy and a forum for discussion of clinical integration.

Cultural Competency/Health Literacy - As noted, understanding and addressing social determinants is critical for clinical integration. A social determinants approach in the work of the CNYCC, including the clinical integration work, is essential to achieving patient centeredness and population health goals. Social determinants also form the basis for the CC/HL strategy. Drawing on the CC/HL strategies will be essential for the clinical integration work.

Funds Flow - Funds flow strategies must incentivize clinical integration. Those working in the clinical integration workstream must have input into the Finance Committee to ensure these incentives.

Population Health Management - Clinical integration is an essential component of population health. Without full clinical integration, a population health vision and strategy cannot be obtained; thus, these requiring that stakeholders engaged in these two workstreams coordinate and collaborate in their efforts.



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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 |
|--|--|--|
| Oversight and Approval | CNYCC Board of Directors | Develop and approve Clinical Integration strategy |
| Oversight, Approval, and Recommendations to the Board | Clinical Governance and Information Technology and Data Governance Committees of the Board | Develop and approve Clinical Integration strategy |
| Consumer Input and Guidance | 1) Consumer Focus group, 2) Consumer Advisors | Feedback will be collected through a focus group involving consumers drawn from selected partner organizations throughout the service area. In addition, a representative group of consumer advocates will be recruited from partners across the service area who will provide input through on a periodic basis at CNYCC governance meetings (i.e., PICs, RPACs, EPAC, Board Committees, and the Board of Directors Meetings.) These consumer advisory structures will allow the CNYCC to provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors. |
| Partner Engagement | Regional Project Advisory Councils (RPACs) | The RPACs are the CNYCC Partners' link to the CNYCC staff and Board related to DSRIP activities. The RPACs provide regional forums for an interactive process for education, problem solving, project implementation, community and consumer education, and relationship building. The RPACs also respond to queries from the Executive Project Advisory Council (EPAC). The RPAC may also create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All committees would be required to formally report out at the monthly RPAC meetings. |
| Partner Engagement, Oversight, and Board Conduit to Partners | Executive Project Advisory Council | The EPAC is the partners' link to the CNYCC BOD. This committee monitors all aspects of the DSRIP process from the Partner perspective. EPAC monitors project performance and quality indicators, considers changes, tracks workforce needs, Partner performance (via review of individual partner, project and regional score cards) and fund distribution. The EPAC responds to queries from the BOD and/or Board Committees as well as communicates to the BOD and/or Board Committees |



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| Role | Name of person / organization (if known at this stage) | Key deliverables / responsibilities |
|---|---|--|
| | | issues/concerns/suggestions from the RPAC's. |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |
| Management, Oversight, and Expertise | CNYCC Project manager for Clinical Integration (TBD) | Project Manager will work with CIO and other CNYCC Staff to oversee development and implementation of Clinical Integration strategies as appropriate |
| Oversee Clinical Integration Workstream Activities/Workplan | Clinical Governance Committee | Assign CNYCC staff to oversee development of clinical integration needs assessment and strategic plan; appoint workgroup to fulfill activities; coordinate with IT systems and processes, practitioner engagement, CC/HL, funds flow, and population health workstreams. |
| HIT/HIE Functionality in Relation to Clinical Integration | IT Data Governance Committee CNYCC HIT/HIE staff | Ensure Population Health Management Platform addresses needs of clinical integration workstream |
| Monitor and Support of Clinical Integration Strategies | IT Data Governance Committee, CNYCC Project Management Staff, RPACs | Leverage strengths and address weaknesses in clinical integration at regional level; generate buy-in among providers to clinical integration strategic plan |



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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 | | |
| All CNYCC Partner Organizations, including service providers and CBOs | Advisory, operational, technical input | Provide input on impact of key CNYCC policies and decisions on partners. Implement internal changes in partner organizations needed to achieve DSRIP goals. |
| CNYCC Partner Contacts and Subject Matter Experts Participating in Clinical Integration Activities | Participation in planning and implementation activities | Participation in planning and implementation activities |
| Practitioners | Practitioner's buy-in is essential to the success of this workstream | Engage with and remain current on activities of the CNYCC with regard to Clinical Integration, including through the website, participating in RPACs, and participating in any trainings in this area |
| External Stakeholders | | |
| Consumers/Family Members/Caregivers/Community | Receiving improved care and health outcomes due to better clinical integration` | Improved health status; high satisfaction with care |
| CBOs | Provide services related to social determinants of health, which are essential for achieving full clinical integration on behalf of patients | Work with clinical providers to fulfill non-clinical needs of patients |



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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.

Clinical integration will be dependent upon access to, and exchange of, pertinent clinical and administrative information among collaborating CNYCC partners. The current HIT infrastructure of the CNYCC is characterized by a well-established HIE via the HealthConnections RHIO. Securely connecting stakeholders to allow access to consolidated patient data and enabling information sharing will be accomplished through the RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected practitioners, managing the exchange of unstructured data (i.e. images/RAD), and providing alerts to CNYCC providers. Currently all of the CNYCC hospitals, some ambulatory providers, and a majority of diagnostic centers (lab and radiology) in the region are sharing information with the RHIO. Access to this information is facilitated through a web-based portal that is available to any provider with appropriate consent, as well as through results delivery. As part of this project, CNYCC and the RHIO will collaborate to establish additional bi-direction, real-time, and near real-time data transmission from and to all eligible providers. Point-to-point communications to facilitate transitions of care are currently accomplished through the use of direct protocols, a HIPAA compliant mode of exchange adopted by EHR vendors as part of Meaningful Use (MU) stage 2. This real time mode of exchange is widely available across the CNYCC region, with 71% of eligible providers on the SureScripts network compared to 21% for the rest of the state. Web-based, secure messaging portals that support Direct will be made available to partners without EHRs, or whose current EHRs are not MU certified to facilitate the secure exchange of information among all applicable CNYCC partner organizations.

CNYCC will also establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement clinical integration strategies. Most notably is the acquiring and implementing a dedicated population health management platform. This net new community investment will enable collaborative care planning across the continuum, including real-time access to pertinent clinical information to facilitate safe transitions of care, and to maintain a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for prospective and predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk and high utilizing patients can be proactively managed. This will also allow monitoring and measuring the effectiveness of the projects implemented by the DSRIP initiative, providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable tracking target populations, including their performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as clinical program development evolves.

✓ IPQR Module 9.8 - Progress Reporting

Instructions :

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



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CNYCC success is dependent on meeting milestones, including conducting a clinical integration needs assessment and developing a strategy specifically for clinical integration. The CNYCC will report on progress in achieving these milestones by tracking required outcome/process measures as well as by tracking the CNYCC's efforts to meet the steps detailed in the organizational plan. Critical to the CNYCC's success in this area will be working with the CNYCC Project Implementation Collaboratives (PICs) to explore opportunities for integration and synergies across projects that can be achieved through clinical integration. Once identified, these opportunities will be incorporated into the Clinical Integration Strategy along with clear measures to track progress. These measures will be tracked overtime and reported to the RPACs/EPAC, Clinical Governance Committee, the Board of Directors, and to the DOH through the quarterly reports. In addition, Domain 2 and 3 metrics will be tracked as part of regular CNYCC/DSRIP activities and will allow the CNYCC to track and report indirectly on clinical integration progress to the extent that project success will depend on appropriate integration of services across settings and projects.

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.

CNYCC's approach to implementation is rooted in 4 core functions: Strategic engagement and education; Building upon partner strengths; Transparency and communication; and Accounting for regional differences.

Strategic engagement and education: Execution of the Project Implementation Plan will require a strategic approach to partner engagement. To this end, CNYCC will develop a partner "onboarding" process. The process will include an organizational readiness assessment to categorize partner ability to reach patient and implementation speed goals set forth in the Project Plan Application as well as to identify the training and technical assistance needed to address gaps in partner capacity. More specifically the onboarding assessment approach will assess partner and CNYCC readiness to participate in projects and to meet speed and scale obligations; identify complexities to participation that can potentially be mitigated by the CNYCC; capture vital information that will inform the onboarding process and ongoing work, and; further promote partner engagement, bi-directional information flow, and relationship building.

Building on strengths: Based upon the assessment, CNYCC will develop a strategic "onboarding" process to engage partners that are innovators and early adopters as well as establish capacity building strategies for moderate adopters and lagging adopters. The assessment process will also provide an opportunity to identify areas for TA/support that can be provided directly by peer organizations or through experts. While many inputs will be necessary to fully define partner contracts, the onboarding assessment will assist in articulating the specific partner obligations, resources (such as TA/support), reporting requirements and the areas of partner expertise that may be leveraged to develop peer support structures within the implementation process.

Transparency and communication: CNYCC will develop a portal on its website to catalog and make available information on implementation science and best practices both focused on overall clinical and delivery system change as well as project specific support materials. The existing CNYCC website provides a venue for sharing information, archiving recorded webinars and implementation plans, and fostering open dialog between PPS partners. The current approaches with which CNYCC has been engaged will be further utilized to this end. These have included conducting webinars, pushing information and notices out to the CNYCC listserv and the CNYCC newsletter. Regional Project Advisory Committees (RPACs, described below) will provide another opportunity to promote transparency and communication.

Accounting for regional differences: The RPACs are the Network Partner link to CNYCC and DSRIP activities. They provide forums for an interactive process for education, problem solving, local focus and project implementation and ongoing success, community and consumer education on services, and relationship building. The RPAC may also create ad-hoc and/or ongoing smaller subcommittees to address particular DSRIP activities, address challenges or leverage partner expertise for the betterment of the entire partner network. Examples could include a subcommittee to problem-solve around a project that is not being successful, or a subcommittee to conduct deep-dive into workforce issue. All subcommittees would be required to formally report out at the monthly RPAC meetings.



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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.

Implementing and managing the eleven CNYCC projects is complex as the number of requirements, associated tasks and dependencies are abundant. In particular, there are several work streams that require coordination and ongoing monitoring to assure resources and staffing are distributed appropriately and are flexible enough to respond to changing needs, unforeseen challenges, and partner workload. These include: 1) Developing an HIT infrastructure that is responsive to the needs and timing of each project, including overarching projects such as 2ai. Alerts, messaging, population health management, reporting and PCMH requirements will require a strategic roll out of the HIT strategy. To this end CNYCC has contracted with Chartis to develop a strategic roadmap and guidance to meet these requirements. 2) Workforce approaches, particularly those focused on training and recruitment, require understanding the need for new staff and the amount of time for recruitment. Many projects require adding staff, particularly in mental health, care management, and primary care staff. Given the high demand and scarcity of these health professionals CNYCC will need to anticipate workforce needs and partners will need to begin the recruitment process well in advance of project staffing needs. Additionally, a timed roll out of training strategies to minimize impact on staff time will be coordinated. To this end CNYCC has contracted with AHEC/HWFNY to develop a strategic roadmap to meet workforce needs. 3) Quality improvement and rapid cycle improvement strategies will drive the success of the CNYCC's efforts. DSRIP is predicated on the use of process and performance metrics that will be used to monitor progress, guide performance improvement efforts, and hold the CNYCC and its partners accountable. As will be discussed in greater detail elsewhere, CNYCC is establishing a robust HIT infrastructure and performance management system that will be utilized to drive quality improvement efforts. CNYCC will track and monitor performance at the project- and partner-level. These will be based in large part on reporting requirements established by the DOH. In addition, the CNYCC will provide specialized training and technical assistance to instill a cultural of quality among its partners that will ultimately help to ensure that the highest quality care is provided, in a culturally appropriate, person-centered manner. 4) The CNYCC governance and staffing structure has been defined to coordinate the development and approval of clinical and operational protocols and guidelines. While the centralized approach will assure coordination of activities and content, final operating and clinical guidelines will be vetted with CNYCC partners before submission to the Board or other relevant governing body for approval. CNYCC will utilize Performance Logic's DSRIP Tracker as its project management platform to provide adequate oversight of project activities, track dependencies, manage project resources, and maintain agility in correcting project trajectories or mitigating unexpected events. DSRIP Tracker will assist the management team in adjusting the implementation approach to avoid extreme peaks and troughs of activities that may prove overly burdensome for the CNYCC management team or for partners engaging in multiple projects. In instances where peaks of activities cannot be mitigated by adjusting the implementation approach, utilization of DSRIP Tracker allows for the early identification and mobilization of additional resources (staff, consultants and vendors) in order to minimize the disruptive impact on CNYCC and the partner organizations. Furthermore, CNYCC is exploring the extent to which DSRIP Tracker can assist in cost controls, budget management, resource allocation, quality management and documentation/verification of implementation activities.



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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 |
|---|--|--|
| Workforce | Northern and Central Area Health Education Center Program/Anita Merrill | Assist in the developing and implementing a comprehensive workforce development plan. |
| HIT Planning, population health management vendor selection, and PMO organization support | Chartis Group (formerly known as Aspen Advisors)/Craig Dolezal, Dasha Adamchik, Vince D'Itri, Elaina Sendro, Claudia Miller | Assist in the developing and implementing an HIT and HIE strategy, selection process for a Population Health Management platform, and establishing CNYCC's PMO's protocols and processes. |
| PCMH planning support | HANYS Solutions PCMH Advisory Services/Nicole Harmon & Julie LaBarr | Assist in the developing and implementing a PCMH strategy |
| Engagement and Education | Director of Communications and Stakeholder Engagement/BJ Adigun and Manager of Communications, Community Development and Partner Education/Ray Ripple; Peter Nolan, Project Manager for Information Technologies | Assist in the developing and implementing an engagement and education approach. |
| Project Management | Director of CNYCC's PMO (TBD), Office of Project Management. Joe Reilly (CNYCC's CIO) and staff TBD. | <p>CNYCC staff will be responsible for project management and the mobilization of resources to assure timely and effective implementation.</p> <p>Staff provide a link between the Board of Directors and DSRIP projects as well as have primary responsibility for reporting and communication with NYDOH</p> <p>Oversight of the clinical quality committees for individual projects</p> <p>Day-to-Day management of progress against Project requirements</p> |



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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 | | |
| Clinical Governance Committee | Clinical and quality oversight | Oversees development of evidence-based, standardized protocols, metrics, and clinical performance goals for projects across the system |
| Compliance Committee | Compliance oversight | Oversees CNYCC compliance program and conduct in terms of adherence to DSRIP requirements and laws, and regulations applicable to PPS activities and operations, including health care privacy. |
| Finance Committee | Financial oversight | Oversees CNYCC and project budgets, reporting and financial performance; reviews project expenditures and assists in financial analysis for value based reimbursement |
| IT/Data Governance Committee | HIT strategy implementation oversight | Oversees activities and vendors to create, implement, and use HIT/HIE infrastructure |
| Executive Project Advisory Committee | Engagement and performance | Works with Regional Project Advisory Committees to engage stakeholders. Oversees project performance and advises the Board of developments & concerns. |
| Regional Patient Advisory Committees | Engagement, Education, Implementation | Advises the EPAC to assure patient perspectives inform projects and patient engagement strategies. |
| Consumer Input and Guidance | Consumer Advocates (TBD) | Provide insight and guidance regarding consumer attitudes, perceptions, and care seeking behaviors |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |
| Bi-directional Information Flow to Projects | Project Implementation Collaboratives | Project Implementation Collaboratives (PICs) will be developed by DY1Q1 that will develop, update, and guide the CNYCC's project implementation planning process overtime with an eye towards meeting state project requirements, implementation of best practice, and broad system transformation |



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| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|--|
| Regional Project Advisory Committees | Performance and Engagement | RPACs will be a critical element of the project performance monitoring process and will provide input on regional variations impacting project implementation. They will also provide a forum for consumer and community engagement. |
| Workforce Committee | Workforce strategy Implementation | Oversees activities and vendors to create, implement, and track Workforce Strategy for PPS |
| External Stakeholders | | |
| Northern and Central Area Health Education Center Program | Workforce | We have engaged AHEC to assist in the development and implementation of a comprehensive workforce development plan. |
| Prevention Coalitions/PHIP | Project Implementation Support | PHIP will assist in engaging county prevention coalitions related to Domain 4 projects. |
| Labor Unions | Workforce | Assist in workforce planning activities. |
| Regional and County Mental Health, Public Health, Alcohol and Substance Abuse Services Agencies | Project Implementation Support | State and county agencies are participating in CNYCC Regional Project Advisory Council meetings to inform and facilitate integration across PPS partners |
| HealtheConnections | Qualified Entity/RHIO/Health Information Exchange | HealtheConnections is the Regional Health Information Organization with which will assist CNYCC in developing an integrated system through information sharing strategies. |



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✓ IPQR Module 10.5 - IT Requirements

Instructions :

Information technology will play a crucial role in the development of an effective, integrated performing provider system. It is likely that most projects will require some level of supporting IT infrastructure. Please describe the key elements of IT infrastructure development that will play a role in multiple projects.

- 1) Core Application Systems: CNYCC will establish a core application system enablement program focused on the penetration and effective utilization of the technologies required to capture and consolidate the data needed to successfully implement Population Health Management (PHM) strategies. Most notably is the acquisition and implementation of a dedicated PHM platform. This new community investment will enable collaborative care planning across the continuum, including real-time access to clinical information to facilitate transitions of care, and maintaining a shared, multidisciplinary care plan that will be accessible to all members of a patient's care team. The PHM platform will also enable analytics for predictive modeling to support clinical, fiscal, and operational decisions and ensure that high risk patients can be proactively managed. This will also allow for monitoring and measuring the effectiveness of the projects implemented by the DSRIP initiative thereby providing a critical feedback mechanism to the collaborative. Registry functionality available through the PHM platform will enable the tracking of target populations, including performance on the quality and outcome measures defined by the DSRIP initiatives, as well as other indicators that are deemed appropriate as the program evolves. Finally, the PHM platform will enable roles, and rules-based reporting, facilitating access to actionable data for CNYCC partners. In recognition of the fact that the PHM platform will only be as robust as the data that that is used to populate it, the CNYCC's core application systems enablement program will also focus on standardizing electronic health record (EHR) environments across eligible provider's offices. These efforts will include aligning existing EHR vendor capabilities around DSRIP and PHM goals, as well as a facilitated vendor selection process by which the CNYCC will help its partners without EHRs to identify robust vendor solutions.
- 2) Interoperability, Connectivity and Security: Securely connecting stakeholders to allow access to consolidated patient data and enable information sharing will be accomplished through the HealtheConnections RHIO. Functions provided by the RHIO include creating standard patient identification, transforming and standardizing data from multiple points of origin, "pushing" summary data to connected physicians, managing the exchange of unstructured data (i.e. Images/RAD), and providing alerts to CNYCC providers. Direct protocols will also be utilized for point-to-point connections to exchange clinical documentation to facilitate transitions of care. HealtheConnections, web-based, secure messaging portals that support Direct will be made available to partners without EHRs to facilitate the secure exchange of information among all applicable CNYCC partner organizations.
- 3) Engagement Technologies: Data consolidated in the RHIO will be available to eligible providers through the existing web-based portal. In addition, the selected population health management solution will provide role-based access to consolidated data for all providers across the continuum of care. Execution of this three-pronged strategy will ensure that the HIT and HIE infrastructure available to the CNYCC will provide a framework that enables the creation of a highly functioning integrated delivery network. It will also maximize the reach and efficacy of all of the projects that are being implemented as part of the DSRIP initiative.

✓ IPQR Module 10.6 - Performance Monitoring

Instructions :



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Please explain how your DSRIP projects will fit into your development of a quality performance reporting system and culture.

The CNYCC staffing structure will include individuals assigned to overseeing project implementation, monitoring and continuous quality improvement of projects and implementation activities. Each staff member will work with a committee of stakeholders consisting of partner representatives engaged in each of the 11 projects. CNYCC staff will report to and collaborate with the IT and Data Governance and Clinical Governance Committees to develop a strategy to consolidate quality metrics and measures utilizing an IT strategy. The Project Advisory Committee and its quality improvement structure will use the resulting data to provide performance feedback and inform learning collaborative baseline data, and to report to the Clinical Governance Committee and the Board of Directors regarding quality performance.



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✔ IPQR Module 10.7 - Community Engagement

Instructions :

Please describe your PPS's planned approach for driving community involvement in the DSRIP projects, how you will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any risks associated with this.

As part of the organizational onboarding process described previously CNYCC will engage CBOs by conducting a readiness assessment, developing training and TA approaches, providing supportive partner onboarding, and executing contracts that delineate CBO responsibilities and the financial and non-financial support that will be provided by the CNYCC.

Community engagement will be accomplished with a three-pronged approach. Regional Project Advisory Committees will provide opportunities for community involvement and input. The RPACs are a key PPS partner link to CNYCC and DSRIP activities. They provide forums for an interactive process for education, problem solving, community and consumer education on services, and relationship building. The RPACs also respond to queries from the PAC Steering Committee. The RPAC may create ad-hoc and/or ongoing smaller committee's to address particular DSRIP activities. Examples could include a committee to problem-solve around a project that is not being successful, or a committee to deep-dive into workforce issue. All such ad-hoc committees would be required to formally report out at the quarterly RPAC meetings. The CNYCC staff as well as subject matter experts will support the RPACs. The CNYCC will also develop a comprehensive partner education and engagement strategy that will be rolled out early in DY1; and Consumer Advocates (TBD) will be convened to inform CNYCC activities, including the overall engagement approach.

Finally, CNYCC will build upon its already highly utilized website to post information and updates and promote a culture of communication and transparency across all partners, providing a venue for sharing information, archiving recorded webinars and implementation plans, and fostering open dialog between PPS partners.

IPQR Module 10.8 - IA Monitoring

Instructions :



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Section 11 – Workforce

IPQR Module 11.1 - Workforce Strategy Spending (Baseline)

Instructions :

Please include details on expected workforce spending on a semi-annual basis. Funds may be shifted from one funding type category to another within the workforce strategy spending table, as long as the PPS adheres to their overall spend commitments. However, the PPS may apply a 25% discount factor to the DY1 Workforce Strategy Spend target. If the PPS applies this discount in DY1, the PPS will be expected to reallocate those funds appropriately in DY2-4 to fully meet their DY1-4 total commitment.

| Funding Type | Year/Quarter | | | | | | | | | | Total Spending(\$) |
|---------------------------|----------------|---------------------|------------------|----------------------|------------------|----------------------|------------------|----------------------|------------------|----------------------|----------------------|
| | DY1(Q1/Q2)(\$) | DY1(Q3/Q4)(\$) | DY2(Q1/Q2)(\$) | DY2(Q3/Q4)(\$) | DY3(Q1/Q2)(\$) | DY3(Q3/Q4)(\$) | DY4(Q1/Q2)(\$) | DY4(Q3/Q4)(\$) | DY5(Q1/Q2)(\$) | DY5(Q3/Q4)(\$) | |
| Retraining | 0.00 | 7,419,375.00 | 0.00 | 9,821,250.00 | 0.00 | 9,821,250.00 | 0.00 | 12,294,375.00 | 0.00 | 9,821,250.00 | 49,177,500.00 |
| Redeployment | 0.00 | 375,000.00 | 0.00 | 500,000.00 | 0.00 | 500,000.00 | 0.00 | 625,000.00 | 0.00 | 500,000.00 | 2,500,000.00 |
| New Hires | 0.00 | 1,687,500.00 | 0.00 | 2,250,000.00 | 0.00 | 750,000.00 | 0.00 | 1,312,500.00 | 0.00 | 750,000.00 | 6,750,000.00 |
| Other | 0.00 | 206,250.00 | 68,250.00 | 131,750.00 | 87,250.00 | 112,750.00 | 87,250.00 | 181,500.00 | 87,250.00 | 112,750.00 | 1,075,000.00 |
| Total Expenditures | 0.00 | 9,688,125.00 | 68,250.00 | 12,703,000.00 | 87,250.00 | 11,184,000.00 | 87,250.00 | 14,413,375.00 | 87,250.00 | 11,184,000.00 | 59,502,500.00 |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✔ IPQR Module 11.2 - 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. Please note some milestones include minimum expected completion dates.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| Milestone #1 Define target workforce state (in line with DSRIP program's goals). | In Progress | Finalized PPS target workforce state, signed off by PPS workforce governance body. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Define reporting structure between existing workforce team; workforce workgroup; and CNYCC Board of Directors. | In Progress | Outlining authority relationships between internal and external workforce stakeholders under the direction of the recently hired Executive Director (10/12/15). | 10/30/2015 | 06/30/2016 | 10/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 2. Map specific workforce requirements and challenges (i.e. turnover, hiring trends, etc.) on a project-by-project basis through surveys, interviews, data modeling, etc. | In Progress | Identify facilitators and barriers for PPS partners with respect to recruitment, retention, and timelines for on boarding and training. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 3. Tie workforce estimates resulting from Task 2 to Scale and Speed to identify timing and key dates for recruitment/retraining. | In Progress | Identify timing and key dates for recruitment/retraining based on workforce trends and CNYCC DSRIP timelines. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4. Complete analysis of positions vulnerable to redeployment as a result of DSRIP goals. | On Hold | Confirm positions vulnerable to redeployment based on implementation of DSRIP projects in near term; DSRIP goals over long term.. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 5. Identify positions that are eligible for redeployment given existing Human Resources (HR) policies/labor agreements. | On Hold | Identify positions that are eligible for redeployment given existing Human Resources (HR) policies/labor agreements. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 6. Based on data gathered in Tasks 2-5 above, finalize the Target Workforce State that defines a comprehensive view of project impacts across the CNYCC; identifies areas that require resource commitment; and guides timing of | In Progress | Finalized Target Workforce State that defines a comprehensive view of project impacts across the CNYCC; identifies areas that require resource commitment; and guides timing of training/ recruitment/redeployment efforts. | 05/01/2016 | 06/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| training/ recruitment/redeployment efforts. | | | | | | | | | |
| Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | In Progress | Completed workforce transition roadmap, signed off by PPS workforce governance body. | 07/01/2015 | 09/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Develop governance/decision-making model that defines how and by whom any decisions around resource availability, allocation, and training will be made and signed off on. Obtain Board approval. | In Progress | Outlining authority relationships between internal and external workforce stakeholders under the direction of the recently hired Executive Director (10/12/15). | 10/30/2015 | 06/30/2016 | 10/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 2. Develop means for communication/consensus with partners around workforce issues such as training, re-deployment, commitments to hiring re-deployed workers, etc. | Completed | Develop methods to disseminate information and engage PPS partners, in part to identify consensus with regard to recruitment and retention of healthcare workforce. | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 | |
| Task 3. Work with Performance Reporting and IT to create and implement system for workforce data tracking and reporting. | Completed | Coordinate efforts to collect and report workforce data with internal and external stakeholders. | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 | |
| Task 4. Based on the Target Workforce State (identified above) and the Detailed Gap Analysis (identified below), create the Transition Road Map that outlines specific workforce changes needed, along with associated plans and timeline, for achieving necessary workforce conversion. | Not Started | Transition Road Map that outlines specific workforce changes needed, along with associated plans and timeline, for achieving necessary workforce conversion. | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 5. Obtain CNYCC Board approval on the Workforce Transition Road Map and timeline. | Not Started | Board approval of Workforce Transition Road Map and timeline. | 08/01/2016 | 09/30/2016 | 08/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | In Progress | Current state assessment report & gap analysis, signed off by PPS workforce governance body. | 01/01/2016 | 08/31/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 7. Identify and implement solutions for those positions that are difficult to recruit, train, or | In Progress | Identify and implement solutions for those positions that are difficult to recruit, train, or retain. | 01/01/2016 | 08/31/2016 | 01/01/2016 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter | AV |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| retain. | | | | | | | | | |
| Task 8. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP. | On Hold | Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 9. Finalize current state assessment and obtain Board approval. | In Progress | Finalize current state assessment and obtain Board approval. | 05/01/2016 | 06/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 3. Identify non-traditional methods for filling workforce gaps (ex: telemedicine; subcontracting with CNYCC partners for existing workers; joint employment possibilities with current/future employers, etc.). | In Progress | Identify non-traditional methods for filling workforce gaps (ex: telemedicine; subcontracting with CNYCC partners for existing workers; joint employment possibilities with current/future employers, etc.). | 01/01/2016 | 08/31/2016 | 01/01/2016 | 08/31/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4. Identify those positions that cannot be filled through re-deployment or non-traditional methods. | On Hold | 4. Identify those positions that cannot be filled through re-deployment or non-traditional methods. | 06/01/2016 | 08/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 5. Create, implement, and promote CNYCC wide job board. | On Hold | Create, implement, and promote CNYCC wide job board. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 6. Create recruitment plan and timeline for new hires. | On Hold | Create recruitment plan and timeline for new hires. | 07/01/2016 | 08/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 1. Perform detailed workforce analysis to include: a) transferrable skills between jobs to be reduced/eliminated vs. jobs to be created; b) direct re-deployment vs. up-training; and c) talents currently available in CNYCC labor pool through partner surveys, workforce workgroup, and online tools such as Health Workforce New York. | On Hold | Perform detailed workforce analysis to include: a) transferrable skills between jobs to be reduced/eliminated vs. jobs to be created; b) direct re-deployment vs. up-training; and c) talents currently available in CNYCC labor pool through partner surveys, workforce workgroup, and online tools such as Health Workforce New York. | 07/01/2016 | 08/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2. Confirm staff eligible for re-deployment given project implementation and DSRIP goals, as well as existing HR policies and labor agreements. | On Hold | Confirm staff eligible for re-deployment given project implementation and DSRIP goals, as well as existing HR policies and labor agreements. | 07/01/2016 | 08/31/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |



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|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|-----|
| Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Completed | Compensation and benefit analysis report, signed off by PPS workforce governance body. | 11/16/2015 | 06/30/2016 | 11/16/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | YES |
| Task 5. Finalize compensation and benefit analysis for CNYCC Board of Directors review/approval. | Completed | Finalize compensation and benefit analysis for CNYCC Board of Directors review/approval. | 04/30/2016 | 06/30/2016 | 04/30/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 1. Identify the projected patterns of re-deployment and re-training impact across projects and partners based on the Target Workforce State developed in Milestone #1. | On Hold | Identify the projected patterns of re-deployment and re-training impact across projects and partners based on the Target Workforce State developed in Milestone #1. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Task 2. Work with HR departments with respect to projected impacts include labor groups in discussions. | Completed | Work with HR departments with respect to projected impacts include labor groups in discussions. | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 3. Work with HR departments and additional workforce vendors (ex: Iroquois Healthcare Alliance) to conduct salary and benefit analyses for categories of affected employment and with CNYCC and partners' legal counsels to identify benefit restructuring and transition options. | Completed | Work with HR departments and additional workforce vendors (ex: Iroquois Healthcare Alliance) to conduct salary and benefit analyses for categories of affected employment and with CNYCC and partners' legal counsels to identify benefit restructuring and transition options. | 11/16/2015 | 06/30/2016 | 11/16/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 | |
| Task 4. Work with HR and legal counsel to identify and assess existing policies and applicable labor agreements and law for staff who face partial placement, as well as those who refuse re-training or re-deployment. | On Hold | Work with HR and legal counsel to identify and assess existing policies and applicable labor agreements and law for staff who face partial placement, as well as those who refuse re-training or re-deployment. | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 | |
| Milestone #5 Develop training strategy. | In Progress | Finalized training strategy, signed off by PPS workforce governance body. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | NO |
| Task 1. Develop process/system for reporting training | In Progress | Develop process/system for reporting training numbers across CNYCC partners. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |



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|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|----|
| numbers across CNYCC partners. | | | | | | | | | |
| Task 2. Identify specific training needs by project and position (through project summaries, survey, and interviews). | In Progress | Identify specific training needs by project and position (through project summaries, survey, and interviews). | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 3. Identify internal/external training capacity. | In Progress | Identify internal/external training capacity. | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 4. Engage labor representatives to identify options through union training fund programs. | In Progress | Engage labor representatives to identify options through union training fund programs. | 07/01/2015 | 06/30/2016 | 07/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 5. Identify existing programs and best practices for increasing training capacity and collaboration both within and across CNYCC territories. | In Progress | Identify existing programs and best practices for increasing training capacity and collaboration both within and across CNYCC territories. | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 6. Ensure training plan meets the scope and sequence of project needs and accounts for operational and legal realities. | In Progress | Ensure training plan meets the scope and sequence of project needs and accounts for operational and legal realities. | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |
| Task 7. Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training (i.e. voluntary, mandatory, etc.); delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education. Obtain Board approval of training strategy. | In Progress | Finalize Training Strategy, including goals, objectives and guiding principles for the detailed training plan; process and approach to training (i.e. voluntary, mandatory, etc.); delivery methods, modes, and key messages based on project needs. This includes consideration of geography, language, and level of education. Obtain Board approval of training strategy. | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 | |

IA Instructions / Quarterly Update

| Milestone Name | IA Instructions | Quarterly Update Description |
|----------------|-----------------|------------------------------|
|----------------|-----------------|------------------------------|

No Records Found



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|---|---------|-----------------------------|--|--|---------------------|
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | shrowan | Documentation/Certification | 8_DY2Q1_WF_MDL112_PRES4_DOC_Workforce_Committee_Minutes_6-28-16_Final_and_approved_5264.docx | Minutes from CNYCC Workforce Committee meeting recording approval of the Compensation and Benefits Survey for submission in accordance with the requirements of Milestone #4 | 08/04/2016 09:26 AM |
| | shrowan | Documentation/Certification | 8_DY2Q1_WF_MDL112_PRES4_DOC_CNYCC_Compensation_and_Benefits_Final_Report_5262.pdf | CNYCC Compensation and Benefit Survey Final Report for baseline date as required for Milestone #4 | 08/04/2016 09:21 AM |

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Define target workforce state (in line with DSRIP program's goals). | <p>Milestone #1 The original end date for defining the workforce state was extended from 6/30/16 to 9/30/16. This change was due to input received by the DOH from DSRIP partner organizations across the State. The volume of reporting had proven to be challenging to a number of partners. In the interest of producing a higher quality of data reporting this milestone reporting was extended to the next quarter.</p> <p>Task 1 The original end date for defining the reporting structure between the workforce team and leadership was extended from 6/30/16 to 9/30/16. This change was a part of the overall extension of Milestone #1 to 9/30/16 due to input received by the DOH from DSRIP partner organizations across the State. The Workgroup has become a recognized committee of CNYCC and is working to contribute to our strategy. This task remains in progress</p> <p>Task 2 The original end date to identify specific workforce challenges to the projects was extended from 6/30/16 to 9/30/16 as part of the overall extension of Milestone 1. Partners are responding to surveys and interviews to gain a clear understanding of current state. This task remains in progress.</p> <p>Task 3 The original end date to tie workforce estimates for talent delivery to the projects has been extended to 9/30/16. Partners are continuing to respond to surveys and interviews regarding barriers to success for workforce delivery but most have found it difficult to project past year 2. Labor modeling is being employed to build reasonable expectations. This task remains in process.</p> <p>Task 6 The original end date to finalize the delivery plan to realize ideal workforce state has been extended to 9/30/16. Ongoing review of the current state, compensation and benefits data, and the resulting gaps to the future state will inform the transition road map and delivery plan. Labor resources are being identified for training opportunities to meet the project needs and where gaps remain unique opening are being identified. This task remains in progress.</p> |
| Create a workforce transition roadmap for achieving defined target workforce state. | <p>Milestone #2 The original end date to create a workforce transition roadmap to meet the defined workforce state goal has been extended from 6/30/16 to 9/30/16. This change was due to input received by the DOH from DSRIP partner organizations across the State that delayed the reporting of data necessary to inform this milestone.</p> <p>Task 1 The original end date to establish a model to define who and how decisions will be made on resource allocation to meet labor demands has been extended from 6/30/16 to 9/30/16. The Workforce Committee of CNYCC is assisting in this process and has suggested that committee recommendations be</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| | shared with the PPS Leadership prior to Executive decision. This task remains in process. |
| Perform detailed gap analysis between current state assessment of workforce and projected future state. | <p>Milestone #3 The original end date to perform a detailed gap analysis between the current state assessment and the future workforce state has been extended from 6/30/16 to 9/30/16. This change was due to input received by the DOH from DSRIP partner organizations across the State that delayed the reporting of data necessary to inform this milestone.</p> <p>Task 9 The end date to finalize the current state assessment of workforce has been extended to 9/30/16. Surveys and interviews of partners are ongoing to produce the best real time information available to establish a baseline. This task remains in progress.</p> |
| Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | |
| Develop training strategy. | <p>Milestone # 5 The original end date to develop a training strategy to meet all of the projects labor needs has been extended from 6/30/16 to 9/30/16. This change was due to input received by the DOH from DSRIP partner organizations across the State that delayed the reporting of data necessary to inform this milestone.</p> <p>Task 1 CNYCC has been vetting different Learning Management Systems with the capacity to deploy courseware, track participation, and report outcomes to partners. While the reporting on this milestone has been extended the PPS continues to search for a best-in-class platform and approachable/ meaningful content that recognizes adult learning theory. This task remains in progress.</p> <p>Task 2 CNYCC continues to interview subject matter experts on all elements of engaged projects to best vet content available for training. These interviews have shown that we need to reinforce the scope of titles related to the DSRIP projects. A syllabus of title specific content is being developed to meet these needs. This task remains in progress.</p> <p>Task 3 While training needs are being isolated we continue to explore if these needs can be met with internal resources, commercially available courses, or if unique content should be developed. This task remains in progress.</p> <p>Task 4 Organized labor is represented on the Workforce Committee and has been forthcoming with training resources. Availability and delivery modes are currently being discussed. This task remains in progress.</p> <p>Task 5 Partner interviews continue to gain feedback on existing programs to identify best-in-class content, delivery strategies, and adoption from learners. As the need for continuity of messaging becomes clearer we have engaged partners and other PPS's outside of our service area to discover best practices and resources that may be brought into service in CNY. This task remains in progress.</p> <p>Task 6 Clinical and non-clinical subject matter experts have been engaged on all projects to ensure that content is robust and meaningful and that all elements of engagement meet work rules and scope for fair compensation. General Counsel will review all engagement contracts for compliance. This task remains in progress.</p> <p>Task 7 Finalization of the training strategy will occur with Board approval prior to September 30, 2016. The current best practice driven syllabus will contain all</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|--|
| | elements of content and delivery with goals, objectives, and outcomes measured. The audience for each content area is considered when the delivery mode is determined. This task remains in process. |



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IPQR Module 11.3 - 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 | Original Start Date | Original End Date | 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 Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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No Records Found

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------|----------------|
|----------------|----------------|

No Records Found



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✓ IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

Please describe the key challenges and risks that you foresee in achieving the milestones set out above, including potential impacts on specific projects and any risks that will undermine your ability to achieve outcome measure targets.

Risk 1: The near contemporaneous relationship of workforce assessment and planning, and initiation of projects presents a challenge.

Potential Impact: Some positions will need to be created, while others may require retraining before workforce impact analyses are completed or training strategies are developed.

Mitigation: In response, AHEC will work with CNYCC to identify methods to monitor and capture the early impact of project implementation and training activities.

Risk 2: Successful project implementation and support for system-wide change requires effective training of the workforce to respond to and prepare for both internal and external change agents.

Potential Impact: Without it there will be resistance from front line employees and other key stakeholders, undermining the ability for changes to become institutionalized. At the same time, it is anticipated that great variability in training capacity exists across CNYCC partner organizations.

Mitigation: A key input in developing the workforce training strategy is assessing partners' organizational capacities for training and evaluation in order to be responsive to the diverse needs that exist in the region and to leverage available resources.

Risk 3: Competition both within and across CNYCC territories for particular, high-demand occupations such as social workers, care coordinators, and mental health workers is a risk to achieving workforce transformation.

Potential Impact: Competition may make it difficult to recruit and retain staff to fill the new health workforce needs.

Mitigation: Occupational evaluation of new positions in terms of key tasks, transferable skills, and required abilities, along with creating common language around job titles/descriptions, is key to ensuring the ability to match individuals with the new health workforce needs. Regulatory relief and a commitment to practicing at the "top of the license" are additional strategies to be pursued to meet workforce goals.

Risk 4: Transition of Workforce roles and responsibilities, with Kari Burke stepping down from the CNYCC Workforce Coordinator position effective 3/31/2016 and CNYCC Workforce Workgroup transitioning to a Committee of the Corporation.

Potential Impact: The recruitment and on-boarding of a new CNYCC Manager of Workforce Strategy and the processes associated with the establishment of a new Committee, while dedicating additional resources to workforce and promoting a stronger strategic orientation and organizational alignment, may also threaten progress on select milestones.

Mitigation: CNYCC retained AHEC/HWNY as the primary workforce vendor to ensure continuity and progress during the transition period. Tim



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Morris PHR has been hired and started as the Manager of Workforce Strategy. CNYCC staff also is working closely with current members of the Workforce Workgroup regarding the formation of the Workforce Committee to support continuity in terms of charge, principles and membership.

✅ IPQR Module 11.5 - Major Dependencies on Organizational Workstreams

Instructions :

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

Workforce is integral and highly sensitive to all other DSRIP project workstreams. It is expected that all project and organizational workstreams will need to interface with Workforce to: 1) identify and coordinate training efforts to ensure inclusion in the overall training strategy; and 2) coordinate training efforts to ensure data collection and reporting of staff trained.

In particular, Workforce anticipates working closely with Cultural Competency/Health Literacy; IT Systems and Processes, and the Clinical Governance Committee as follows:

Cultural Competency/Health Literacy – There will need to be coordination of efforts around: a) developing online training compendium to maximize access across the CNYCC and throughout the State; b) assessing training needs; c) creating training strategies; d) implementing forums for information sharing across the CNYCC and throughout the State.

IT Systems and Processes and Performance Reporting – There will need to be coordination around a) identifying partner capability with respect to Learning Management Systems and "data dumping" to MAPP system; b) creating a system for workforce data collection and reporting; c) achieving buy-in across CNYCC on using the workforce data collection system.

Clinical Governance Committee – The Clinical Governance Committee will oversee identifying and developing training required for project implementation and workforce transition towards community based care.

In addition, Workforce will work with the following workstreams to verify new hire projections and monitor impact of system change on workforce: IT Systems and Processes, Financial Sustainability, and Clinical Integration.



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✓ IPQR Module 11.6 - 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 |
|---------------------------------------|--|--|
| Workforce Consultant | Eric Turer, JSI Consulting | Provide key data/analytics on which to base workforce assumptions; Serves as liaison between project implementation/work streams and workforce. |
| Workforce Vendor | Anita Merrill, Northern and Central AHECs | Support development of comprehensive workforce strategy and assist with implementation and reporting, as well as supporting the CNYCC Workforce Workgroup. |
| CNYCC Workforce Lead | Tim Morris PHR, CNYCC Manager of Workforce Strategy as of 06/20/2016 | Oversee the development and implementation of the comprehensive workforce strategy, as well as required workforce reporting, and the coordination of the Workforce Workgroup. |
| CNYCC Workforce Committee | Representatives from: Hospitals; Labor Unions; Nursing Homes; CBOs; Public Health; Primary care; Post-secondary education, and other stakeholder organizations. | Provide insight and expertise into workforce impacts to assist with the development of the CNYCC workforce strategy. |
| Management, Oversight, and Operations | Virginia Opipare, Executive Director; Joe Reilly, Chief Information Officer; Lauren Wetterhahn, Director Program Operations; BJ Adigun, Director of Communications and Stakeholder Engagement; Ray Ripple, Manager of Communications, Community Development, and Partner Engagement; Liz Fowler, Operations Coordinator; Laurel Baum, Chief Corporate Compliance Officer/General Counsel | Execute policies of Board; manage day-to-day operations of the organization; provide support and technical assistance to partners and projects; monitor performance and progress of projects and corporation; report to Board. |
| Oversight and Approval | CNYCC Board of Directors | Review and approve workforce strategy. |
| Oversight and Recommendations | Clinical Governance and IT/Data Governance Committees | Review and approve key aspects of workforce strategy; update and make recommendations on strategy and policy to the Board. |
| CNYCC Workforce Lead | TBN, CNYCC Manager of Workforce Strategy | Oversee the development and implementation of the comprehensive workforce strategy, as well as required workforce reporting, as well as staffing the recently approved CNYCC Workforce Committee. |
| Workforce Vendor | Iroquois Healthcare Alliance | Organize, administer and compile results of Compensation and Benefits Survey of CNYCC partner organizations. |



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☑ IPQR Module 11.7 - Key Stakeholders

Instructions :

Please identify the key stakeholders involved in your workforce transformation plans, both within and outside the PPS.

| Key stakeholders | Role in relation to this organizational workstream | Key deliverables / responsibilities |
|---|--|---|
| Internal Stakeholders | | |
| Human resource contacts at CNYCC Partner Organizations | Consultation and Reporting | Identify workforce challenges (hiring trends, turn-over, etc.); support data collection (wage/benefit, new hire, redeployment information, etc.); identify current workforce status; provide information with respect to existing labor agreements; assist in achieving job title consistency throughout the CNYCC. |
| Training contacts at CNYCC Partner Organizations | Consultation and Reporting | Provide oversight and input into development of training needs assessment, and subsequent training strategy/ plan. Also provide insight into existing partner technological capabilities for training. |
| IT contacts at CNYCC Partner Organizations | Consultation and Reporting | Assist in organizing and coordinating technological means of training and data reporting. |
| 1199SEIU Training and Upgrading Fund | Potential vendor | Training |
| External Stakeholders | | |
| Iroquois Healthcare Alliance | Potential vendor | Compensation and benefit analysis; training. |
| Labor Unions represented in CNYCC: SEIU 1199; PEF; CSEA; CWA; UUP; NYSNA; UFCW; AFSCME; PBANYS | Consultation and collaboration | Expertise and insight into workforce impacts, staffing models, retraining, redeployment, and communication with front-line workers. |
| Post-secondary training and education providers | Consultation and collaboration | Training, recruitment, and capacity building for training. |
| Workforce Leads from neighboring PPS's: Tracy Leonard (NCI); Lenore Boris (STRIPPS); Lottie Jameson (AHI) | Consultation and collaboration | Communicate best practices and share resources (training, etc). |
| Heather Eichen, SUNY RP2 | Consultation and collaboration | Assist with post-secondary capacity for training needs; communicate training resources across PPSs; assist in achieving consistency of job titles across PPS boundaries. |
| ACT/WorkKeys | Potential vendor | Analyze job skills; create skill assessments and skill-gap analysis; training. |
| TBD | Vendors | Training |



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✓ IPQR Module 11.8 - IT Expectations

Instructions :

Please describe how the development of shared IT infrastructure across the PPS will support your plans for workforce transformation.

A shared IT infrastructure will support workforce efforts in the following areas: 1) training; 2) data collection and reporting; 3) ability to access an external "learning collaborative" to promote available trainings and best practices; and 4) promoting available job opportunities through CNYCC-wide job board functionality.

Training - CNYCC anticipates a high degree of training will be conducted via online methods. However, the ability of CNYCC partners to access and track online training via a Learning Management System (LMS) is not currently well documented. In the latest iteration of the Partner Survey, questions relative to LMS capability were included. Workforce will work with IT Systems and Processes to assess partner capability for training and data "dumping" to MAPPs. With respect to this reporting, CNYCC will recognize and address issues related to confidentiality to ensure the safety of its workforce. The AHECs will work with smaller, safety net providers to maximize access to LMS, which may increase electronic participation.

Data collection and reporting – In addition to LMS data, there remains a need to connect partners within the CNYCC for the purpose of standardized workforce data collection and reporting. The Health Workforce New York (HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce. AHEC will work with IT Systems and Processes and Performance Reporting workstreams to identify and develop a data collection process for workforce.

Learning collaborative -- The ability to connect partners within and across the various PPS territories will allow access to existing, best-practices and trainings without having to re-create curricula, which should ultimately reduce the cost of training to the PPS. CNYCC is currently meeting with North Country Initiative (NCI), Adirondack Health Institute (AHI), Southern Tier Integrated PPS (STRIPPS), SUNY RP2, Iroquois Healthcare Association, and the Center for Health Workforce Studies with respect to ensuring regional communication around these issues. The AHECs are also pursuing outside funding opportunities to create a digital platform through Health Workforce New York (HWNY) that could serve as the framework for a learning collaborative that would ensure access on a PPS, regional, and statewide level.

CNYCC-wide Job Board functionality – the HWNY digital platform has the capability to promote openings within the PPS and across PPS territories to maximize access to information about available openings.

✓ IPQR Module 11.9 - Progress Reporting

Instructions :

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



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CNYCC workforce success will continue to be measured against timely achievement of the milestones, including the identification of future state, and developing transition roadmap, gap analysis, compensation and benefits analysis, and training strategy.

Additionally, the ability to capture training and the workforce implications of DSRIP (new hires, redeployed, etc.) across CNYCC is another hallmark of success. Timely and relevant information will support workforce planning efforts at the local, as well as the state level. The Health Workforce New York (HWNY) platform under construction by the AHECs is capable of serving as a data collection and reporting tool for workforce measures. AHEC will work with IT Systems and Processes and Performance Reporting workstreams to identify and develop a data collection process for workforce. Additionally, the AHECs will work with CNYCC to provide training for staff on accessing the HWNY reporting platform and the importance of workforce data collection/reporting. Workforce will also work with the Performance Reporting and Funds Flow workstreams to determine a process for reporting CNYCC partner workforce budget investments. The internal workforce team will monitor the progress of the implementation plan through regular meetings and work plan review.

Key measures of success will be meeting milestones and reporting requirements, as well as assessment by the Board regarding CNYCC performance and operations in relation to established goals. Key indicators include progress in developing the roadmap, gap and compensation and benefit analyses, and training strategy.



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IPQR Module 11.10 - Staff Impact

Instructions :

Please upload the Workforce Staffing Impact (Baseline) table provided for quarterly reporting.

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------------|---------------------------------------|---|--|---------------------|
| shrowan | Baseline or Performance Documentation | 8_DY2Q1_WF_MDL1110_BASE_Section_11_Workforce_Module_11.10_Blank_document_to_meet_upload_criteria_for_report_5457.docx | Blank document to meet saving criteria | 08/04/2016 04:05 PM |

Narrative Text :



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IPQR Module 11.11 - Workforce Strategy Spending (Quarterly):

Instructions :

Please include details on workforce spending for DY2. The workforce spending actuals should reflect only what was spent during the relevant quarters and is not cumulative across semi-annual periods. The PPS can shift funding across categories; e.g., from Retraining to New Hires. Please note that the "Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2)" section is calculated based on the total yearly commitments.

| Benchmarks | |
|--|---------------|
| Year | Amount(\$) |
| Total Cumulative Spending Commitment through Current DSRIP Year(DY2) | 22,459,375.00 |

| Funding Type | Workforce Spending Actuals | | Cumulative Spending to Date (DY1-DY5)(\$) | Cumulative Percent of Commitments Expended through Current DSRIP Year (DY2) |
|---------------------------|----------------------------|----------------|---|---|
| | DY1(Q1/Q2)(\$) | DY1(Q3/Q4)(\$) | | |
| Retraining | 0.00 | 0.00 | 566,015.67 | 3.28% |
| Redeployment | 0.00 | 0.00 | 384,056.70 | 43.89% |
| New Hires | 0.00 | 0.00 | 979,673.37 | 24.88% |
| Other | 0.00 | 0.00 | 874,104.05 | 215.16% |
| Total Expenditures | 0.00 | 0.00 | 2,803,849.79 | 12.48% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------------------------|---|---|---------------------|
| shrowan | Documentation/Certification | 8_DY2Q1_WF_MDL1111_DOC_Section_11_Workforce_Module_11.11_blank_file_for_submission_purposes_5370.docx | Blank file uploaded to meet overall submission criteria | 08/04/2016 01:06 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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IPQR Module 11.12 - 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.

Risk 1: Lack of coordination for clinical and health related services across the continuum of health are a barrier to achieving PPS goals. While clinical and operational protocols adhering to evidence based practices will be developed there is a possibility that parallel pathways among individual projects may overlap, creating duplication and inefficiencies in the provision of care. Impact: Overlap and duplication of effort has the potential to confuse both partners and patients and interrupt continuity of care, which would be counterproductive to attaining DSRIP goals. Mitigation: In order to create vertical and horizontal system-ness, the Clinical Governance Committee will be responsible for overseeing PPS care delivery, care coordination, quality standards and project quality improvement including review and approval of standardized processes, evidence-based pathways, and a rapid cycle improvement processes. The Committee will be responsible for overseeing adoption of clinical and operational guidelines for each project system-wide as well as identifying common guideline elements that will be consolidated to reduce duplication. Risk 2: The culture of provider based care is very strong and if unchecked will be counter-productive to DSRIP goals. Impact: Many partners find collaboration difficult and have built their own capacity rather than collaborate. In this cultural environment partners, such as primary care practices, are expected to do more and provide a scope of services for which they do not have capacity or resources to accomplish effectively. The result is an over-extension of partner resources and an incomplete approach to patient care. Mitigation: Regional multi-specialty and multi-service integrated delivery systems exist, albeit siloed based on organizational structure, geography or organizational alliances. These integrated systems can serve as foundational components of a region-wide IDS. These partners can lead local efforts, collaborate with their regional counterparts and lead IDS development using their experience and existing systems as a platform on which to build. Risk 3: Negotiation with MCOs by individual providers and local systems can result in disparate contracting arrangements and create a fragmented approach to care. Impact: Smaller partners do not have the capacity to conduct the cost benefit analysis to demonstrate effectiveness and successfully participate in MCO arrangements. Similarly, smaller organizations may not have sufficient numbers of patients to participate in Medicaid managed care. This may result in varying MCO contract parameters for care coordination and quality. Partners will be able to contract with MCOs independent of CNYCC if they choose to do so. Mitigation: CNYCC will provide a centralized function of conducting cost benefit analysis of activities and entering into negotiations with MCOs. This will enable partners to participate in MCO contracting regardless of the size of their patient population. Risk 4: CNYCC's negotiations with MCOs will require collection of adequate cost benefit data across partners. Impact: Thorough collection of data and collective negotiation with MCOs in a manner that is open and transparent with all PPS partners takes significant time and will delay the ability of partners to complete milestones related to negotiating value based payments with MCOs. Compensating for this by adjusting the Milestone Implementation Speed may reduce the volume of payments in DY3 and increase the volume in DY4. Mitigation: CNYCC has adjusted its Milestone Implementation Speed to compensate for the timing. The Finance Committee will develop a budgeting process to accommodate fluctuations in payments and CNYCC has already engaged MCOs in identifying pilot projects to facilitate future negotiations.



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

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY4 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 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 | 03/31/2019 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task 1a. Disseminate information and materials via professional membership organizations including websites and newsletters a minimum of annually | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1b. Present information regarding PPS activities at professional membership annual meetings | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1c. Meet with individual providers or organization representatives as requested | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1d. Conduct annual review of project progress and IDS composition to identify key partner shortfalls necessary to accomplish goals | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1e. Assess service gaps and explore contracting options or, when available, partner additions | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1f. Develop partner contract, MOU and other agreement templates. | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 1g. Identify partner-specific obligations including adoption of common system-wide clinical or operational protocols, and | | Project | | In Progress | 04/01/2015 | 03/31/2020 | 04/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| required reporting processes. | | | | | | | | | | |
| Task 1h. Disseminate, negotiate and execute partner contracts, MOUs or agreements. | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS produces a list of participating HHs and ACOs. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Participating HHs and ACOs demonstrate real service integration which incorporates a population management strategy towards evolving into an IDS. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices and integrated service delivery. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2A. Conduct gap analysis of HHs, ACOs and PPS system integration. | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2b. Develop organization-specific plans to incorporate HHs and ACOs into IDS | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2c. Include HHs and ACOs in HIT/HIE assessment (see tasks below) | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| 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. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinically Interoperable System is in place for all participating providers. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS. | | Project | | In Progress | 10/01/2015 | 06/30/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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 | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task PPS trains staff on IDS protocols and processes. | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4a. HIT/HIE strategy incorporates tracking processes | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Related HIT IP Milestone: Develop roadmap to achieving secure clinical data sharing and interoperable systems across PPS network. | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2a. Develop and present data sharing roadmap components to IT and Data Governance Board subcommittee including: HIE and data sharing current state assessment; data sharing rules and enforcement strategy; proposed technical standards for a common clinical data set; proposed training plan | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2b. Obtain board approval for data sharing roadmap | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Nursing Home | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task a. Develop functional specifications for data exchange to support | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| project requirements and use cases including supported payloads and modes of exchange | | | | | | | | | | |
| Task b. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task c. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange | | Project | | Completed | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task d. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5. Obtain board approval for data sharing rollout plan | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 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 | 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 Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1a. Work with providers and vendors to align requirements with implementation strategies | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1b. Develop plans to help community providers assess and provide EHR solutions | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2a. Identify all participating safety net primary care practices and associated providers | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2b. Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 04/01/2015 | 01/31/2016 | 04/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 2c1 Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements | | | | | | | | | | |
| Task 2c2 Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 08/04/2015 | 12/31/2015 | 08/04/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2d Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 08/04/2015 | 04/08/2016 | 08/04/2015 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 2e Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2f Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2g Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 2h Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2i Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation. | | | | | | | | | | |
| Task 2j PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 2k Participating providers successfully complete MU Stage 2 attestation. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| 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. | DY4 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task 1. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project | | Project | | On Hold | 04/01/2015 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2. Work with project participants to define and inventory additional data required to facilitate care coordination among participating partners. | | Project | | On Hold | 04/01/2015 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions. | | Project | | On Hold | 04/01/2015 | 09/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 6. Identify core data elements needed for registry/metric requirements as well as care coordination data and identify the expected sources of data. | | Project | | On Hold | 04/01/2015 | 09/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 7. Complete gap analysis to compare required data to currently available data. | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 9. Work with participating partners and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform. | | | | | | | | | | |
| Task 10. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 11. Finalize required functionality and select a PHM software vendor | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 12. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 13. Implement PHM roadmap | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Primary care capacity increases improved access for patients seeking services - particularly in high-need areas. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM standards. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 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 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 6a. Work with providers and vendors to align requirements with implementation strategies | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 6b. Develop plans to help community providers assess and provide EHR solutions | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Related Workforce Milestone: Define target workforce state (in | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|---|---------------------|-----------------|---------------|-----------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| line with DSRIP program's goals) | | | | | | | | | | |
| Task 3. Related Workforce Milestone: Create a workforce transition roadmap for achieving your defined target workforce state. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4. Related Workforce Milestone: Perform detailed gap analysis between current state assessment of workforce and projected future state. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4a. Create recruitment plan and timeline for new hires. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4b. Identify and implement solutions for those positions that are difficult to recruit, train, or retain. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4c. Complete workforce budget analysis to establish revised workforce budget for the duration of DSRIP. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4d. Finalize current state assessment and obtain approval from the Board. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5A Identify all participating safety net primary care practices and associated providers | | Project | | Completed | 08/04/2015 | 11/01/2015 | 08/04/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 5B Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 09/01/2015 | 01/31/2016 | 09/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5C1a) Engage and collaborate with RHIO HealtheConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5c1b Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5dProvide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 08/04/2015 | 04/08/2016 | 08/04/2015 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 5e Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | | | | | | | | | |
| Task 5f Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5g Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5h Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5i Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: <ul style="list-style-type: none"> • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation. | | Project | | In Progress | 09/01/2015 | 09/30/2017 | 09/01/2015 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 5j PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 5k Participating providers successfully complete MU Stage 2 attestation. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | DY4 Q4 | Project | N/A | Not Started | 04/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | Not Started | 04/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Medicaid Managed Care contract(s) are in place that include value-based payments. | | | | | | | | | | |
| Task 1a. PPS conducts analysis of the scope of services identified for a defined population for each PPS project | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1b. PPS develops preliminary value based payment option for each project based on previous step (Total Care, Bundled Care etc). | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1c. PPS conducts cost benefit analysis of projects and adjusts value based payment option (including services and population definition). | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1e. PPS develops measures and metrics for each value-based payment strategy. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1f. PPS collaborates with MCOs to assure proposed approaches are synergistic with MCO efforts. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1g. PPS engages partners to review and refine preliminary value-based approaches, with particular focus on assuring their participation. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1h. PPS engages MCOs in contractual discussions regarding each project, finalizes scope, population, approach, measures; resulting in contractual agreement with PPS. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1i. PPS engages partners in contractual discussions regarding each project; resulting in contractual agreement with PPS. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task a. PPS develops standardized reporting and format. | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #10 Re-enforce the transition towards value-based payment reform | DY4 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2019 | 04/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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 | | Project | | Not Started | 04/01/2016 | 06/30/2017 | 10/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives. | | Project | | Not Started | 07/01/2016 | 03/31/2019 | 07/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task 1a. PPS conducts cost benefit analysis of 11 projects. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1b. PPS develops provider level value-based payment parameters possibly including PMPM fees, metrics, reporting and periodic evaluation/review | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2a. PPS develops provider performance analysis | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2b. PPS provides provider specific reports | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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. | DY4 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2019 | 10/01/2015 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task Community health workers and community-based organizations utilized in IDS for outreach and navigation activities. | | Project | | Not Started | 07/01/2016 | 03/31/2019 | 07/01/2016 | 03/31/2019 | 03/31/2019 | DY4 Q4 |
| Task a. Develop CHW job descriptions and competencies | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task b. Develop standardized CHW training | | Project | | On Hold | 04/01/2016 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task c. Identify priority CBOs and clinical partners for CHW placement | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task d. Enter into contracts with CBOs and clinical partners for CHW services (if necessary) | | Project | | In Progress | 04/01/2016 | 06/30/2017 | 04/01/2016 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task e. Develop or identify CHW-applicable performance measures and monitoring | | Project | | In Progress | 04/01/2016 | 09/30/2017 | 04/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task f. Conduct performance reviews of CHW programs | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| All PPS providers must be included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary to support its strategy. | For Project 2ai 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."), the original End Date of Task 1a "Disseminate information and materials via professional membership organizations including websites and newsletters a minimum of annually," has been extended to 12/31/16 to align with CNYCC's communications plan and the anticipated timeline of our PHM system implementation. |
| Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | For Project 2ai, Milestone 2 ("Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS."), the original End Date of Task 2a ("Conduct gap analysis of HHs, ACOs and PPS system integration.") has been extended to 09/30/16 to align with the adjusted completion date of the Clinical Integration baseline assessment, which will include this gap analysis. |
| Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services. | For Project 2ai Milestone 3, ("PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.") has been extended to 12/31/16. Care coordination crosses multiple projects within CNYCC. Extending this task allows us additional time to be sure to address care coordination processes across practices in multiple venues including our new Learning Collaborative sessions. |
| Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3. | |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3. | |
| Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | <p>Milestone 6, Task 1 is on hold due to CNYCC purchasing a PHM platform; the tasks for Milestone 6 were written when patient engagement numbers for this project were required; since numbers are no longer required, we are putting this task along with others on hold. CNYCC anticipates the PHM System to have pre-built registries available as well as other functionality that will support Population Health Management.</p> <p>Milestone 6, Task 2 is on hold due to CNYCC purchasing a PHM platform; the tasks for Milestone 6 were written when patient engagement numbers for this project were required; since numbers are no longer required, we are putting this task along with others on hold. CNYCC anticipates the PHM System to have pre-built registries available as well as other functionality that will support Population Health Management.</p> <p>Milestone 6, Task 3 is on hold due to CNYCC purchasing a PHM platform; the tasks for Milestone 6 were written when patient engagement numbers for this project were required; since numbers are no longer required, we are putting this task along with others on hold. CNYCC anticipates the PHM System to have pre-built registries available as well as other functionality that will support Population Health Management.</p> <p>Milestone 6, Task 4 is on hold due to CNYCC purchasing a PHM platform; the tasks for Milestone 6 were written when patient engagement numbers for this project were required; since numbers are no longer required, we are putting this task along with others on hold. CNYCC anticipates the PHM System to have pre-built registries available as well as other functionality that will support Population Health Management.</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| 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. | |
| Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | |
| Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | |
| Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | |
| Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate. | <p>For Project 2ai, Milestone 2 ("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."), the original End Date of Task a ("Develop CHW job descriptions and competencies") has been extended to 09/30/16 to align with the adjusted expected completion date of the Workforce Transitions Roadmap and Training Strategy.</p> <p>For Project 2ai, Milestone 2 ("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."), the status of Task b ("Develop standardized CHW training") has been changed to "On Hold" to align with CNYCC's draft Training Strategy which calls for the identification and use of existing best-practice training curricula where possible, as opposed to the custom development of new material. This effort to capitalize upon existing resources will improve standardization of skills and increase the transferability of training records as employees change employers or regions.</p> |



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IPQR Module 2.a.i.3 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ2ai_MDL2ai3_PPS1622_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_2ai_Narrative_08.05.16_5708.pdf | Project 2ai narrative required for mid-point assessment | 08/05/2016 03:16 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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

Instructions :



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Project 2.a.iii – Health Home At-Risk Intervention Program: Proactive management of higher risk patients not currently eligible for Health Homes through access to high quality primary care and support services

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

Instructions :

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

1. Risk: Engagement of individuals who only have one chronic condition may be challenging. Potential Impact: CNYCC is not able to identify individuals with one chronic condition and/or engage them in care management services in order to reduce their risk of developing a second chronic condition. Mitigation: In order to mitigate this risk, CNYCC will work with partners to determine the best ways to identify individuals with one chronic condition as well as those that would benefit greatly from care management services. Collaborations at the community level among organizations who have relationships with eligible individuals will greatly assist with engagement.
2. Risk: Tracking all patients referred to this project and ensuring that providers across the PPS know patients are connected with care management will be a difficult, an issue compounded by the lack of EHRs among some providers. This project may endanger its own success if tracking systems are not adequate. Potential Impact: Without consistent and reliable HIT/HIE infrastructure or tools to track as many patients eligible for this project as possible, patients who could count towards the goals of this project may slip through the cracks of the infrastructure. Mitigation: HIT/HIE infrastructure must be brought up to working levels and accessible for partners involved in this project. Information exchange through the RHIO will be particularly key for partners to keep updated working records on patients referred to this program. Referral forms and tools must be provided to the community and distributed to all partners in this project who could end up referring to HHs.
3. Risk: Patients may decide to opt out of services or may be unresponsive to the efforts of care managers. Potential Impact: If patients refuse help from HHs or become disengaged from this project, they could exacerbate their chronic conditions, become more likely to be admitted or seek care in the ED, and harm both their own health and the ability of this project to meet its patient engagement numbers. Mitigation: Experience has shown that patients respond much more positively and openly to services when there are strong connections between care managers and primary care practices. When services are highly recommended by providers, they tend to be more successful in reaching and working with patients. As much as the team of providers and partners work together, the more successful this project is likely to be in reaching patients.
4. Risk: Many partners and providers within CNYCC network are not fully aware of HHs and the services they provide. Potential Impact: If providers are not fully aware or cognizant of HH services, they will be less likely to refer their patients who may benefit from the use of this program. Many providers hear about this program, and think it refers to home care services. Both care coordination and project speed and scale may suffer if there is not adequate provider education. Mitigation: Partner outreach and education will be a major priority for the HHs in order to ensure success of this project. HHs will make time to "introduce themselves" to partners. Providers and their administrative staff will be engaged to ensure sufficient awareness of HH services so that consistent numbers of patients are referred to this program. HHs will also make efforts to engage CBOs and other non-medical service providers to make sure connections can be made for patients in their own communities.



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IPQR Module 2.a.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 22,600 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|--------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 1,650 | 2,200 | 4,450 | 6,700 |
| | Quarterly Update | 153 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 9.27% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Warning: PPS Reported - Please note that your patients engaged to date (153) does not meet your committed amount (1,650) for 'DY2,Q1'

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|--|---------------------|
| mtreinin | Rosters | 8_DY2Q1_PROJ2aiii_MDL2aiii2_PES_ROST_CNYCC_DSRIP_Care_Management_(2.a.iii)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_4547.xlsx | CNYCC DSRIP Care Management Roster - DY2Q1 | 07/29/2016 04:21 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



**New York State Department Of Health
Delivery System Reform Incentive Payment Project
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Central New York Care Collaborative, Inc. (PPS ID:8)

✓ IPQR Module 2.a.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHS as well as PCMH/APC PCPs in care coordination within the program. | DY2 Q4 | Project | N/A | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A clear strategic plan is in place which includes, at a minimum: - Definition of the Health Home At-Risk Intervention Program - Development of comprehensive care management plan, with definition of roles of PCMH/APC PCPs and HHS | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1.Convvene PPS Health Homes in order to compile educational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations. | | Project | | On Hold | 06/01/2015 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1a. Define eligible patient criteria | | Project | | Completed | 06/01/2015 | 09/30/2015 | 06/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1b. Develop preliminary risk assessment tool for patient stratification | | Project | | Completed | 06/01/2015 | 09/30/2015 | 06/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1b1 Submit preliminary risk tool for critique by other PPS partner organizations | | Project | | Completed | 06/01/2015 | 09/30/2015 | 06/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1c. Given the main risk factors of patients that fall within the at-risk group, based on the CNA, determine possible care coordination interventions that will engage them in care and reduce their risk factors. | | Project | | Completed | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 1d. Develop a standard care plan across Health Homes, including a standard set of DSRIP related goals/outcome, barriers to these goals, and options for addressing risk factors. | | Project | | On Hold | 10/01/2015 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1e. Develop a standard referral/screening form and process for PCP's and other partner organizations to use. | | Project | | Completed | 06/01/2015 | 09/30/2015 | 06/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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Central New York Care Collaborative, Inc. (PPS ID:8)

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|--|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 1f. Survey PPS partners for interest in being a referral source and potential downstream partner for HHRIP patients | | | | | | | | | | |
| Task 2. Outreach and educate partner organizations on HHRIP and referral process, begin engaging patients. | | Project | | In Progress | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Convene Project PIC or group of PPS partners to delineate roles of PCP/ACP in care model and to develop success measures. | | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Solicit feedback on care management plans and answer questions from each partner organization as requested. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 5. Lead Health Homes will train current and new downstream partners (including PCPs) on HHRIP protocols, so they can begin care management of eligible patients | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Determine baseline measures for main risk factors of HH at-risk group and develop target measures. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Develop a tool to track implementation of care management plans and progress of monitoring and evaluation measures. | | Project | | Not Started | 08/01/2016 | 12/31/2016 | 08/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 8. Share all tools with cohort through webinars and in-person meetings as appropriate. | | Project | | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1.1 Compile educational and informational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations. | | Project | | Completed | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1d1. Develop standard care plan elements across Health Homes and PCP's, including goals/outcomes, barriers to these goals, and options for addressing factors. | | Project | | Completed | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | DY3 Q4 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and APCM | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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Central New York Care Collaborative, Inc. (PPS ID:8)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| standards | | | | | | | | | | |
| Task 1. Identify all providers/practices participating in project and identify those with NCQA PCMH 2011 Level 3 recognition. | | Project | | Completed | 08/04/2015 | 11/01/2015 | 08/04/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3a) Engage and collaborate with RHIO HealthConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 3b. Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate health home at risk strategies into PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation | | Project | | In Progress | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| <ul style="list-style-type: none"> Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. Audit of implemented policies, processes, gaps in care, and continuous quality improvement Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation. | | | | | | | | | | |
| Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Case Management / Health Home | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO | | Project | | Completed | 04/04/2015 | 03/31/2016 | 04/04/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| participation and Direct Exchange capabilities | | | | | | | | | | |
| Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange | | Project | | Completed | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 6. Convene with project participants/providers to define alerting use cases to help support project activities. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | DY3 Q4 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 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 | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all providers/practices participating in project and identify those with NCQA PCMH 2011 Level 3 recognition. | | Project | | Completed | 08/04/2015 | 11/01/2015 | 08/04/2015 | 11/01/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3a) Define Meaningful Use Stage 2 requirements and | | Project | | Completed | 09/01/2015 | 01/31/2016 | 09/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| align/incorporate health home at risk strategies with those requirements. | | | | | | | | | | |
| Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate cardiovascular disease management strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA | | Project | | In Progress | 03/01/2016 | 09/30/2017 | 03/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation. | | | | | | | | | | |
| Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners, including standards for defining the completion of a comprehensive care plans. | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Work with participating safety net providers and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | In Progress | 10/01/2015 | 04/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Work with project participants to define and inventory additional data required to facilitate care coordination among participating partners. | | Project | | Completed | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 6. Identify core data elements needed for registry/metric requirements as well as care coordination data and identify the expected sources of data. | | Project | | In Progress | 02/01/2016 | 06/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 7. Complete gap analysis to compare required data to currently available data. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | Not Started | 04/01/2016 | 07/31/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Work with participating safety net providers and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 10. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 11. Finalize required functionality and select a PHM software vendor | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 12. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval. | | Project | | In Progress | 06/30/2016 | 09/30/2016 | 06/30/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 13. Implement PHM roadmap | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | DY3 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Procedures to engage at-risk patients with care management plan instituted. | | Project | | In Progress | 07/01/2015 | 03/31/2018 | 07/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. With input from partner organizations in the PPS define care plan standards. Use existing care plans from current Health Homes program as a starting place. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Develop a draft process for the care team to initiate and track progress in the care plan in close partnership with the HH at-risk patients | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 3. Review draft process and provide feedback | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Create a formal policy and procedure that outlines how the care team will complete and share the care plan with the patient. | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Create curriculum for training staff and providers on care plan process, and 'tip sheets' with screen shots to support learning | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Roll-out training throughout partner organizations | | Project | | Not Started | 04/01/2016 | 07/31/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Check-in with providers and care teams within one and three weeks after implementation to answer any questions | | Project | | Not Started | 06/01/2016 | 08/31/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Audit target patient records to ensure care plans are being used | | Project | | Not Started | 04/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 9. Adjust process and conduct additional training as needed | | Project | | Not Started | 04/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | DY2 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Each identified PCP establish partnerships with the local Health Home for care management services. | | Provider | Case Management / Health Home | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Survey PPS organizations to establish PCP and Health Home providers who will be participating in the project. | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Assign leads for each PCP group and its local HH to manage the partnership process | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Gather leads' contact information | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Establish and support communication among PCPs and their local HH via routine meetings between PCPs and HHs | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Research best-practices of successful partnership models around care coordination | | Project | | Completed | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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Central New York Care Collaborative, Inc. (PPS ID:8)

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 6. Develop/compile sample partnership Memoranda of Agreement that PCPs and HHs can utilize | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 7. Develop sample information sharing policies and procedures | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Review sample MOA's and information sharing policies with HHs and PCPs to confirm structure | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Share resources with all participating PCPs and HHs | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Set-up a mechanism for providing ongoing TA to partnerships | | Project | | Not Started | 04/01/2016 | 05/31/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 11. Determine structure of partnership and establish formal partnership agreement that clearly delineate role of each party | | Project | | In Progress | 04/01/2016 | 05/31/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 12. Cross train Health Home and Primary Care staff to ensure familiarity with the services/role that each plays in the management of the patients. | | Project | | Not Started | 06/01/2016 | 03/31/2017 | 09/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 13. Determine baseline care coordination measures | | Project | | In Progress | 03/01/2016 | 06/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 14. Develop interim and long term strategies for collaborative care planning among project participants. | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 15. Implement strategies for collaborative care planning. | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 16. Monitor progress on care coordination measures | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established partnerships to medical, behavioral health, and social services. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has established partnerships to medical, behavioral health, and social services. | | Provider | Case Management / Health Home | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS uses EHRs and HIE system to facilitate and document | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| partnerships with needed services. | | | | | | | | | | |
| Task 1. Establish standard, DSRIP related patient goals and identify/categorize barriers patients' face in achieving those goals. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Assess strengths and needs for your PCPs/local HH partnership, related to helping patients achieve DSRIP goals. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Conduct environmental scan of local organizations and services provided in service area and create a directory of services. | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Analyze results and determine overlap and gaps. | | Project | | In Progress | 06/01/2016 | 07/31/2016 | 06/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Reach out to organizations that fill gaps. | | Project | | Not Started | 08/01/2016 | 10/31/2016 | 08/01/2016 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 6. Determine structure of partnership with network resource organizations and establish formal partnership agreement that clearly delineates role of each party, including as applicable use of EHRs and HIE system to facilitate and document partnerships | | Project | | Not Started | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 7. Create policies and procedures that support the partnership processes created including use of EHR and/or HIE system as applicable | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 8. Determine baseline measures for established partnerships | | Project | | Not Started | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 9. Monitor progress on established measures | | Project | | Not Started | 12/01/2016 | 03/31/2017 | 12/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has adopted evidence-based practice guidelines for management of chronic conditions. Chronic condition appropriate evidence-based practice guidelines developed and process implemented. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| collaborative evidence-based care practices. | | | | | | | | | | |
| Task PPS has included social services agencies in development of risk reduction and care practice guidelines. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases. | | Project | | Not Started | 04/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Use the CNA to identify the most common causes of adverse events in the population. Prioritize those for the creation of evidence-based care guidelines. | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Review existing evidence-based guidelines utilized by each provider/clinic as best practices according to literature. | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Determine the advantages and disadvantages of each set of guidelines and include these in a matrix | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Assist in determining how guidelines can be integrated into the EHR of most practices working close with clinic leads | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Create a guide and embed use of the guidelines into Health Home providers' workflow. | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Gather lessons learned from clinics that are already using the selected evidence-based guidelines and have integrated them into their EHRs | | Project | | Not Started | 07/01/2016 | 08/31/2016 | 07/01/2016 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Train providers and Health Home staff on using the evidence-based guidelines selected and share best practices | | Project | | Not Started | 09/01/2016 | 11/30/2016 | 09/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 8. Establish a process to ensure that providers are using the selected evidence-based guidelines | | Project | | Not Started | 04/01/2016 | 07/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Monitor usage of evidence-based guidelines | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 10. Provide additional training | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| Develop a Health Home At-Risk Intervention Program, utilizing participating HHS as well as PCMH/APC PCPs in care coordination within the program. | <p>For Project 2.a.iii Milestone 1, the original end date for Task "A clear strategic plan is in place which includes, at a minimum: Definition of the Health Home At-Risk Intervention Program; Development of comprehensive care management plan with definition of roles of PCMH/APC PCPs and HHS" was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that the PIC is working on subsequent information to complete a comprehensive strategic plan.</p> <p>For Project 2.a.iii Milestone 1, the original end date for Task 1 ("Convene PPS Health Homes in order to compile educational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations.") was put On Hold. This change is due to the fact the project has shifted from the activities being conducted by the Health Home, into the Primary Care setting. This change can be found in the new Task 1.1. "Compile educational and informational materials on DSRIP Health Home At Risk Intervention Program (HHRIP), for dissemination to PPS partner organizations."</p> <p>For Project 2.a.iii Milestone 1, the original end date for Task 1d ("Develop a standard care plan across Health Homes, including a standard set of DSRIP related goals/outcome, barriers to these goals, and options for addressing risk factors.") was put On Hold. This change is due to the fact that the PIC created standard care plan elements. Uniform outcomes, barriers, and options for addressing risk factors cannot be created as each individual is unique. These elements are incorporated into the standard care plan elements that will be utilized for each individual. This change can be found in the new Task 1.d.1. "Develop standard care plan elements across Health Homes and PCP's, including goals/outcomes, barriers to these goals, and options for addressing factors."</p> <p>For Project 2.a.iii Milestone 1, the original end date for Task 3 ("Convene Project PIC or group of PPS partners to delineate roles of PCP/ACP in care model and to develop success measures.") was extended from 6/30/16 to 9/30/16. This change is due to the fact that the roles have been delineated yet the PIC has yet to develop success measures of the partnership.</p> <p>For Project 2.a.iii Milestone 1, the original end date for Task 6 ("Determine baseline measures for main risk factors of HH at- risk group and develop target measures.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that CNYCC is beginning to collect data in regards to which major chronic conditions these individuals have in order to then develop baseline and target measures.</p> |
| Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | |
| Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | For Project 2.a.iii Milestone 3, the original end date for Task 6 ("Convene with project participants/providers to define alerting use cases to help support project activities.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that CNYCC is working with PCPs and Health Homes to ensure they understand alerting use cases to then discuss which alerts will support project activities. |
| Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| <p>Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.</p> | <p>For Project 2.a.iii Milestone 5, the original end date for Task 2 ("Work with participating safety net providers and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.") was extended from 4/30/2016 to 9/30/16. This change is due to the fact that CNYCC and partner organizations are working on criteria to track project participation.</p> <p>For Project 2.a.iii Milestone 5, the original end date for Task 3 ("Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project.") was extended from 6/30/16 to 7/31/16. This change is due to the fact that this topic is to be discussed during the July 5th and subsequent in-person meetings with each provider.</p> <p>For Project 2.a.iii Milestone 5, the original end date for Task 6 ("Identify core data elements needed for registry/metric requirements as well as care coordination data and identify the expected sources of data.") was extended from 6/30/16 to 9/30/16. This change is due to the fact CNYCC is working on identifying the expected sources of data with partner organizations.</p> <p>For Project 2.a.iii Milestone 5, the original start and end date for Task 8 ("Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.") was extended from 4/1/16 to 7/01/16 and 7/31/16 to 9/30/16, respectively. This change is due to the fact CNYCC is has recently developed a solid plan for PHM implementation, and will be completing this as part of pre-implementation.</p> |
| <p>Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.</p> | <p>For Project 2.a.iii Milestone 6, the original end date for Task 2 ("Develop a draft process for the care team to initiate and track progress in the care plan in close partnership with the HH at-risk patients.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that the PIC is focused on finding individuals with one chronic condition in order to complete the care plan.</p> <p>For Project 2.a.iii Milestone 6, the original end date for Task 3 ("review draft and provide feedback.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that the draft process has not been created.</p> <p>For Project 2.a.iii Milestone 6, the original start and end date for Task 4 ("Create a formal policy and procedure that outlines how the care team will complete and share the care plan with the patient.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that the draft process has not been created to formalize.</p> <p>For Project 2.a.iii Milestone 6, the original end date for Task 5 ("Create curriculum for training staff and providers on care plan process, and 'tip sheets' with screen shots to support learning.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that CNYCC is gathering training options for the entire PPS as the modules created are applicable across projects.</p> <p>For Project 2.a.iii Milestone 6, the original start and end date for Task 6 ("Roll-out training throughout partner organizations.") was extended from 4/1/16 to 7/1/16 and 7/31/16 to 9/30/16, respectively. This change is due to the fact that the training curriculum has not been created.</p> <p>For Project 2.a.iii Milestone 6, the original start and end dates for Task 7 ("Check-in with providers and care teams within one and three weeks after implementation to answer any questions.") were extended from 4/1/16 to 7/1/16 and 6/30/2016 to 9/30/2016, respectively. This change is due to the fact that implementation has not begun.</p> <p>For Project 2.a.iii Milestone 6, the original start date for Task 8 (" Audit target patient records to ensure care plans are being used.") was extended from 4/1/16 to 7/1/2016. This is due to the fact that CNYCC anticipates beginning its Patient Verification Process at that point. CNYCC created a process to ensure that Actively Engaged Patient information submitted to CNYCC is accurate and verification occurs at 3 different levels: Initial Verification (when a Partner first submits patient data for a project), Ongoing Verification (for ongoing verification on Aggregate Rosters) and Remedial Verification (when issues are found and remediation needs to occur). This process will continue</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| | <p>throughout the lifespan of the DSRIP program.</p> <p>For Project 2.a.iii Milestone 6, the original start date for Task 9 ("Adjust process and conduct additional training as needed.") was extended from 4/1/16 to 7/1/2016. This change is due to the fact that CNYCC anticipates beginning its Patient Verification Process at that point. CNYCC created a process to ensure that Actively Engaged Patient information submitted to CNYCC is accurate and verification occurs at 3 different levels: Initial Verification (when a Partner first submits patient data for a project), Ongoing Verification (for ongoing verification on Aggregate Rosters) and Remedial Verification (when issues are found and remediation needs to occur). This process will continue throughout the lifespan of the DSRIP program.</p> |
| <p>Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties.</p> | <p>For Project 2.a.iii Milestone 7, the original end date for Task 7 ("Develop sample information sharing policies and procedures.") was extended from 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that CNYCC is currently working on these sample information sharing policies and procedures.</p> <p>For Project 2.a.iii Milestone 7, the original start and end date for Task 8 ("Review sample MOA's and information sharing policies with HHs and PCPs to confirm structure.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that CNYCC is still developing sample information sharing policies.</p> <p>For Project 2.a.iii Milestone 7, the original start and end date for Task 10 ("Set-up a mechanism for providing ongoing TA to partnerships.") was extended from 4/1/16 to 7/1/16 and 5/31/2016 to 09/30/2016, respectively. This change is due to the fact that CNYCC is establishing current partnerships between partner organizations. Once partnerships and best practices are established, a mechanism for providing TA to partnerships will be established.</p> <p>For Project 2.a.iii Milestone 7, the original end date for Task 11 ("Determine structure of partnership and establish formal partnership agreement that clearly delineate role of each party.") was extended from 5/31/2016 to 09/30/2016, respectively. This change is due to the fact that entities are currently identifying organizations with whom they want to partner.</p> <p>For Project 2.a.iii Milestone 7, the original start date for Task 12 ("Cross train Health Home and Primary Care staff to ensure familiarity with the services/role that each plays in the management of the patients.") was extended to from 6/1/16 to 9/1/16. This change is due to the fact that partnerships have not been formalized.</p> <p>For Project 2.a.iii Milestone 7, the original end date for Task 13, ("Determine baseline care coordination measures.") was extended from 6/30/16 to 9/30/16. This change is due to the fact that providers are attempting to find individuals with one chronic condition prior to determining baseline measures for these patients.</p> |
| <p>Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments).</p> | <p>For Project 2.a.iii Milestone 8, the original end date for Task 1 ("Establish standard, DSRIP related patient goals and identify/categorize barriers patients' face in achieving those goals.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that the PIC was focused on finding individuals with one chronic conditions and establishing partnerships with other organizations for this project.</p> <p>For Project 2.a.iii Milestone 8, the original end date for Task 2 ("Assess strengths and needs for your PCPs/local HH partnership, related to helping patients achieve DSRIP goals.") was extended from 6/30/2016 to 09/30/2016. This change is due to the fact that the PIC was focused on finding individuals with one chronic conditions and establishing partnerships with other organizations for this project.</p> <p>For Project 2.a.iii Milestone 8, the original start date for Task 8 ("Determine baseline measures for established partnerships.") was extended from 4/1/16 to 7/1/16. This change is due to the fact that the PIC was focused on finding individuals with one chronic conditions and establishing partnerships with other organizations for this project.</p> |
| <p>Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic</p> | <p>For Project 2.a.iii Milestone 9, the original start date for Task "Culturally-competent educational materials have been developed to promote management and prevention of chronic diseases." has been extended from 4/1/16 to 7/1/16. This change is due to the fact that the PIC is attempting to identify individuals with only one chronic condition</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| <p>diseases. Develop educational materials consistent with cultural and linguistic needs of the population.</p> | <p>to determine which single conditions are most prevalent in order to create the educational materials in regards to chronic conditions.</p> <p>For Project 2.a.iii Milestone 9, the original start and end date for Task 2 ("Review existing evidence-based guidelines utilized by each provider/clinic as best practices according to literature.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that the PIC is attempting to identify individuals with only one chronic condition to determine which single conditions are most prevalent in order to create evidence-based guidelines.</p> <p>For Project 2.a.iii Milestone 9, the original start and end date for Task 3 ("Determine the advantages and disadvantages of each set of guidelines and include these in a matrix.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that evidence-based guidelines have not been determined.</p> <p>For Project 2.a.iii Milestone 9, the original start and end date for Task 4 ("Assist in determining how guidelines can be integrated into the EHR of most practices working close with clinic leads.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that evidence-based guidelines have not been determined.</p> <p>For Project 2.a.iii Milestone 9, the original start and end date for Task 5 ("Create a guide and embed use of the guidelines into Health Home providers' workflow.") was extended from 4/1/16 to 7/1/16 and 6/30/2016 to 09/30/2016, respectively. This change is due to the fact that evidence-based guidelines have not been determined.</p> <p>For Project 2.a.iii Milestone 9, the original start and end date for Task 8 ("Establish a process to ensure that providers are using the selected evidence-based guidelines.") was extended from 4/1/16 to 7/1/16 and 7/30/16 to 9/30.16, respectively. This change is due to the fact that evidence-based guidelines have not been determined.</p> |



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

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ2aiii_MDL2aiii4_PPS1623_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_2aiii_Narrative_08.05.16_5709.pdf | Required Project 2aiii narrative for mid-point assessment | 08/05/2016 03:20 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



**New York State Department Of Health
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Central New York Care Collaborative, Inc. (PPS ID:8)

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

Instructions :



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Project 2.b.iii – ED care triage for at-risk populations

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

Instructions :

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

1. Risk: Lack of primary care capacity in hospital catchment areas to which patients can be triaged. Triageing patients to community primary care providers will increase demand on already strained primary care and behavioral health services across CNYCC as well as required additional outpatient resources. Potential Impact: ED Triage is dependent on having primary care and other community-based providers available to see the patients in a timely manner. The lack of options particularly in the more rural areas could hinder progress on attaining the milestones for some of the projects. Mitigation: This will be addressed in multiple ways including implementing a comprehensive workforce strategy and encouraging integration of primary care and behavioral health.
2. Risk: Inadequate electronic communication capabilities could hinder the ability to coordinate and monitor the care of triaged patients. The PCPs, hospitals and community partners vary widely in the EHR systems they use – including not presently having any electronic systems. Potential Impact: One of the critical elements of the ED Triage project is to ensure that patients with non-urgent conditions are successfully hooked up with PCPs and that they receive the full breadth of services they need. Without adequate real-time information systems this may not happen. Mitigation: CNYCC benefits greatly from HealtheConnections, the local RHIO, which will enable providers to get up to speed more quickly, and to benefit from the expertise it offers.
3. Risk: The workforce is already limited in many of the CNYCC regions – particularly rural areas. Recruiting adequate numbers of appropriately trained patient navigators in the required timeframe could prove difficult. Potential Impact: The Patient Navigators are the lynchpins of this project. Without adequate staffing it will be difficult to efficiently and effectively triage patients. Mitigation: The first step in the project implementation is to assess the readiness and capacity of each of the hospitals and their community partners. Each will be assessed for staffing capacity. Implementation of the projects will be rolled-out starting where staffing is adequate and working with those partners who require more significant changes or augmentation. CNYCC benefits greatly from having three Health Homes in the PPS as well as multiple FQHCs that provide critical resources for the patient navigator function. Finally, the CNYCC Workforce Workgroup is assessing workforce needs across all of CNYCC and will be an additional resource.
4. Risk: State and federal regulations and insurance liabilities create barriers to implementing ED Triage for some of the partners, for example rules that require SNF to transport a patient to the ED if they have fallen. Potential Impact: Concerns about liability will prevent critical partners from engaging with the project. Mitigation: CNYCC is actively engaged with the NYDOH in addressing the need for waivers to allow the partners to participate in the ED Triage project without fear of liability or regulatory issues.
5. Risk: Connecting to outpatient or community services can be difficult outside of Monday-Friday, 9/5 working hours. Potential Impact: Patients may present back at the ED if outpatient or community services are contacting patient in a reasonable time after presentation to the ED. Mitigation: Stronger connections between hospital EDs and outpatient services such as Health Homes in order to connect with a patient after their ED presentation. Additionally, community-based providers and Health Homes could pursue embedding staff within hospital EDs to further smooth transitions and establish immediate contact while patient is still in the ED in order to inform about next steps in their care.



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IPQR Module 2.b.iii.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY3,Q4 | 14,490 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|---------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 1,440 | 2,880 | 4,320 | 8,640 |
| | Quarterly Update | 1,590 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 110.42% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|--|-----------------------------------|---------------------|
| mtreinin | Rosters | 8_DY2Q1_PROJ2biii_MDL2biii2_PES_ROST_CNYCC_ED_Care_Triage_(2.b.iii)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_4549.xlsx | CNYCC ED Care Triage Roster DY2Q1 | 07/29/2016 04:24 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✓ IPQR Module 2.b.iii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #1 Establish ED care triage program for at-risk populations | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Stand up program based on project requirements | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Conduct literature review of evidence-based ED Triage programs | | Project | | Completed | 04/01/2015 | 07/01/2015 | 04/01/2015 | 07/01/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Collect data on ED visits by diagnosis/acuity for each hospital; develop profiles for each hospital of patients by type of visit and geographic origin | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Conduct key informant interviews at each hospital to assess readiness and identify barriers to implementation. Must identify scope of triage program they would like to implement. | | Project | | Completed | 12/14/2015 | 03/31/2016 | 12/14/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Conduct environmental survey to assess potential partners; map locations by type of provider including PCPs, home health agencies, clinics, ancillary service providers. | | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Develop ED Triage manual including job descriptions; implementation strategies; community provider engagement; patient management protocols; medical information sharing protocols | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Develop implementation plan for each hospital including workforce needs | | Project | | In Progress | 03/15/2016 | 07/31/2016 | 03/15/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Provide training on triage protocols with ED dedicated – Patient Navigators and ED medical providers (especially if planning to divert patients from ED). | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Triage protocols and agreements developed with all hospitals with community partners including PCPs, home health agencies, | | Project | | Not Started | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| clinics, and ancillary service providers. | | | | | | | | | | |
| Task 9. All hospitals have compliant functioning ED Triage programs in place | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 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 | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs | | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all providers/practices participating in project | | Project | | Completed | 08/04/2015 | 03/31/2016 | 08/04/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Establish HIT/HIE and Primary Care Transformation work groups. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. a) Define Meaningful Use Stage 2 requirements and align/incorporate ED care triage strategies with those requirements. b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate ED care triage strategies into a PCMH baseline assessment tool | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| and implementation strategy for primary care providers. | | | | | | | | | | |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | In Progress | 01/01/2016 | 09/30/2017 | 01/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. | | Project | | In Progress | 03/01/2016 | 09/30/2017 | 03/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 12. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 13. Complete participating partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 14. Develop partner connectivity strategy based on the findings from the current state assessment accounting for | | Project | | Completed | 04/01/2015 | 06/30/2016 | 04/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| partners/vendors currently incapable of participating in standards compliant exchange | | | | | | | | | | |
| Task 15. Convene with project participants/providers to define alerting use cases (encounter notification services) | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 16. Work with applicable project partners and their respective vendors to implement connectivity strategy | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 17. Roll out QE services to participating partner organizations to support identified alerting use cases | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 18. Develop and implement orientation meetings with community PCPs | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 19. Execute triage and patient management agreements with PCPs at all hospitals | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 20. Identify/develop and implement procedures and protocols that connect the ED with community PCPs and track the transition of the patient from the ED to the PCP. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 21. Develop and implement protocol for determining additional care management/community based (social) needs of triaged patients. Protocols must also establish connectivity between ED and PCP's/CBO's. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| is in place. | | | | | | | | | | |
| Task 1. Develop process for identifying PCP's capacity and availability for appointments | | Project | | On Hold | 01/01/2016 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2. Develop rapid appointment making process – coordinated scheduling with PCPs | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Develop and implement patient-PCP best match protocol | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Train Patient Navigators on community resources and services, including Health Homes that are available to patients. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Develop assessment procedure and checklist for identifying needed community resources . Construct a "directory" of community resources. | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Interface with existing PCP to schedule timely appointment and track completion | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Create educational materials meant to develop self-management skills, so that patients avoid unnecessary ED use in the future. | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Develop method to track connection of patients with community resources | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1.1 Develop process for identifying PCP's capacity and availability for scheduling appointments | | Project | | Completed | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | DY2 Q4 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional). | | Provider | Safety Net Hospital | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 09/30/2016 | 03/31/2017 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data. | | Project | | Completed | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | Project | | Completed | 02/22/2016 | 06/30/2016 | 02/22/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 02/22/2016 | 07/31/2016 | 02/22/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|--|
| Establish ED care triage program for at-risk populations | For Project 2.b.iii Milestone 1, the original end date for Task 4 ("Conduct environmental survey to assess potential partners; map locations by type of provider including PCPs, home health agencies, clinics, ancillary service providers.") has been extended from 6/30/16 to 9/30/16. This change is due to the fact that CNYCC is still gathering this data as it continually changes and is looking into a social determinants platform to assist with mapping provider locations. |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| <p>Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling.</p> <p>a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3.</p> <p>b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers.</p> <p>c. Ensure real time notification to a Health Home care manager as applicable</p> | <p>For Project 2.b.iii Milestone 2, the original end date for Task 15 ("Convene with project participants/providers to define alerting use cases (encounter notification services).") has been extended from 6/30/16 to 9/30/16. This change is due to the fact that CNYCC is reaching out and currently working with PCPs, EDs, and Health Homes to define alerting use cases.</p> |
| <p>For patients presenting with minor illnesses who do not have a primary care provider:</p> <p>a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need.</p> <p>b. Patient navigator will assist the patient with identifying and accessing needed community support resources.</p> <p>c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider).</p> | <p>For Project 2.b.iii Milestone 3, the original end date for Task 1 ("Develop process for identifying PCP's capacity and availability for appointments.") has been put On Hold. This change is due to the fact that availability changes constantly within the PCP setting. Therefore CNYCC has worked with partners to develop a resource that consists of a Scheduling Contact who will then determine availability of appointments. This change can be seen in the new Task 1.1 "Develop process for identifying PCPs capacity and availability for scheduling appointments."</p> <p>For Project 2.b.iii Milestone 3, the original end date for Task 2 ("Develop rapid appointment making process - coordinated scheduling with PCPs.") has been extended from 6/30/16 to 9/30/16. This change is due to the fact that each PCP has a different process for scheduling appointments. CNYCC is working with each PCP and ED to determine best practice for coordinating schedules.</p> <p>For Project 2.b.iii Milestone 3, the original end date for Task 5 ("Develop assessment procedure and checklist for identifying needed community resources. Construct a "directory" of community resources.") has been extended from 6/30/16 to 9/30/16. This change is due to the fact that each ED is working on how to determine an individual's emergency social needs while in the ED. CNYCC will work with partner organizations to determine if a universal assessment and checklist can be utilized.</p> <p>For Project 2.b.iii Milestone 3, the original start and end date for Task 7 ("Create educational materials meant to develop self- management skills, so that patients avoid unnecessary ED use in the future.") has been extended from 4/1/16 to 7/1/16 and 6/30/16 to 9/30/16, respectively. This change is due to the fact CNYCC is determining the appropriate entity to develop these educational materials for patients.</p> <p>For Project 2.b.iii Milestone 3, the original start and end date for Task 8 ("Develop method to track connection of patients with community resources.") has been extended from 4/1/16 to 7/1/16 and 6/30/16 to 9/30/16, respectively. This change is due to the fact that CNYCC is working with partner organizations to determine a method to track these connections to community resources.</p> |
| <p>Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.)</p> | |
| <p>Use EHRs and other technical platforms to track all patients engaged in the project.</p> | |



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IPQR Module 2.b.iii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ2biii_MDL2biii4_PPS1624_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_2biii_Narrative_08.05.16_5710.pdf | Required Project 2biii narrative for mid-point assessment | 08/05/2016 03:23 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 2.b.iii.5 - 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. Risk: Health care providers may not see the value in the Care Transitions Protocol in its entirety. They may choose to comply with some parts of the protocol and not with other parts. Potential Impact: This would reduce the impact of Care Transitions Protocol as a PPS wide tool, lead to confusion amongst providers and patients, and, ultimately result in potential avoidable readmissions. Mitigation: The Care Transitions Protocol will be developed with as broad an input process as possible. PDSA cycles will be used throughout the development, implementation and roll out to make improvements in the tool and process. There is also flexibility built into the provider roll out strategy to allow for some differences in the Care Transitions Protocol to account for regional differences in staffing, normal communication channels, and other differences that may exist in terms of provider mix, Intensive Transitions Team (ITT) composition, etc. Each roll out will be individually evaluated to ensure the Care Transition Protocol meets the needs of the providers and also functions to reduce avoidable admissions.
2. Risk: There may be provider concerns with applying Care Transitions Protocol to Medicaid population. Providers will need to treat Medicaid patients in a different manner than all other patients in terms of using the Care Transitions Protocol. This may be problematic for providers in identifying patients and being able to adequately track their patients. Potential Impact: Providers may have difficulty identifying and tracking which of their patients should be included in the Care Transitions program and which are not. This may result in practice inefficiency and frustration with the program. Mitigation: The ITT will be the focal point for identifying and tracking patients. They will provide communication to each provider included in the patient's care team and will track the patient's care within this team. This strategy is dependent on robust information technology and communication strategies.
3. Risk: Patients may be unwilling to participate in care transitions program. Patients may view the transition care program and the work of the ITT as intrusive. They may not be willing to share information amongst the various levels of community partners or may not want care providers coming to their homes or speaking with their families. They may also not comply or be unable to comply with discharge regimens owing to factors including health literacy, language issues, and lack of engagement. Potential Impact: Inability to promote a team approach with some patients. Decreased numbers of patients involved with care transitions. Reduced number of potential avoidable readmissions. Mitigation: The ITT will identify a provider whom the patient trusts (Primary Care Provider, nurse within PCP practice, etc.) to help make the case for following a care transitions plan, if possible. The ITT will work one-on-one with the patient to identify the relevant factors for non-compliance and identifying tailored solutions for each patient.
4. Risk: Fragmented care for patients with behavioral health issues, particularly for those with co-morbid medical and BH issues, due to the two service systems operating in silos. Potential Impact: Patients with BH issues have additional needs and barriers to care. If care transition plans do not take these into account, there may be lack of compliance with the plan and potential for readmissions. Mitigation: Patients with BH diagnoses are included in the target population for this project and a BH focused staff will be part of the ITT to ensure that BH issues are appropriately diagnosed and given adequate consideration in the development of a treatment plan upon discharge. A HH care manager may be embedded in the ITT to address the social issues driving readmissions in patients with BH issues.



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IPQR Module 2.b.iv.2 - Patient Engagement Speed

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 11,880 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|---------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 743 | 1,485 | 2,228 | 2,970 |
| | Quarterly Update | 2,170 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 292.06% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|-------------------------------------|---------------------|
| mtreinin | Rosters | 8_DY2Q1_PROJ2biv_MDL2biv2_PES_ROST_CNYCC_Care_Transitions_(2.b.iv)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_4550.xlsx | CNYCC Care Transitions Roster DY2Q1 | 07/29/2016 04:27 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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IPQR Module 2.b.iv.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 08/01/2015 | 03/31/2017 | 08/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Update Literature Review of evidence-based readmission reduction program and best practices | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Present most recent research to the Project Implementation Collaboratives | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 3. Hospitals collect and assess data on patient volume and mix for readmissions | | Project | | In Progress | 08/01/2015 | 06/30/2016 | 08/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Project Implementation Collaboratives review other organizations' strategies/programs and perceived barriers and opportunities to existing strategies and programs and those that may occur as applied to the Medicaid population | | Project | | Completed | 08/01/2015 | 09/30/2015 | 08/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 5. Create an inventory of existing chronic disease readmission reduction programs | | Project | | Completed | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 6. Comparing results of updated literature review with evidence-based and best practices to the inventory of existing chronic disease readmission reduction programs, conduct partner-specific Capacity/Gap analysis | | Project | | Completed | 08/01/2015 | 12/31/2015 | 08/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Modify models/tools to fill identified gaps, consider modifications to models/tools based on Medicare populations to better meet the needs of the Medicaid population; i.e. child care, timing of appointments, transportation | | Project | | In Progress | 06/01/2015 | 03/31/2017 | 06/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 8. Conduct PIC/Key Stakeholders meeting(s) to present findings and to identify and prioritize remaining gaps, develop plan to address each priority develop means to meet them through employment, new program development, etc. | | Project | | In Progress | 06/01/2015 | 10/31/2016 | 06/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 9. Partners develop Multi-Disciplinary Transition Team | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 10. Develop standardized draft care transitions protocols and tool | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 11. Share draft protocols with Project Implementation Collaboratives to elicit feedback | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 12. Partners develop Roll-Out Plan for protocol implementation. | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 13. Develop Protocol Implementation Training, include cultural sensitivity training in the curriculum | | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 14. Train key staff; such as Intensive Transition Team members, Transition Coaches, Peer Coaches and Health Home Care Managers in protocol implementation | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 15. Conduct Roll-Out/Pilot meetings with Hospital, Home Care, PCPs and Non-PCP providers, Hospice, other facilities such as SNF, ICF, rehabilitation | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 16. Develop Evaluation Plan for protocol implementation and rapid cycle evaluation | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 17. Implement evaluation | | Project | | In Progress | 03/01/2016 | 04/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 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 | 08/01/2016 | 03/31/2018 | 08/01/2016 | 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 | | Project | | In Progress | 08/01/2016 | 03/31/2018 | 08/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Homes. | | | | | | | | | | |
| 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 | 08/01/2016 | 03/31/2018 | 08/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Share standardized draft care transitions protocols Revision A with Medicaid Managed Care Organizations and Health Homes | | Project | | In Progress | 04/01/2016 | 05/31/2016 | 04/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Present draft protocols Revision A during a meeting with Medicaid Managed Care Organizations | | Project | | In Progress | 04/01/2016 | 05/31/2016 | 04/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Present draft protocols Revision A during a meeting with Health Homes | | Project | | In Progress | 04/01/2016 | 05/31/2016 | 04/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Using feedback from Medicaid Managed Care Organizations and Health Homes, further revise protocols (Revision B) | | Project | | In Progress | 05/01/2016 | 05/31/2016 | 05/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Draft protocols Revision B shared with Key Stakeholders | | Project | | In Progress | 06/01/2016 | 06/30/2016 | 06/01/2016 | 11/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 6. Final protocols shared with Medicaid Managed Care Organizations and Health Homes | | Project | | In Progress | 07/01/2016 | 07/31/2016 | 07/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Develop process to identify Health-Home eligible patients and link them to services as required under ACA | | Project | | In Progress | 09/01/2016 | 09/30/2016 | 09/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #3 Ensure required social services participate in the project. | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Include Community-Based organizations and Social Services agencies in the Multi-Disciplinary Transition Team | | Project | | In Progress | 04/01/2015 | 04/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Include provision of required network social services, including medically tailored home food services, in care transitions | | Project | | In Progress | 04/01/2015 | 04/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Present draft protocol Revision during meeting of Community-Based organizations and Social Services | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Collect feedback from Community-Based organizations and Social Services and revise protocols as necessary | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 5. Communicate final revisions of protocols with Multi-Disciplinary Transition Team | | Project | | In Progress | 04/01/2015 | 06/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Conduct Roll-Out/Pilot meetings with Community-Based Organizations, Social Services and All Other Organizations | | Project | | In Progress | 06/01/2015 | 06/30/2016 | 06/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Conduct Evaluation of Social Service Agency participation in project and/or include in rapid cycle evaluation approach. | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Present findings of Social Service Agency participation evaluation to Key Stakeholders and propose improvements to increase participation as necessary | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Include agreed upon improvements in protocols | | Project | | In Progress | 05/01/2016 | 05/31/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| 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. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | | Provider | Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures are in place for early notification of planned discharges. | | Provider | Hospital | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Develop policies and procedures for early notification of planned discharges | | Project | | In Progress | 04/01/2015 | 09/30/2016 | 04/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Include program in each facility that allows case managers access to visit patients in the hospital and provide care transition services | | Project | | In Progress | 04/01/2015 | 12/31/2016 | 04/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone #5 | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 3. Complete participating partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange | | Project | | Completed | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Establish rapid cycle evaluation to monitor adherence | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with applicable project partners and their respective vendors to implement connectivity strategy | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #6 Ensure that a 30-day transition of care period is established. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Establish rapid cycle evaluation to monitor adherence | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #7 Use EHRs and other technical platforms to track all patients engaged in the project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| participating CNYCC partners. | | | | | | | | | | |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data. | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
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No Records Found

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. | <p>For Project 2b.i.v, Milestone 1, the end date for Task 3 (Hospitals collect and assess data on patient volume and mix for readmissions) was extended from 6/30/16 to 9/30/16. This change is due to the fact that those partners reporting have determined the need to refine the assessment and identification process which includes elements of risk stratification. Upon completion, data specific to patient volume and readmissions can begin to be collected.</p> <p>For Project 2b.i.v, Milestone 1, the end date of 6/30/16 for Task 9 (Partners develop Multi-Disciplinary Transition Team) was extended to 9/30/16. This change is due the fact that not all participating partners have developed Multi-Disciplinary Transition Teams. This task is still in progress until all partners identify and form said teams.</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 10 (develop standardized draft care transitions protocols and tool) was extended from 6/30/16 to 9/30/16. This change is due to the participating partners maintaining a strong focus on patient identification and the inclusion of stratification tools for the purpose of identifying patients at highest</p> |



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| Milestone Name | Narrative Text |
|--|--|
| | <p>risk of readmission. The process of developing standardized draft care transitions protocols and tools is in beginning stages and will more fully form upon implementation of the appropriate risk stratification tool(s).</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 11(Share draft protocols with Project Implementation Collaborative to elicit feedback) was extended from 6/30/2016 to 9/30/2016. This is due to the fact that standardized draft care transitions protocols have not yet been developed. Upon completion of draft protocols by the forming work groups, they will be shared with the Project Implementation Collaborative for feedback and further development.</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 12 (Partners develop Roll-Out Plan for protocol implementation) was extended from 6/30/2016 to 9/30/2016. This change was due to the partners being in the initial stages of development of care transitions protocols. In addition, the partners will also be developing their plans for implementation in tandem with the protocol standards.</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 13 (Develop protocol implementation training, include cultural sensitivity training in the curriculum) was extended from 6/30/16 to 12/31/2016. This change was made primarily due to the lack of a developed protocol. In the interim, training needs have been identified by the Care Transitions Project Implementation Collaborative and the Central New York Care Collaborative. Specifically, CNY Care Collaborative is exploring avenues for the delivery of cultural sensitivity/competency training for partners.</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 14 (Train key staff: such as Intensive Transition Team members, Transition Coaches, Peer Coaches and Health Home Care Manages in protocol implementation) was extended from 6/30/2016 to 12/31/2016. This change is due to the fact that the protocols have not yet been developed for care transitions. While training needs have been identified, the specific type of training(s) for partners to engage in have not yet been named. Exploration of needed training will continue throughout the process of protocol development. As the protocols become clearer and it becomes more apparent which training will have the most benefit, key staff will be identified to attend.</p> <p>For Project 2b.i.v, Milestone 1, the end date for Task 15 (Conduct Roll-Out/Pilot meetings with Hospital, Home Care, PCPs and Non-PCP providers, Hospice, other facilities such as SNF, ICF, and rehabilitation) was extended from 6/30/2016 to 9/30/2016. This change was due to Task 15 being contingent upon the development of the standardized protocol for transitions of care. Cur</p> |
| 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. | <p>For Project 2.b.iv Milestone 2, the end date of 5/31/16 for Task 1 (Share standardized draft care transitions protocols Revision A with Medicaid Managed Care Organizations [MCO] and Health Homes [HH]) has been extended to 11/30/16. This is due to the fact that care transitions protocols are still under development. Additionally, CNY Care Collaborative (CNYCC) is currently developing a strategy to address the Managed Care Organizations and Health Homes across the multiple projects that require MCO and HH engagement. Initial contact has been made with the MCOs and HHs.</p> <p>For Project 2.b.iv Milestone 2, the end date of 5/31/16 for Task 2 (Present draft protocols Revision A during a meeting with Medicaid Managed Care Organizations) has been extended to 11/30/2016. This is due to the care transitions protocols still being under development and CNYCC's plan to approach the MMCO with cross-project needs.</p> <p>For Project 2.b.iv Milestone 2, the end date of 5/31/16 for Task 3 (Present draft protocols Revision A during a meeting with Health Homes) has been extended to 11/30/16. This is due to care transitions protocols being under continued development.</p> <p>For Project 2.b.iv Milestone 2, the end date of 5/31/16 for Task 4 (Using feedback from Medicaid Managed Care Organizations and Health Homes, further revise protocols (Revision B)) has been extended to 11/30/16. This is due to care transitions protocols being under continued development. Once the protocols have been developed and shared with the MMCOs for feedback, revisions will be made.</p> |



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| Milestone Name | Narrative Text |
|--|--|
| | For Project 2.b.iv Milestone 2, the end date of 5/31/16 for Task 5 (Draft protocols Revision B shared with Key Stakeholders) has been extended to 11/30/16. Once protocols have been completed and revisions made, the revised protocols will be shared with key stakeholders. |
| Ensure required social services participate in the project. | <p>For Project 2.b.iv Milestone 3, the end date of 4/30/16 for Task 1 (Include community-based organizations and Social Services agencies in the Multi-Disciplinary Transition Team) was extended to 9/30/16). Community-based organizations and Social Services agencies are currently engaging with each county's hospitals, skilled nursing facilities, and primary care practices through the formation of Care Transitions Coalitions. Through these coalitions more formal processes will be developed to include these organizations in the Multi-Disciplinary Transition Teams to improve upon patient care and transitions from the hospitals to home and/or other care sites.</p> <p>For Project 2.b.iv Milestone 3, the end date of 4/30/16 for Task 2 (Include provision of required network social services, including medically tailored home food services, in care transitions) was extended to 9/30/16. This due to the fact that while community based and social services are becoming involved in the care transitions processes through the Care Transitions Coalitions, formal agreements and protocols for inclusion have not yet been formed.</p> <p>For Project 2.b.iv Milestone 3, the end date of 6/30/16 for Task 3 (Present draft protocol revision during meeting of Community-Based Organizations and Social Services) has been extended to 9/30/16. This is due to the protocols still being in development and engagement of CBOs and Social Services agencies being in the early stages of Care Transitions Coalition formation.</p> <p>For Project 2.b.iv Milestone 3, the end date of 6/30/16 for Task 4 (Collect feedback from Community-Based Organizations and Social Services and revise protocols as necessary) has been extended to 9/30/16. This is due to the lack of established protocols and the early engagement of CBOs and Social Services to inform the developing processes.</p> <p>For Project 2.b.iv Milestone 3, the end date of 6/30/16 for Task 5 (Communicate final revisions of protocols with Multi-Disciplinary Transition Team) has been extended to 9/30/16. Protocols are in the initial stages of development. Once protocols are drafted and revised with the feedback of CBOs and Social Services entities, those revisions will be shared with the Multi-Disciplinary Teams.</p> <p>For Project 2.b.iv Milestone 3, the end date of 6/30/16 for Task 6 (Conduct Roll-Out/Pilot meetings with Community Based Organizations, Social Services and all other organizations) has been extended to 9/30/2016. Protocols have not been completed. Upon finalization of protocols, roll-outs will be planned with all involved CBOs, Social Services and other organizations.</p> <p>For Project 2.b.iv Milestone 3, the end date of 6/30/16 for Task 7 (Conduct evaluation of Social Services Agency participation in project and/or include in rapid cycle evaluation approach) has been extended to 9/30/16. This is due to Social Services agencies participation being early in the engagement process. Currently Social Services agencies participate in the Care Transitions PIC and Coalitions.</p> <p>For Project 2.b.iv Milestone 3, the end date of 5/31/16 for Task 9 (Include agreed upon improvements in protocols) has been extended to 9/30/16. This is due to the fact that no evaluation of Social Service Agency engagement has yet taken place.</p> |
| 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. | |
| Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | |
| Ensure that a 30-day transition of care period is established. | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|-----------------------|
| Use EHRs and other technical platforms to track all patients engaged in the project. | |



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IPQR Module 2.b.iv.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|---|--|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ2biv_MDL2biv4_PPS1625_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_2biv_Narrative_08.05.16_5711.pdf | Required Project 2biv narrative for mid-point assessment | 08/05/2016 03:25 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 2.b.iv.5 - IA Monitoring

Instructions :



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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. Risk: Inability to identify and capture individuals who are uninsured (UI), low-utilizers (LU) and non-utilizers (NU) and track them over time. This is a generally transient population, many of whom may not have a fixed address or telephone number. Many wish to remain anonymous and reluctance to impart personal information may also play a role in preventing follow up with patients. Potential Impact: This could result in a gradual loss to follow up and the inability to meet project milestones. Additional resources and outreach will be required to reach out and engage this population. Mitigation: To address this, CNYCC will engage with target population via multiple channels, including in-person and mobile/online engagement, as well as via clinical personnel and laypeople/peers in order to increase chances for establishing a meaningful connection. Specifically, CNYCC will partner with community based organizations (CBOs) and advocacy groups who have established a trusting relationship with the target population. The partnering CBOs are important resources for identifying those who are not engaged in care. Through these agencies, CNYCC will learn about the health care needs and preferences of the UI, LU, NU population so as to devise a responsive follow up strategy. CNYCC will also utilize reports from Medicaid MCOs to help identify eligible individuals and also explore use of incentives for patients to participate in patient activation activities or reach certain thresholds and will conduct education campaign around potential benefits of coverage and use of preventive services. Initially, EHRs utilized by providers will be built out to accommodate tracking of the target population, including the development of registries and reports. For providers that do not have EHRs, other logging/tracking mechanisms will be developed. With the establishment of a population health management platform, tracking of these patients, including the care they receive throughout the continuum, will be centralized.
2. Risk: CNYCC may face cultural biases against seeking care or receiving services among the target population. In addition, low health literacy may be a barrier to effectively administer the PAM(R). Potential Impact: Often, the biases and barriers experienced by this population prevent them from seeking care. However, the success of this project rests on the ability to connect with the most vulnerable individuals who are on the periphery of the health care system. Mitigation: The PPS will engage members of the applicable communities, through contracts with community-based organizations, and train them in the PAM® methodology. The tool will be administered in several ways (e.g. spoken or read). For language-related literacy barriers, laypeople employed by CBOs in the non-English speaking communities will be trained to administer the tool. Resources in the community will be engaged early in the project to partner in meeting the needs for interpreter training and services.
3. Risk: It is anticipated that by successfully implementing patient activation activities, the increased volume of non-emergent care provided to UI, NU, and LU will heighten the demand for outpatient services. As a result, capacity constraints may be magnified beyond what is currently expected. Potential Impact: If the capacity of outpatient/primary care services are not able to meet the new demand for care, this will result in long waits, loss of potential new patients, loss of trust and interest by the target population. Mitigation: Forming strong partnerships with clinical providers and supporting them in implementing needed strategies, such as hiring additional staff, conducting more telephonic visits, and ensuring adequate pre-visit planning to assign responsibilities appropriately throughout the care team, will be very important.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY3,Q4 | 22,300 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|--------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 0 | 5,600 | 9,750 | 13,900 |
| | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
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No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✓ IPQR Module 2.d.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY3 Q4 | Project | N/A | In Progress | 08/31/2015 | 03/31/2018 | 08/31/2015 | 03/31/2018 | 03/31/2018 | DY3 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 | 08/31/2015 | 03/31/2018 | 08/31/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Conduct environmental scan of local CBOs, services provided and populations served | | Project | | Completed | 08/31/2015 | 12/31/2015 | 08/31/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task B. Analyze results and determine which CBOs to partner/contract with given capacity and priorities | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task C. Establish formal partnership agreement or contract that clearly delineates role of each party (e.g., trainer/coach, surveyor, data collection & analysis), and reimbursement models including target measures to achieve | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task D. Hold regular meetings between PPS and CBOs to address hurdles, share successes and monitor progress on established measures | | Project | | Not Started | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | DY2 Q4 | Project | N/A | In Progress | 09/30/2015 | 03/31/2017 | 09/30/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Patient Activation Measure(R) (PAM(R)) training team established. | | Project | | In Progress | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Convene partner organizations to determine the range of skill and qualifications necessary for the PPS-wide training team, | | Project | | Completed | 10/01/2015 | 10/31/2015 | 10/01/2015 | 10/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| particularly experience in patient engagement, practice context reflects priority to engage UI/LU/NU population, including immigrants and non-English speakers, homeless, transitional housing. | | | | | | | | | | |
| Task B. Generate a list of providers across the PPS who have been or plan to be trained in PAM® and engage in training team | | Project | | In Progress | 11/01/2015 | 09/30/2016 | 11/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Establish training team charter, including purpose, goals and activities, terms of commitment, expectations, deliverables, etc. | | Project | | Completed | 04/01/2016 | 04/30/2016 | 04/01/2016 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task D. Create training manual and protocol for both training of implementers (ToI) and training of trainers (ToT); pilot and revise, translate as needed | | Project | | In Progress | 05/01/2016 | 06/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task E. Establish monitoring and evaluation process of PAM® training (quality assurance, performance measures) | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 08/31/2015 | 03/31/2017 | 08/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Analysis to identify "hot spot" areas completed and CBOs performing outreach engaged. | | Project | | In Progress | 08/31/2015 | 03/31/2017 | 08/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Elicit qualitative feedback from PPS participants and others as appropriate about perceived "hot spot" areas for IU/NU/LU beneficiaries | | Project | | Completed | 08/31/2015 | 11/30/2015 | 08/31/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task B. Using Salient data, identify ZIP codes of residence & high volume providers of care to NU & LU beneficiaries | | Project | | Completed | 10/30/2015 | 11/15/2015 | 10/30/2015 | 11/15/2015 | 12/31/2015 | DY1 Q3 |
| Task C. From findings of research determine and map hot spot areas for UI, NU and LU in each county/community | | Project | | Completed | 11/16/2015 | 11/30/2015 | 11/16/2015 | 11/30/2015 | 12/31/2015 | DY1 Q3 |
| Task D. Engage CBOs located in or near identified hotspots in to create standard elements of IU/NI/LU outreach strategy and to establish target measures for contracts | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task E. Contract with engaged CBOs to provide outreach to UI, NU and LU beneficiaries | | Project | | Completed | 01/01/2016 | 04/30/2016 | 01/01/2016 | 04/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task F. Monitor progress on outreach activities | | Project | | Not Started | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #4 Survey the targeted population about healthcare needs in the PPS' region. | DY2 Q4 | Project | N/A | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Community engagement forums and other information-gathering mechanisms established and performed. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Outline purpose of the listening sessions and steps to follow up on findings | | Project | | Completed | 11/01/2015 | 11/15/2015 | 11/01/2015 | 11/15/2015 | 12/31/2015 | DY1 Q3 |
| Task B. Engage partnering CBOs to host listening sessions (community forums, focus groups) to document the health care needs of UI/LU/NU | | Project | | In Progress | 11/16/2015 | 06/30/2016 | 11/16/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Plan and schedule community forums with partnering CBOs to engage target populations – logistics, location, agenda, facilitation, topics for discussion (barriers to accessing health care system, enrollment, insurance options, etc.) | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. CBOs and other partners to conduct outreach/ promotion of community forums – emphasizing representation of target population (UI/LU/NU) | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task E. Develop a brief survey for listening session participants (include demographics, insurance status, utilization in last 12 months) | | Project | | Completed | 11/01/2015 | 11/15/2015 | 11/01/2015 | 11/15/2015 | 12/31/2015 | DY1 Q3 |
| Task F. Conduct listening sessions as planned and document responses | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task G. Gather and analyze results of listening sessions, incorporate into training strategy & adjust methodology for future listening forums | | Project | | In Progress | 03/01/2016 | 09/30/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS Providers (located in "hot spot" areas) trained in patient | | Project | | In Progress | 12/01/2015 | 03/31/2018 | 12/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| activation techniques by "PAM(R) trainers". | | | | | | | | | | |
| Task A. From list of hot spots, identify and engage providers located in the hot spot areas (partnering or contracted CBO) to receive PAM training | | Project | | Completed | 12/01/2015 | 03/31/2016 | 12/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task B. Plan PAM® training schedule | | Project | | Completed | 01/01/2016 | 01/31/2016 | 01/01/2016 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task C. Contract with Insignia to license the PAM® tool and to deliver training on PAM® techniques | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task D. Evaluate PAM® training for quality assurance purposes | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task E. Provide technical assistance and booster sessions as needed | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Procedures and protocols established to allow the PPS to work with the member's MCO and assigned PCP to help reconnect that beneficiary to his/her designated PCP. | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. With MCO & CNYCC leadership, establish data sharing model; formalize via MOUs/contracts (if data not directly obtainable) | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Following State opt-out period, establish procedures that permits PPS partners, with beneficiary consent (if required), to | | Project | | In Progress | 03/31/2016 | 12/31/2016 | 03/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| access Patient information in order to reconnect them with their assigned PCP (if data not more directly obtainable) | | | | | | | | | | |
| Task C. Under formalized data sharing agreement, transmit lists of identified NU and LU beneficiaries with MCOs to obtain their assigned PCP (if data not directly obtainable) | | Project | | In Progress | 05/01/2016 | 06/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. Develop standardized talking points for CBOs, as well as educational materials on insurance coverage, language resources, and availability of primary and preventive care service among others to share with beneficiaries with appropriate State approval | | Project | | In Progress | 03/01/2016 | 04/30/2016 | 03/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task E. Distribute materials created to each participating PPS partner including CBOs | | Project | | In Progress | 06/01/2016 | 06/30/2016 | 06/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task F. As they are identified during outreach and PAM® screening, reconnect NU/LU beneficiaries with their assigned PCP and provide educational materials | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 05/01/2016 | 03/31/2018 | 05/01/2016 | 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 | 05/01/2016 | 03/31/2018 | 05/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Identify Medicaid patients according to status: uninsured, low- and non-utilizing members | | Project | | Completed | 05/01/2016 | 05/31/2016 | 05/01/2016 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| Task B. Calculate baseline report for each cohort & set improvement target | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task C. Calculate improvement report for each cohort against baseline. | | Project | | Not Started | 07/01/2017 | 03/31/2018 | 07/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #8 Include beneficiaries in development team to promote preventive care. | DY2 Q4 | Project | N/A | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Task Beneficiaries are utilized as a resource in program development and awareness efforts of preventive care services. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Create a Beneficiary Advisory Group representing UI, NU, LU patients | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Establish role of the beneficiaries in patient activation/outreach/promotion of preventive care | | Project | | In Progress | 11/01/2015 | 09/30/2016 | 11/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Identify beneficiaries to be trained about PAM® and access and prevention | | Project | | In Progress | 12/01/2015 | 09/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. Include 2-3 members from the Beneficiary Advisory Group to participate in the program development and awareness efforts | | Project | | In Progress | 03/01/2016 | 03/31/2017 | 03/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • 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. | DY3 Q4 | Project | N/A | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| • 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 | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Collect demographic and additional information from prospective screenees to determine patient status (UI/NU/LU) and PCP assignment | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task B. Provide PAM® screening to UI, those without assigned PCPs, or whose PCP is a member of the PPS | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task C. For NU/LU with PCPs not part of the PPS, counsel the patient about how to utilize their health care benefits and encourage them to reconnect with their assigned PCP (do not PAM® screen) | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task D. Each month, provide member engagement lists to relevant MCOs | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task E. Average first year and subsequent cohorts' PAM® scores to create baseline report, set improvement targets | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task F. After one year, average first year and subsequent cohorts' PAM® scores to create improvement report for each cohort against baseline. | | Project | | Not Started | 07/01/2017 | 03/31/2018 | 07/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task G. Share data including member engagement lists by PAM® | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| cohort, with key groups involved in the process. | | | | | | | | | | |
| Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | DY3 Q4 | Project | N/A | In Progress | 11/01/2015 | 03/31/2018 | 11/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Volume of non-emergent visits for UI, NU, and LU populations increased. | | Project | | In Progress | 11/01/2015 | 03/31/2018 | 11/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Determine best reports to pull to determine non-emergent care use per UI, NU and LU beneficiary and ensure data validation is conducted | | Project | | In Progress | 11/01/2015 | 06/30/2016 | 11/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Baseline the volume of non-emergent care currently provided to NU and LU beneficiaries | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Baseline the volume of non-emergent care currently provided to UI beneficiaries | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. Pull reports on a quarterly basis to determine increase in non-emergent care by beneficiary cohorts & share information with key participants | | Project | | In Progress | 03/31/2016 | 03/31/2018 | 03/31/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| 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. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Community navigators identified and contracted. | | Provider | PAM(R) Providers | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 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 | 05/01/2016 | 03/31/2018 | 05/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Determine CBOs with community navigators having capacity and skills to provide patient education regarding connectivity to healthcare coverage community health care resources, including for primary and preventive services | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task B. Identify CBOs with capacity to provide training to other community navigators regarding connectivity to healthcare coverage community health care resources, including for primary | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| and preventive services | | | | | | | | | | |
| Task C. Contract with CBOs to provide training and/or to have their community navigators trained regarding connectivity to healthcare coverage community health care resources, including for primary and preventive services | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. Monitor training program and schedule booster sessions as needed | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Policies and procedures for customer service complaints and appeals developed. | | Project | | In Progress | 11/01/2015 | 03/31/2017 | 11/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Develop a recommended process for Medicaid recipients and project participants to report complaints and received customer service | | Project | | In Progress | 11/01/2015 | 06/30/2016 | 11/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Create policy and procedure that documents the tailored process and assigns lead roles & educate participating partners regarding the policy & procedure | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Monitor use of complaint system and follow-up | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 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 | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2A. Identify and engage community navigators to receive PAM training | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Plan PAM® training schedule | | Project | | Completed | 03/01/2016 | 03/31/2016 | 03/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task C. Contract with Insignia to license the PAM® tool and to deliver training on PAM® techniques | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task D. Evaluate PAM® training for quality assurance purposes | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Task E. Provide technical assistance and booster sessions as needed | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 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 | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Create a navigator hand-off protocol at PAM® implementing sites/hot spots | | Project | | In Progress | 04/01/2016 | 04/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. Develop a workflow redesign to incorporate direct hand-offs to navigators at "hot spots", emergency departments, partnered CBOs and community events | | Project | | In Progress | 05/01/2016 | 05/31/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Train providers and navigators in hand-off protocol providing supportive training materials | | Project | | In Progress | 06/01/2016 | 06/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task D. Ensure navigators are placed in highly visible locations to facilitate seamless hand –off | | Project | | In Progress | 06/01/2016 | 06/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task E. Implement hand-off protocol and monitor use data for quality improvement | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 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 | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Create list of relevant insurance options and healthcare resources for UI, NU and LU beneficiaries | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task B. As part of the training of community navigators addressed in Milestone #11 and #13, ensure to inform and educate them about insurance options and healthcare resources available to UI, NU, and LU beneficiaries | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| Task C. Update resources as necessary and maintain navigators current on updates | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 10/31/2015 | 03/31/2018 | 10/31/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Timely access for navigator when connecting members to services. | | Project | | In Progress | 10/31/2015 | 03/31/2018 | 10/31/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task A. Review existing policies and procedures for intake/scheduling at PPS primary care sites | | Project | | Completed | 10/31/2015 | 12/31/2015 | 10/31/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task B. Revise policies and procedures, if needed, to accommodate calls from navigators (e.g., designate a phone line/intake staff to work with navigators) | | Project | | In Progress | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Train intake/scheduling staff on new policies and procedures | | Project | | In Progress | 03/31/2016 | 06/30/2016 | 03/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task D. Implement and monitor for quality improvement purposes | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 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 | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task A. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| Task B. Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project | | Project | | In Progress | 03/01/2016 | 05/31/2016 | 03/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task C. Finalize registry requirements, including inclusion/exclusion criteria and metric definitions. | | Project | | In Progress | 05/01/2016 | 07/31/2016 | 05/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |



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| D. Work with participating partners and their EMR vendors to identify local registry capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform. | | | | | | | | | | |
| Task E. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task F. Finalize required functionality and select a PHM software vendor | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task G. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task H. Implement PHM roadmap | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Contract or partner with community-based organizations (CBOs) to engage target populations using PAM(R) and other patient activation techniques. The PPS must provide oversight and ensure that engagement is sufficient and appropriate. | |
| Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | For Project 2.d.i Milestone 2, the original end date for Task D "Create training manual and protocol for both training of implementers (ToI) and training of trainers (ToT); pilot and revise, translate as needed" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that we were not able to coordinate a Train-the-Trainer training with Insignia Health until July 2016. Once training is conducted we can create a more informed Training-of-Trainer manual and protocol. To date we have already completed the training manual and protocol for Training of Implementers (ToI). |
| 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. | For Project 2.d.i Milestone 3, the original end date for Task D "Engage CBOs located in or near identified hot spots in to create standard elements of IU/NI/LU outreach strategy and to establish target measures for contracts" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that we are currently in the beginning phase of implementation and have not identified all organizations who will be conducting outreach. Once we have identified all of the contracted organization then we will gather them to create the standard elements of an outreach strategy for the uninsured, non/low utilizers. |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Survey the targeted population about healthcare needs in the PPS' region. | <p>For Project 2.d.i Milestone 4, the original end date for Task B "Engage partnering CBOs to host listening sessions (community forums, focus groups) to document the health care needs of UI/LU/NU" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that the RFP process to identify CBOs to conduct listening sessions recently ended. It is expected that the selection process for all who responded to the RFP will conclude in July 2016.</p> <p>For Project 2.d.i Milestone 4, the original end date for Task C "Plan and schedule community forums with partnering CBOs to engage target populations – logistics, location, agenda, facilitation, topics for discussion (barriers to accessing health care system, enrollment, insurance options, etc" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that the RFP process to identify CBOs to conduct listening sessions recently ended. It is expected that the selection process for all who responded to the RFP will conclude in July 2016. Once this process has concluded then planning can begin.</p> |
| Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | |
| <p>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).</p> <ul style="list-style-type: none"> • 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. | <p>For Project 2.d.i Milestone 6, the original end date for Task C "Under formalized data sharing agreement, transmit lists of identified NU and LU beneficiaries with MCOs to obtain their assigned PCP (if data not directly obtainable)" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that CNY Care Collaborative is still actively working to formalize the process to define/establish a data sharing model with MCOs.</p> <p>For Project 2.d.i Milestone 6, the original end date for Task D "Develop standardized talking points for CBOs, as well as educational materials on insurance coverage, language resources, and availability of primary and preventive care service among others to share with beneficiaries with appropriate State approval" was extended from 6/30/2016 to 12/31/2016. This change is due to the fact that we are utilizing the listening sessions as a platform to inform our selection of appropriate educational materials and the creation of standardized talking points for the UI, LU, NU population.</p> <p>For Project 2.d.i Milestone 6, the original end date for Task E "Distribute materials created to each participating PPS partner including CBOs" was extended from 6/30/2016 to 12/31/2016. This change is due to the fact that we are utilizing the listening sessions as a platform to inform our selection of appropriate educational materials and the creation of standardized talking points for the UI, LU, NU population. Once this process has completed we will distribute all materials to PPS partners including CBOs.</p> |
| Baseline each beneficiary cohort (per method developed by state) to appropriately identify cohorts using PAM(R) during the first year of the project and again, at set intervals. Baselines, as well as intervals towards improvement, must be set for each cohort at the beginning of each performance period. | |
| Include beneficiaries in development team to promote preventive care. | |
| <p>Measure PAM(R) components, including:</p> <ul style="list-style-type: none"> • 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 | |



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|---|---|
| <p>measure for that year's cohort.</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. | |
| <p>Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons.</p> | <p>For Project 2.d.i Milestone 10, the original end date for Task 1A "Determine best reports to pull to determine non-emergent care use per UI, NU and LU beneficiary and ensure data validation is conducted" was extended from 6/30/2016 to 9/30/2016. This change to allow the PPS to focus on rolling out PAM screens to patients. The focus of DY2Q2 will be on data. We will work with Partners to determine the best reports to pull based on the cohorts defined which will drive data aggregation.</p> <p>For Project 2.d.i Milestone 10, the original end date for Task 1B "Baseline the volume of non-emergent care currently provided to NU and LU beneficiaries" was extended from 6/30/2016 to 9/30/2016. This change is due to focusing on implementing PAM screenings across the PPS. In DY2Q2, we will work on gathering data to better understand where and how the Low and Non Utilizers utilize the non-emergent care and create strategies to better serve them in other healthcare settings.</p> <p>For Project 2.d.i Milestone 10, the original end date for Task 1C "Baseline the volume of non-emergent care currently provided to UI beneficiaries" was extended from 6/30/2016 to 9/30/2016. This change is due to focusing on implementing PAM screenings across the PPS. In DY2Q2, we will work on gathering data to better understand where and how the uninsured utilize the non-emergent care and create strategies to better serve them in other healthcare settings. This may prove to be difficult as we have to go directly to providers; this information is not available in Salient Interactive Miner.</p> |
| <p>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.</p> | |
| <p>Develop a process for Medicaid recipients and project participants to report complaints and receive customer service.</p> | <p>For Project 2.d.i Milestone 12, the original end date for Task A "Develop a recommended process for Medicaid recipients and project participants to report complaints and received customer service" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact we are currently in the process of developing this process and based on CNYCC's desire to create a process that is efficient in addressing the complaints of Medicaid recipients and project participants we will need additional time.</p> <p>For Project 2.d.i Milestone 12, the original end date for Task B "Create policy and procedure that documents the tailored process and assigns lead roles & educate participating partners regarding the policy & procedure" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact we are currently in the process of developing the complaint process and once completed we will document a tailored process for educating participating partners regarding the policy and procedure.</p> |



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| Milestone Name | Narrative Text |
|---|---|
| Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | For Project 2.d.i Milestone 13, the original end date for Task 2A "Identify and engage community navigators to receive PAM training" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact although we have engaged a number of community navigators in receiving PAM Training we are still working to expand our engagement of other contracted organizations with community navigators to get them to receive training as well. |
| 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. | <p>For Project 2.d.i Milestone 14, the original end date for Task A "Create a navigator hand-off protocol at PAM® implementing sites/hot spots" was extended from 4/30/2016 to 9/30/2016. This change is due to the fact we are currently in the beginning stage of implementation of this project and have been strategically working to help organizations with implementation. Once the initial phase of implementation has ended we can better prioritize the development of the hand-off protocol at the PAM implementing sites.</p> <p>For Project 2.d.i Milestone 14, the original end date for Task B "Develop a workflow redesign to incorporate direct hand-offs to navigators at "hot spots", emergency departments, partnered CBOs and community events" was extended from 5/31/2016 to 9/30/2016. This change is due to the fact we are currently in the beginning stage of implementation of this project and have been strategically working to help organizations with implementation. Once the initial phase of implementation has ended we can better prioritize the development of a work flow redesign to incorporate in the direct hand-offs to navigators at "hot spots", emergency departments, partnered CBOs, and community events.</p> <p>For Project 2.d.i Milestone 14, the original end date for Task C "Train providers and navigators in hand-off protocol providing supportive training materials" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact that the hand-off protocol has not fully been developed. Once the hand-off protocol has been fully developed we will train providers and navigators on this protocol.</p> <p>For Project 2.d.i Milestone 14, the original end date for Task D "Ensure navigators are placed in highly visible locations to facilitate seamless hand –off" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact that the hand-off protocol has not fully been developed. Once the hand-off protocol has been fully developed we will train providers and navigators on this protocol and make sure that navigators are placed in highly visible locations to facilitate a seamless hand-off.</p> |
| Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | <p>For Project 2.d.i Milestone 15, the original end date for Task A "Create list of relevant insurance options and healthcare resources for UI, NU and LU beneficiaries" was extended from 6/30/2016 to 9/30/2016. This change is due to the fact we are currently in the beginning stage of implementation of this project and have been strategically working to help organizations with implementation. Once the initial phase of implementation has ended we can better prioritize the development of this list.</p> <p>For Project 2.d.i Milestone 15, the original end date for Task B "As part of the training of community navigators addressed in Milestone #11 and #13, ensure to inform and educate them about insurance options and healthcare resources available to UI, NU, and LU beneficiaries" was extended from 6/30/2016 to 12/31/2016. This change is due to the fact we are currently in the beginning stage of implementation of this project and have been strategically working to help organizations with implementation. Once the initial phase of implementation has ended we can better prioritize the development of a list of this list and will inform and educate community navigators about insurance options and healthcare resources.</p> |
| Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | For Project 2.d.i Milestone 16, the original end date for Task C "Train intake/scheduling staff on new policies and procedures" was extended from 6/30/2016 to 12/31/2016. This change is due to the fact that once revised policies and procedures to accommodate calls from navigators has not fully been established as yet. Once the revised policies and procedures have been fully established intake/scheduling staff will be trained accordingly. |
| 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. | For Project 2.d.i Milestone 17, the original end date for Task B "Convene with project participants/providers to inventory registries that would be useful for the identification, stratification, and engagement of patients for the project "was extended from 5/31/2016 to 09/30/2016. This change is due to the fact that in order for the PPS to focus on the implementation of PAM screenings. DY2Q2 is going to be data driven and CNYCC anticipates having conversations with partners to determine which registries would be useful for the project. |



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

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ2di_MDL2di4_PPS1626_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_2di_Narrative_08.05.16_5712.pdf | Required Project 2di narrative for mid-point assessment | 08/05/2016 03:29 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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

Instructions :



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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 Risk: Shortages of trained behavioral health providers is a threat to this project, including psychiatrists and other "prescribers." Historically, it has been difficult to recruit health care professionals to rural areas. Participant feedback from the CNYCC Partner meetings indicates PCPs are hesitant to conduct mental health screenings if referral services are lacking or there is a long wait to for an appointment. While integration is expected to resolve some of this access problem; there will be patients identified through the behavioral health screening who require more intense or higher level behavioral health services than can be accommodated in an integrated model. Providers fear identifying or intensifying a mental health condition that they are not trained to treat. When behavioral health screenings are routinely conducted as part of the integration plans, the number of patients requiring mental health services will increase thereby exacerbating the provider shortage. Potential Impact: The lack of mental health providers has the potential to destabilize integrated care. If there is a shortage of behavioral health providers, CNYCC will be unable to meet goals for integrating behavioral health and primary care, and patient health will suffer. Mitigation: Approaches are required to optimize the use of existing resources as well as to recruit new providers. One solution may be to explore best practices for the use of providers' time with regard to optimizing the ratio of walk-in appointments for urgent care and scheduled appointments. Tele-psychiatry is another way to maximize the use provider time by saving the time required to drive between sites because many providers contract to multiple health care organizations. An additional solution to the shortage of prescribers may result from the successful co-location of PC and BH, in which a primary care provider will feel more comfortable prescribing to a patient with a psychiatric colleague as a consult. A final approach to expand the work force for behavioral health services is to actively engage and recruit students in the NP psychiatry program.

2. Risk: Partial or incomplete integration of PC and BH is a risk, especially for sites that are newly integrating, due to differences in training and culture between BH and physical health. Simply co-locating services without developing evidence-based standards to integrate clinical practices and cultures will lead to services that are housed under the same roof, but lack coordination and provider support. A theme that arose during the Regional Partner Meetings was the necessity to integrate clinical cultures. Potential Impact: Poorly integrated services could result in possessiveness of patients, poor care coordination, and the perception that one practice type is inferior to the other. Any of these scenarios could hinder provider engagement in the project and result in low patient satisfaction. Mitigation: It takes time and training to learn how to share in the responsibility for a patient, to conduct warm hand-offs, and to develop joint care plans. CNYCC partners suggest that there is a central support team to support this activity; for example, employing a learning collaborative approach where all integrating practices join together to learn from one another as well as engage external training where needed. Clarification of the regulations for sharing patient information and interoperable EMRs will also facilitate the complexities of integration. DY 2 Q1 6/30/2016 Update: Cross project collaboration has also supported culture shift as cross collaborative work has been addressing topics of joint care plans, overlap of PCMH and multi-function staffing models.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 56,950 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|---------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 4,250 | 8,500 | 14,875 | 21,250 |
| | Quarterly Update | 6,136 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 144.38% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|--|--|---------------------|
| mtreinin | Other | 8_DY2Q1_PROJ3ai_MDL3ai2_PES_OTH_Behavioral_Health_-_Primary_Care_Integration_DY2Q1_Patient_Attestation_Files_4632.pdf | Behavioral Health - Primary Care Integration DY2Q1 Patient Attestation Files | 08/01/2016 11:12 AM |
| mtreinin | Rosters | 8_DY2Q1_PROJ3ai_MDL3ai2_PES_ROST_CNYCC_Behavioral_Health_Primary_Care_Integration_(3.a.i)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_4553.xlsx | CNYCC Behavioral Health Primary Care Integration Rosters DY2Q1 | 07/29/2016 04:37 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY3 Q4 | Model 1 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 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 | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Behavioral health services are co-located within PCMH/APC practices and are available. | | | Provider | Mental Health | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all participating safety net primary care practices and associated providers | | | Project | | Completed | 08/04/2015 | 12/31/2015 | 08/04/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Establish HIT/HIE and Primary Care Transformation workgroups. | | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3.a) Engage and collaborate with RHIO HealthConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, | | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| scoring, and recognition process. | | | | | | | | | | | |
| Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | | Project | | Not Started | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: <ul style="list-style-type: none"> • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use | | | Project | | Not Started | 07/01/2016 | 09/01/2016 | 07/01/2016 | 09/01/2016 | 09/30/2016 | DY2 Q2 |



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|--|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| attestation. | | | | | | | | | | | |
| Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Co-locate behavioral health provider(s) within PCMH practices | | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 12. PCMH hires BH providers or PCMH contracts with BH organization | | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 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. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes. | | | Project | | In Progress | 06/15/2015 | 12/31/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1. Convene Project Implementation Collaborative (PIC) | | | Project | | Completed | 06/15/2015 | 09/30/2015 | 06/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1a. Schedule meetings of PICs to develop integrated care practices | | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2a. Collect protocols in use by practices | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2b. Review literature for evidence-based protocols related to integrated services | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2b. Review literature for evidence-based protocols related to integrated services | | | Project | | Completed | 01/01/2016 | 06/30/2016 | 01/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee | | | Project | | Completed | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Project Model Name | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 2d. Disseminate evidence-based protocols to all participating practices | | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Review OMH, OASAS, and DOH regulations, licensing, and reimbursement policies regarding integrated services | | | Project | | Completed | 06/15/2015 | 12/31/2015 | 06/15/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| 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. | DY3 Q4 | Model 1 | Project | N/A | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Policies and procedures are in place to facilitate and document completion of screenings. | | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Screenings are documented in Electronic Health Record. | | | Project | | In Progress | 06/15/2015 | 03/30/2018 | 06/15/2015 | 03/30/2018 | 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 | 10/01/2015 | 03/31/2018 | 10/01/2015 | 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 | Practitioner - Primary Care Provider (PCP) | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Evidence-based protocols are in place to facilitate screening | | | Project | | In Progress | 06/15/2015 | 06/15/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1a. Identify target conditions to capture with screening | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1b. Identify screening tool(s) appropriate to target conditions | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 1c. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen, frequency of screen, where are screen results | | | Project | | In Progress | 06/15/2015 | 09/30/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|---|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| documented) | | | | | | | | | | | |
| Task 1. Work with participating partners and their EMR vendors to identify alerting mechanisms and documentation implications. | | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. Implement alerting mechanisms and documentation requirements in EMR. | | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 1 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/30/2017 | 07/01/2015 | 03/30/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Identify core data elements needed for patient tracking requirements. | | | Project | | Completed | 02/01/2016 | 06/30/2016 | 02/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data | | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |



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|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| aggregation/tracking in CNYCC Population Health Management Platform. | | | | | | | | | | | |
| Milestone #5 Co-locate primary care services at behavioral health sites. | DY3 Q4 | Model 2 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 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 | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Primary care services are co-located within behavioral Health practices and are available. | | | Provider | Mental Health | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all participating safety net primary care practices and associated providers | | | Project | | Completed | 08/04/2015 | 12/31/2015 | 08/04/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Establish HIT/HIE and Primary Care Transformation workgroups. | | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3a) Engage and collaborate with RHIO HealthConnections to define Meaningful Use Stage 2 requirements and align/incorporate PPS project strategies with those requirements. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate PPS project strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify practice transformation champions to drive | | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |



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|--|---------------------|--------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| HIT/HIE and PCMH implementation for each primary care practice. | | | | | | | | | | | |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | | Project | | Not Started | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. The project plan milestones include: • Policy and workflow development and implementation • Care team development and role definition; care management/self management support plan and implementation, and quality improvement plan and implementation. • Audit of implemented policies, processes, gaps in care, and continuous quality improvement • Generate reports, prepare QI data and preparation of NCQA PCMH submission documentation for NCQA PCMH recognition survey. • Final document audit and submission of completed survey to NCQA and completion of Meaningful Use attestation. | | | Project | | Not Started | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 10. PCMH 2014 Level 3 recognition achieved or | | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |



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| APCM by participating primary care practices. | | | | | | | | | | | |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 12. Co-locate primary care services within behavioral health services | | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 13. BH organization hires PC providers or BH organization contracts with PC practice | | | Project | | In Progress | 10/01/2015 | 03/31/2018 | 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. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop collaborative care practices. | | | Project | | In Progress | 03/15/2016 | 03/31/2017 | 03/15/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process. | | | Project | | In Progress | 06/15/2015 | 06/15/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1. Convene Project Implementation Collaborative (PIC) | | | Project | | Completed | 06/15/2015 | 09/30/2015 | 06/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1a. Schedule meetings of PICs to develop integrated care practices | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2a. Collect protocols in use by practices | | | Project | | Completed | 06/15/2015 | 06/30/2016 | 06/15/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2b. Review literature for evidence-based protocols related to integrated services | | | Project | | Completed | 06/15/2015 | 12/31/2015 | 06/15/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee | | | Project | | Completed | 05/01/2016 | 06/30/2016 | 05/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2d. Disseminate evidence-based protocols to all participating practices | | | Project | | In Progress | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Review OMH, OASAS, and DOH regulations, licensing, and reimbursement policies regarding | | | Project | | Completed | 06/15/2015 | 12/31/2015 | 06/15/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| integrated services | | | | | | | | | | | |
| 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. | DY3 Q4 | Model 2 | Project | N/A | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 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 | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Screenings are documented in Electronic Health Record. | | | Project | | In Progress | 06/15/2015 | 03/30/2018 | 06/15/2015 | 03/30/2018 | 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 | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record. | | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 1. Evidence-based protocols are in place to facilitate screening | | | Project | | In Progress | 06/15/2015 | 06/15/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 1a. Identify screening tool(s) appropriate for assessing primary care needs | | | Project | | In Progress | 06/15/2015 | 06/30/2016 | 06/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1b. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen, frequency of screen, where are screen results documented) | | | Project | | In Progress | 06/15/2015 | 06/30/2016 | 06/15/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Work with participating partners and their EMR vendors to identify alerting mechanisms and documentation implications. | | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Implement alerting mechanisms and documentation | | | Project | | In Progress | 10/01/2015 | 12/31/2017 | 10/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |



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|--|---------------------|--------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| requirements in EMR. | | | | | | | | | | | |
| Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Model 2 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | | Project | | Completed | 07/01/2015 | 12/31/2015 | 07/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | | Project | | Completed | 10/01/2015 | 04/30/2016 | 10/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Identify core data elements needed for patient tracking requirements. | | | Project | | Completed | 02/01/2016 | 03/31/2016 | 02/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform. | | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #9 Implement IMPACT Model at Primary Care Sites. | DY3 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has implemented IMPACT Model at Primary Care Sites. | | | Provider | Practitioner - Primary Care Provider (PCP) | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|--|---------------------|--------------------|-----------------|---------------|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 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 | 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. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #13 Measure outcomes as required in the IMPACT Model. | DY3 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #14 | DY3 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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|---|---------------------|--------------------|-----------------|---------------|---------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 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. | DY2 Q4 | Model 3 | Project | N/A | On Hold | 04/01/2015 | 03/31/2020 | 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 | 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 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3. | |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | For project 3ai Milestone 3 the original end date for "1. Evidence-based protocols are in place to facilitate screening" was extended from 6/30/2016 to 12/31/2016 to allow partners a period of time after the dissemination of standards to develop protocols based on screenings identified in the standards of care. For project 3ai Milestone 3 the original end date for "1c. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen, frequency of screen, where are screen results documented)" was extended from 6/30/2016 to 12/31/2016 to allow partners a period of time |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| | after the dissemination of standards to develop protocols based the standards of care. |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Co-locate primary care services at behavioral health sites. | |
| Develop collaborative evidence-based standards of care including medication management and care engagement process. | |
| Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs. | <p>For project 3ai Milestone 7 the original end date for Task "Evidence-based protocols are in place to facilitate screening" was extended from 6/30/2016 to 12/31/2016 to allow partners a period of time after the dissemination of standards to develop protocols based on screenings identified in the standards of care.</p> <p>For project 3ai Milestone 7 the original end date for "1a. Identify screening tool(s) appropriate for assessing primary care needs was extended from 6/30/2016 to 09/30/2016 to allow partners a period of time after the dissemination of standards to identify screenings based on the level of service provided at the integrated site.</p> <p>For project 3ai Milestone 7 the original end date for "1b. Identify workflows (i.e., who does screening, how are results shared with patient/care team, what happens with positive screen/negative screen, frequency of screen, where are screen results documented)" was extended from 6/30/2016 to 12/31/2016 to allow partners a period of time after the dissemination of standards to develop workflows based the standards of care.</p> |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Implement IMPACT Model at Primary Care Sites. | |
| Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | |
| Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | |
| Designate a Psychiatrist meeting requirements of the IMPACT Model. | |
| Measure outcomes as required in the IMPACT Model. | |
| Provide "stepped care" as required by the IMPACT Model. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |



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IPQR Module 3.a.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ3ai_MDL3ai4_PPS1627_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_3ai_Narrative_08.05.16_5714.pdf | Required Project 3ai narrative for mid-point assessment | 08/05/2016 03:32 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 3.a.i.5 - IA Monitoring

Instructions :



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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. Risk: Shortages of trained behavioral health (BH) providers, particularly psychiatrists and other "prescribers" is a threat to this project. The need for pediatric psychiatry and support services for families with children in crisis is particularly high. In some regions of CNY, inpatient BH services are so scant that families must travel to other parts of the State. The remote nature of communities poses a particular challenge in recruitment of such professionals, but it is a region-wide issue. Potential Impact: Without accessibility of trained behavioral health professionals, patients are more likely to reach a crisis condition and more likely to seek care at the ED or hospital. Mitigation: One means of addressing this challenge is to employ the use of telepsychiatry to link crisis intervention hubs to spoke locations and facilitate the sharing of specialized psychiatry resources. Telepsychiatry may be particularly beneficial in rural areas where it is difficult to recruit providers and patients and their families need to drive long distances in order to access mental health services.
2. Risk: The success of this project hinges on collaboration and coordination with police, school staff such as nurses and guidance counselors, as well as first responders. Training of police, school, and emergency responder personnel to the availability of crisis stabilization services and when and how to access such services is needed. Potential Impact: If key professionals are not trained in the existence of crisis stabilization services as part of the project implementation process they will not be aware of the crisis stabilization services and individuals in crisis will be unnecessarily brought to the ED or hospitalized. Mitigation: Some partners have already implemented such trainings and will provide direction and lessons learned. Mobile outreach services also exist in a number of other CNYCC counties. Partners have identified the Memphis Crisis Intervention Team model as a robust approach to implement crisis stabilization services. The Memphis model is an innovative police-based first responder program that diverts those in mental health crisis from incarceration and links them to mental health services. The program provides law enforcement based crisis intervention training to support individuals with mental illness. Mental Health First Aid trainings can also be offered to any provider or community support agency in an effort to increase awareness and improve prevention efforts.
3. Risk: Transportation is a challenge. This includes transportation to assessment and evaluation sites, to CPEP if needed, as well as to and from appointments outside of the crisis incident. A specific challenge for Lewis County is that there are no inpatient care or outpatient mental health services and the nearest transfer center is not in the PPS. Potential Impact: If transportation services are not available patients may not be able to access BH services when they are in a crisis state or outside of the crisis when ongoing care is required. Mitigation: ACT programs and Health Homes may serve as potential resources to alleviate transportation challenges for BH services and more broadly for other types of health care. For patients who are not in a crisis state, telepsychiatry is an approach to address the long distance that patients may need to travel to access services. Telepsychiatry may also be helpful in rural ERs that provide care to individuals in crisis, but do not have a psychiatrist on staff. Mobile Crisis Teams may be utilized to improve communication for parents, whose children are hospitalized in outside areas.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 32,670 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---------------------|--------------------------|---------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 2,700 | 5,400 | 9,450 | 13,500 |
| | Quarterly Update | 4,134 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 153.11% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|--|---------------------|
| mtreinin | Rosters | 8_DY2Q1_PROJ3aai_MDL3aai2_PES_ROST_CNYCC_Behavioral_Health_Crisis_Stabilization_(3.a.ii)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_5028.xlsx | Behavioral Health Crisis Stabilization DY2Q1 Patient Roster | 08/03/2016 12:43 PM |
| mtreinin | Other | 8_DY2Q1_PROJ3aai_MDL3aai2_PES_OTH_Behavioral_Health_Crisis_Stabilization_(3.a.ii)_DY2Q1_Patient_Attestation_Files_4634.pdf | Behavioral Health Crisis Stabilization DY2Q1 Patient Attestation Files | 08/01/2016 11:21 AM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✓ IPQR Module 3.a.ii.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY3 Q4 | Project | N/A | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 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 | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1a. Convene Project Implementation Collaborative | | Project | | Completed | 06/15/2015 | 09/30/2015 | 06/15/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 1b. 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. | | Project | | In Progress | 06/15/2015 | 06/30/2016 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1c. Crisis intervention program established in each of six counties | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| 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. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments). | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments) | | Project | | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1a. Current ED diversion protocols shared with PIC and RPAC members | | Project | | In Progress | 05/01/2016 | 06/30/2016 | 05/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1b. Assess literature for other evidence-based protocols related | | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 11/30/2016 | 12/31/2016 | DY2 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| to ED diversion for patients in BH crisis | | | | | | | | | | |
| Task 1c. Recommend to Clinical Governance Committee protocols to adopt | | Project | | Not Started | 06/30/2016 | 12/16/2016 | 11/01/2016 | 12/16/2016 | 12/31/2016 | DY2 Q3 |
| Task 1d. Project Managers adopt or revises protocol based on local needs | | Project | | Not Started | 06/30/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1e. Clinical Governance Committee and Project Managers review and updates diversion management protocol at least annually | | Project | | Not Started | 07/01/2017 | 03/31/2018 | 07/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1f. First responders (EMS, police, schools, etc.) are trained in diversion protocols | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 11/01/2016 | 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. | DY3 Q4 | Project | N/A | Not Started | 06/15/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project. | | Project | | Not Started | 06/15/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. PPS staff, along with PPS partners as appropriate, meet with selected Medicaid Managed Care (MCO) organizations to explore agreements or pilots between the PPS and or individual partners within the PPS | | Project | | Not Started | 06/15/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 2. PPS staff, with partners and consultants as appropriate, conduct the necessary ground work required to establish sound VBP agreements between the MCOs and project 3aai partners, including work to understand service requirements, costs, impact of services on reducing MCO costs and inappropriate utilization, and payment | | Project | | Not Started | 06/15/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 3. Based on initial discussions with MCOs and groundwork conducted, PPS staff and 3aai partners engage MCO in negotiating the details of a pilot program that would cover the services provided by the 3aai project | | Project | | Not Started | 09/30/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 4. Assess impact of pilot and meet with MCO on periodic basis to | | Project | | Not Started | 09/30/2016 | 03/31/2018 | 09/30/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| perfect service requirements and core elements of VBP agreement so as to create the most appropriate inventive arrangements between the full breadth of appropriate clinical, social service, housing, and CBO partners, | | | | | | | | | | |
| Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Regularly scheduled formal meetings are held to develop consensus on treatment protocols. | | Project | | Not Started | 06/01/2016 | 03/31/2017 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Coordinated treatment care protocols are in place. | | Project | | Not Started | 06/01/2016 | 03/31/2017 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Convene PICs | | Project | | Completed | 09/30/2015 | 03/31/2016 | 09/30/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2a. Collect protocols in use by partners | | Project | | Completed | 09/01/2015 | 03/31/2016 | 09/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2b. Review literature for evidence-based protocols related to project | | Project | | In Progress | 09/01/2015 | 06/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2c. Recommend evidence-based protocols for review by CNYCC Clinical Governance Committee | | Project | | Not Started | 06/15/2016 | 09/30/2016 | 09/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2d. Disseminate evidence-based protocols to all participating partners | | Project | | Not Started | 06/30/2016 | 12/31/2016 | 09/30/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2e. Clinical Governance Committee and Project Managers review and updates treatment care protocol at least annually | | Project | | On Hold | 07/01/2016 | 03/31/2017 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2f. Treatment protocols include plan for annual review by Clinical Governance Committee and project manager | | Project | | Not Started | | | 09/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| 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. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS evaluates access to psychiatric services (in terms of | | Provider | Safety Net Hospital | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|--------------------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps. | | | | | | | | | | |
| Task 1. PPS compiles new and existing information on community and consumer need as well as the capacity of the current network of specialty psychiatric and crisis- oriented psychiatric services throughout service area so as to understand service related gaps | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. PPS conducts gap analysis to understand where additional specialty psychiatric and crisis- oriented psychiatric services are needed and establishes priorities with respect to these gaps | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. PPS integrates work across its three mental, emotional, and behavioral health projects (3ai, 3aai, and 4aiii) so as to leverage resources and activities across projects | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Based on information collected on need and capacity, the PPS includes at least one hospital with specialty psychiatric services and crisis- oriented | | Project | | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | DY3 Q4 | Project | N/A | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring. | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 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 Hospital | Not Started | 09/01/2016 | 03/31/2018 | 09/01/2016 | 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 Clinic | Not Started | 09/01/2016 | 03/31/2018 | 09/01/2016 | 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 | | Provider | Safety Net Mental Health | Not Started | 09/01/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| improvement areas, and implements improvement steps. | | | | | | | | | | |
| Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | DY3 Q4 | Project | N/A | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS includes mobile crisis teams to help meet crisis stabilization needs of the community. | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Coordinated evidence-based care protocols for mobile crisis teams are in place. | | Project | | In Progress | 06/15/2015 | 03/31/2018 | 06/15/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1a. Review operations, lessons learned, and protocols from current partner mobile crisis teams | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 1b. Assess literature for other evidence-based protocols for mobile crisis teams | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 1c. Recommend to Clinical Governance Committee protocols to adopt | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 1d. Develop implementation plan for developing and training mobile crisis teams (based on environmental scan conducted of all crisis needs, services, and resources conducted) | | Project | | Not Started | 04/01/2016 | 03/31/2018 | 08/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1b .Hire or contract mobile crisis team staff | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 09/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1d. Project Managers adopt or revises protocol based on local needs | | Project | | Not Started | 06/30/2016 | 12/31/2017 | 09/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 1e. Clinical Governance Committee and Project Managers review and protocols at least annually | | Project | | Not Started | 07/01/2017 | 03/31/2018 | 07/01/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1d. First responders (EMS, police, schools, etc.) are trained in mobile crisis protocols | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 10/01/2016 | 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 | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Year (DY) 3. | | | | | | | | | | |
| Task EHR demonstrates integration of medical and behavioral health record within individual patient records. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Hospital | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Alerts and secure messaging functionality are used to facilitate crisis intervention services. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange | | Project | | Completed | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 6. Convene with project participants/providers to define alerting | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| use cases to help support project activities. | | | | | | | | | | |
| Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 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. | DY3 Q4 | Project | N/A | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has implemented central triage service among psychiatrists and behavioral health providers. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. PPS compiles new and existing information on community and consumer need as well as the capacity of the central or decentralized triage services across the network so as to understand service related gaps, particularly for psychiatrists and behavioral health providers. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 2. PPS conducts gap analysis to understand where additional triage services are needed and establishes priorities with respect to these gaps | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 3. PPS explores options with respect to developing a centralized triage resource particularly for psychiatrists and behavioral health providers. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 4. Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2017 | 04/01/2015 | 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 | | Project | | In Progress | 10/31/2015 | 03/31/2017 | 10/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | | Project | | In Progress | 10/31/2015 | 03/31/2017 | 10/31/2015 | 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 | 12/31/2015 | 03/31/2017 | 12/31/2015 | 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 | | Not Started | 09/30/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Service and quality outcome measures are reported to all stakeholders including PPS quality committee. | | Project | | Not Started | 09/30/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify PIC sub-committee to serve as oversight and surveillance of compliance with protocols and quality of care (called 3aii QI Sub Committee) | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Develop procedures for oversight and surveillance | | Project | | Not Started | 06/30/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Solicit CNYCC's Clinical Governance Committee approval for oversight and surveillance procedures | | Project | | Not Started | 06/30/2016 | 09/30/2016 | 09/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Initiate oversight and surveillance | | Project | | Not Started | 08/01/2016 | 03/31/2017 | 08/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | Project | | Completed | 07/01/2015 | 09/30/2015 | 07/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| participation. | | | | | | | | | | |
| Task 3. Identify core data elements needed for patient tracking requirements. | | Project | | In Progress | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | For project 3.a.ii Milestone 1 the original end date for task 1b "PPS evaluates access to psychiatric services" was extended from 6/30/2016 to 3/17/2017 so that the task aligns with similar evaluation activities in Milestone 5 and 6. We are currently developing an evaluation plan that employs a data collection strategy that includes existing data sources and a partner survey. Once collected, this data will information learning collaborative-style rapid cycle changes that support access. |
| 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. | For project 3.a.ii Milestone 2 Current ED diversion protocols shared with PIC and RPAC members" was extended from 6/30/2016 to 9/30/2016. We are the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. Once the workgroup is established, work will be done to compile and share current protocols. For project 3.a.ii, Milestone 2, Task 1a "Current ED diversion protocols shared with PIC and RPAC members" was extended from 6/30/2016 to 9/30/2016. I am in the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. Once the workgroup is established, work will be done to compile and share current protocols. For project 3.a.ii Milestone 2 Task 1b "Assess literature for other evidence-based protocols related to ED diversion for patients in BH crisis" was extended from 6/30/2016 to 11/30/16. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. I expect that review of evidence based diversion protocols will be complete by 11/30/2016. |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| | For project 3a.ii Milestone 2 "1c. Recommend to Clinical Governance Committee protocols to adopt" was extended from 6/30/2016 to 12/31/2016. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. I expect that review of protocols will be developed and presented to the Clinical Governance Committee by 12/31/2016. |
| Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | |
| Develop written treatment protocols with consensus from participating providers and facilities. | <p>For project 3a.ii Milestone 4 Task "Regularly scheduled formal meetings are held to develop consensus on treatment protocols" has been extended from 6/30/2016 to 9/30/2016. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols.</p> <p>For project 3a.ii Milestone 4 "Task 2b. Review literature for evidence-based protocols related to project" was extended from 6/30/2016 to 9/30/2016. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. I expect that review of protocols will be developed and presented to the Clinical Governance Committee by 12/31/2016.</p> <p>For project 3a.ii Milestone 4 "2c Recommend to Clinical Governance Committee protocols to adopt" was extended from 6/30/2016 to 12/31/2016. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. I expect that review of protocols will be developed and presented to the Clinical Governance Committee by 12/31/2016.</p> <p>For project 3a.ii Milestone 4 "2d. Disseminate evidence-based protocols to all participating partners" was extended from 6/30/2016 to 03/31/2017. I am the process of developing a multi-component workgroup that will work on the diversion, central triage, mobile crisis and respite protocols. I expect that review of protocols will be developed and presented to the Clinical Governance Committee by 12/31/2016 and dissemination and adoption will occur after approval.</p> <p>For project 3a.ii Milestone 4 "2e. Clinical Governance Committee and Project Managers review and updates treatment care protocol at least annually" the status was changed from "Not Started" to "On hold" to so that Task 2f "Treatment protocols include plan for annual review by Clinical Governance Committee and project manager" can be added. This task will have a start date of 9/1/2016 and have a complete date of 12/31/2016 to coincide with protocol approval at Clinical Governance Committee.</p> |
| Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services. | |
| Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours). | |
| Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | |
| 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. | <p>For project 3.a.ii Milestone 8 the original end date for task 6 "Convene with project participants/providers to define alerting use cases to help support project activities." Was extended from 6/30/2016 - 12/31/2016 We currently have alerting information based on Admissions, Discharge and ED Encounters. As well as an evaluation from our RHIO on which types of Alerts are possible using their functionality. Specific Alerting functionality have not be defined for this project. The subsequent tasks are not due until 3/31/2018, therefore to better align these tasks we will work towards defining uses cases in the second half of 2016</p> <p>For project 3.a.ii Milestone 8 the original end date for task 6 "Convene with project participants/providers to define alerting use cases to help support project activities." Was extended from 6/30/2016 - 12/31/2016 We currently have alerting information based on Admissions, Discharge and ED Encounters. As well as an evaluation from our</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| | RHIO on which types of Alerts are possible using their functionality. Specific Alerting functionality have not be defined for this project. The subsequent tasks are not due until 3/31/2018, therefore to better align these tasks we will work towards defining uses cases in the second half of 2016 |
| Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | |
| Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | For project 3a ii Milestone 10 Task "2. Develop procedures for oversight and surveillance" was extended from 6/30/2016 to 9/30/2016. Quality subcommittees are being established across projects in a coordinated effort to ensure consistency across projects. |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |



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IPQR Module 3.a.ii.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|---|--|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ3aii_MDL3aii4_PPS1628_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_3aii_Narrative_08.05.16_5717.pdf | Required Project 3aii narrative for mid-point assessment | 08/05/2016 03:34 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 3.a.ii.5 - 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. Risk: Primary care providers are a critical partner for this project. They are reporting the activated patient and will be a critical part of the team of providers who will help patients develop a care management plan. A risk is that CNYCC does not engage enough primary care providers to complete the project work. Potential Impact: If primary care providers do not participate in the project, these complex patients risk moving forward without a care management plan. This means that CNYCC will not meet patient activation numbers, and further that the patients' health will fail to improve. Mitigation: In the short term, CNYCC will outreach specifically to PCPs who have yet to attest to the project to encourage them to join the Project Implementation Collaborative. Additionally, CNYCC will increase efforts to educate primary care providers on the alignment of 3.b.i project activities with PCMH implementation. CNYCC sees strong alignment between these initiatives, and communicating this may allay some hesitations of PCPs that participation in the project will cause significant added burden.

2. Risk: There is an overall lack of awareness on available community resources that could benefit our most at risk patients, and thus services that could benefit patients in managing their own care are not being promoted. Information regarding service availability has been fragmented and there has been no vehicle for maintaining current information. This could impact the ability for patients to manage their own care and place more pressure than necessary on primary care providers to maintain current resources. In addition, community linkages are vital to a more population focused model of care. Mitigation: CNYCC is pursuing a software platform to maintain current available community resources. In addition, primary care providers will be working with internal and external care managers (Health Homes) on transformative processes to follow-up with community resources to validate their effectiveness to individual patients and whether they collectively serve the needs of their patient population. In addition, CNYCC will continue to promote communications to build awareness and facilitate conversations between health care and community partners to work together to explore how programs, practices, and policies affect the health of individuals, families, and communities. We will continue to establish common goals, complementary roles, and ongoing constructive relationships between the health sector and community resource providers.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 25,460 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|---------------------|--------------------------|---------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 1,758 | 3,230 | 4,845 | 6,460 |
| | Quarterly Update | 1,844 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 104.89% | 0.00% | 0.00% | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | 0.00% | 0.00% | 0.00% | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|----------|-----------|---|--|---------------------|
| mtreinin | Rosters | 8_DY2Q1_PROJ3bi_MDL3bi2_PES_ROST_CNYCC_Cardiovascular_Disease_Management_(3.b.i)_Actively_Engaged_Patient_Roster_-_PE_6-30-2016_4557.xlsx | CNYCC Cardiovascular Disease Management Roster DY2Q1 | 07/29/2016 04:43 PM |

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✓ IPQR Module 3.b.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | 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. | DY3 Q4 | Project | N/A | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 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 | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Convene Project Implementation Collaborative (PIC) | | Project | | Completed | 06/15/2015 | 03/31/2016 | 06/15/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Conduct a systematic review and environmental scan of participating partners/providers' practices regarding CVD | | Project | | Completed | 09/01/2015 | 05/31/2016 | 09/01/2015 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Conduct a review of community CVD needs, resources, and service/system gaps | | Project | | Completed | 09/01/2015 | 05/31/2016 | 09/01/2015 | 05/31/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Review literature and identify evidence based strategies for best practices | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5. Compare current organizational practices with best practice and adopt evidence-based protocols | | Project | | Completed | 11/01/2015 | 03/31/2016 | 11/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Educate health care providers and administrators about the importance/benefit of systematic approaches and/or organizational changes needed to enhance population health | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Identify strategic priorities endorsed by providers and administrators | | Project | | In Progress | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Develop a strategic improvement and monitoring plan and implement | | Project | | In Progress | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #2 Ensure that all PPS safety net providers are actively connected to | DY3 Q4 | Project | N/A | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|---|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 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. | | Provider | Safety Net Practitioner - Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Practitioner - Non-Primary Care Provider (PCP) | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. | | Provider | Safety Net Mental Health | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS uses alerts and secure messaging functionality. | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Develop functional specifications for data exchange to support project requirements and use cases including supported payloads and modes of exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 2. Complete CNYCC partner HIT readiness assessment using surveys and provider specific follow-up, including HIE/RHIO participation and Direct Exchange capabilities | | Project | | Completed | 04/01/2015 | 03/31/2016 | 04/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Prioritize partners/vendor engagements with top priority to those currently capable and willing to participate in standards compliant exchange | | Project | | Completed | 04/01/2015 | 09/30/2015 | 04/01/2015 | 09/30/2015 | 09/30/2015 | DY1 Q2 |
| Task 4. Develop partner connectivity strategy based on the findings from the current state assessment accounting for partners/vendors currently incapable of participating in standards compliant exchange | | Project | | Completed | 04/01/2015 | 04/30/2016 | 04/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Develop plan to standardize on Direct Messaging and the C-CDA, including the rollout of Direct enabled web-based platforms | | Project | | Completed | 04/01/2015 | 12/31/2015 | 04/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 6. Convene with project participants/providers to define alerting use cases to help support project activities. | | Project | | On Hold | 01/01/2016 | 06/30/2016 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 7. Work with applicable project partners and their respective vendors to implement connectivity strategy | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 8. Roll out QE access to participating partner organizations, including patient lookup services and identified alerting use cases | | Project | | In Progress | 04/01/2015 | 03/31/2018 | 04/01/2015 | 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. | DY3 Q4 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 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 | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify all participating safety net primary care practices and associated providers | | Project | | Completed | 08/04/2015 | 12/31/2015 | 08/04/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3.a) Define Meaningful Use Stage 2 requirements and align/incorporate cardiovascular disease management strategies with those requirements. | | Project | | Completed | 09/01/2015 | 01/31/2016 | 09/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3b) Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate cardiovascular disease management strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 09/01/2015 | 01/31/2016 | 09/01/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding MU Stage 2 and NCQA PCMH 2014. Education will include review of MU Stage 2 measures, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 03/31/2016 | 08/04/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 6. Conduct baseline assessments of providers/practices' MU Stage 2 and PCMH 2014 statuses. | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 7. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful MU Stage 2 attestation and PCMH 2014 implementations. | | Project | | Not Started | 07/01/2016 | 09/30/2017 | 07/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 8. Devise a detailed MU Stage 2 and PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Deploy MU Stage 2 and PCMH 2014 or APCM implementation plans for each participating provider/practice. | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 10. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 11. Participating providers successfully complete MU Stage 2 attestation. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 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 | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | Project | | Completed | 07/01/2015 | 03/31/2016 | 07/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Identify core data elements needed for patient tracking requirements as well as care cardiovascular disease management and identify the expected sources of data. | | Project | | Completed | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | Project | | Completed | 04/01/2016 | 06/30/2016 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |



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| timely. | | | | | | | | | | |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 8. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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 | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Work with Public Health staff and partner organizations to conduct trainings (i.e. in person, train the trainer, etc.) on 1) the 5A model, including the value in linking patients to community organizations, 2) motivational interviewing, 3) cultural competency, and 4) tobacco treatment resources | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Create an inventory of linguistically appropriate tobacco treatment resources (local, regional and statewide) and work towards a bi-lateral referral process among health care and community-based organizations | | Project | | In Progress | 01/01/2016 | 08/01/2016 | 01/01/2016 | 08/01/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 4. Develop 5A's script and workflow for brief intervention to be offered by providers if patient tobacco use is identified | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Train providers (via written materials, in-person meetings, or | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| training the trainer approaches) how to input consistent information (for example tobacco use diagnosis, billing codes and patient referral response) into the EHR | | | | | | | | | | |
| Task 6. In collaboration with Public Health Department, develop and disseminate brochures, PowerPoint slides, and job aids to implement the 5A's (including a chart that explains insurance coverage, pharmacotherapy and dosing guide, and which reinforces combination therapy) | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Provide ongoing technical assistance on tobacco treatment, motivational interviewing, cultural competency, and resources to clinic staff | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 8. Work with partners and their respective EMR vendors to implement automated workflow for identified interventions and required prompts | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| 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 | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify and institutionalize a standardized hypertension protocol through the 3bi PIC. The PIC will draw from its literature review of best/prove practices to develop the standardized protocol and then will conduct trainings ((i.e. in person, train the trainer, etc.) to standardized protocol in a participating practices | | Project | | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Designate hypertension champions within organization | | Project | | Completed | 04/01/2016 | 03/31/2017 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Create an inventory of linguistically appropriate hypertension and cholesterol treatment resources (local, regional and statewide) and work towards a referral process among health care and community based organizations | | Project | | In Progress | 01/01/2016 | 08/01/2016 | 01/01/2016 | 08/01/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Work with Public Health staff and other partner organizations to provide trainings (i.e. in person, train the trainer, etc.) on 1) current screening and treatment protocols for hypertension and | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| elevated cholesterol, 2) motivational interviewing, 3) cultural competency, 4) treatment value in linking patients to community organizations/resources | | | | | | | | | | |
| Task 5. Develop motivational interviewing script and work flow for brief intervention to be offered by providers if risk factors are identified | | Project | | In Progress | 05/04/2016 | 07/29/2016 | 05/04/2016 | 07/29/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Train providers (via written materials, in-person meetings, or training the trainer approaches) on how to input consistent information on risk factors and test results into the EHR | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. In collaboration with Public Health Department and other health and community organizations, develop and disseminate brochures, PowerPoint slides, and job aids to implement the hypertension and high cholesterol prevention and treatment protocols (including a chart that explains insurance coverage, medication and dosing guide) | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Provide ongoing technical assistance on hypertension and high cholesterol treatment, motivational interviewing, cultural competency, and resources to clinical and other staff as appropriate | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 9. Work with partners and their respective EMR vendors to implement automated workflow for identified interventions and required prompts | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Clinically Interoperable System is in place for all participating providers. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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 | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Care coordination processes are in place. | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| 1. Identify financing and care coordination tools (e.g., Care Coordination Measures Atlas, developed by the Agency for Healthcare Research and Quality) and codes which allow physicians to document and bill for coordinating care between community service agencies, linking patients to resources, supporting the transition of patients from inpatient to other settings, and working to limit preventable readmissions | | | | | | | | | | |
| Task 2. Develop and institutionalize a care coordination team model that outlines multidisciplinary member roles and responsibilities and is centered on the comprehensive needs of the patient and family, leading to decreased health care costs, reduction in fragmented care, and improvement in the patient/family experience of care | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Using identified tools, increase awareness among multi-disciplinary health care and community workers about the benefits of care coordination | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Work with project partners and their respective EHR vendors to assess their capability to document patients' lifestyle behaviors and medication adherence according to the care coordination model and which considers health literacy issues, patient self-efficacy | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 5. Develop and institutionalize a mobile care coordination team to travel to high-risk/need areas (or a system for transporting high-risk patients to the care coordination team) | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Train care coordination team (i.e. in person, train the trainer, etc.) in the development of a culturally appropriate coordinated care plan to be used across the continuum of care by medical, educational, mental health, community, and home care provider | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Develop monitoring plan for ensuring effective coordinated care and patient plans | | Project | | Not Started | 04/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 8. Work with partners and their respective EMR vendors to implement care coordination documentation requirements | | Project | | Not Started | 06/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #8 Provide opportunities for follow-up blood pressure checks without | DY3 Q4 | Project | N/A | Not Started | 04/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| a copayment or advanced appointment. | | | | | | | | | | |
| Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments. | | Provider | Practitioner - Primary Care Provider (PCP) | Not Started | 04/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify and promote existing health care facilities and community-based organizations/events which have properly maintained blood pressure monitors and walk-in clinics | | Project | | Not Started | 04/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Develop and institutionalize a mobile health van to travel to high-risk/high-need areas (places where high-risk people may congregate such as WIC clinics, refugee resettlement agencies, social service settings, etc.) | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 3. Develop and disseminate materials/digital communications that guide patients in the use of home-based blood pressure devices and availability of drop-in blood pressure readings | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 4. Train (i.e. in person, train the trainer, etc.) clerical personnel in proper blood pressure measurement technique so they are capable of obtaining drop-in blood pressure readings | | Project | | Not Started | 04/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | DY2 Q4 | Project | N/A | Not Started | 11/01/2016 | 03/31/2017 | 11/01/2016 | 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 | | Not Started | 11/01/2016 | 03/31/2017 | 11/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Develop an evidence-based protocol for training staff on blood pressure measurement and equipment maintenance | | Project | | Not Started | 11/01/2016 | 12/31/2016 | 11/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Conduct annual mandatory trainings to all new and existing staff involved in measuring and recording blood pressure to ensure competency | | Project | | Not Started | 11/01/2016 | 03/31/2017 | 11/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Designate champions within the organizations | | Project | | Not Started | 11/01/2016 | 03/31/2017 | 11/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Develop a tracking system for monitoring training and proficiency | | Project | | Not Started | 11/01/2016 | 03/31/2017 | 11/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #10 | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| 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. | | Project | | Not Started | 11/01/2016 | 03/31/2018 | 11/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | Project | | Not Started | 11/01/2016 | 03/31/2018 | 11/01/2016 | 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 | | Not Started | 11/01/2016 | 03/31/2018 | 11/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Convene with project participants/providers to inventory criteria that would be required for the identification, risk stratification, and engagement of patients for the project | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Finalize risk stratification requirements, including inclusion/exclusion criteria, metric definitions, clinical value thresholds and risk scoring algorithm. | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Develop motivational interviewing script and work flow for brief intervention to be offered by providers if repeated elevated blood pressure readings are identified and patient is scheduled for hypertension visit | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Identify core data elements needed for risk stratification requirements. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation to facilitate scheduling of target patient population | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Complete gap analysis to compare required data to currently available data. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 7. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task | | Project | | In Progress | 09/01/2015 | 04/30/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| 8. Work with participating partners and their EMR vendors to identify local risk stratification capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform. | | | | | | | | | | |
| Task 9. Complete inventory of HIT-related PHM deliverables and current use cases to support project requirements | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 10. Finalize required functionality and select a PHM software vendor | | Project | | In Progress | 09/01/2015 | 12/31/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 11. Finalize population health management roadmap to support identified data/analytics requirements, and care coordination strategies (including method for collaborative care planning) and obtain board approval. | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 12. Work with partners and their respective EMR vendors to implement automated workflow for appointment scheduling | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 13. Implement PHM roadmap | | Project | | Not Started | 01/02/2017 | 03/31/2018 | 01/02/2017 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 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 | 01/01/2016 | 08/01/2016 | 01/01/2016 | 08/01/2016 | 09/30/2016 | DY2 Q2 |
| Task 1. Identify and institutionalize a standardized hypertension protocol | | Project | | In Progress | 01/01/2016 | 12/31/2016 | 01/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Designate hypertension champions within organization | | Project | | Completed | 04/01/2016 | 03/31/2017 | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Prescribe once-daily regimens or fixed-dose combination pills when appropriate | | Project | | Not Started | 04/01/2016 | 03/31/2017 | 07/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2018 | 09/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task Self-management goals are documented in the clinical record. | | Project | | In Progress | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task | | Project | | Not Started | 06/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals. | | | | | | | | | | |
| Task 1. Provide trainings (i.e. in person, train the trainer, etc.) on 1) the value of patient driven self-management goals in the medical record 2) motivational interviewing, and 3) cultural competency | | Project | | Not Started | 04/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 2. Work with project partners and their respective EHR vendors to assess their capability to document patients' self-management goals | | Project | | Completed | 09/01/2015 | 04/30/2016 | 09/01/2015 | 04/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 3. Develop scripts and workflow for review of self-management goals to be used by providers at each visit | | Project | | In Progress | 05/02/2016 | 06/30/2016 | 05/02/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Train providers how to input consistent self-management goals into the medical record | | Project | | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 5. Provide ongoing technical assistance on patient driven self-management goals in the medical record to clinic staff | | Project | | Not Started | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 9. Work with partners and their respective EMR vendors to implement care coordination documentation requirements | | Project | | Not Started | 08/01/2016 | 03/31/2018 | 08/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2018 | 04/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has developed referral and follow-up process and adheres to process. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS provides periodic training to staff on warm referral and follow-up process. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 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 | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Provide trainings (i.e. in person, train the trainer, etc.) on 1) the value of patient driven self-management goals in the medical record 2) motivational interviewing, and 3) cultural competency | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 2. Contact community based organizations and engage administration in planning for referral systems Develop MOU's regarding referral workflows and how to address referral issues/problems Establish Business Associate Agreements (BAA), which adhere to HIPAA requirements | | | | | | | | | | |
| Task 3. To the degree possible establish mechanisms for community based organizations to report back client status changes in a manner that upholds HIPAA requirements | | Project | | Not Started | 04/01/2016 | 06/30/2016 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Create and systematize a referral mechanism to each health and community based organization involved, which meets their referral criteria and format Include verbal referral or warmline transfer, paper fax or direct EMR referrals | | Project | | Not Started | 07/02/2016 | 03/31/2018 | 07/02/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 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 | 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 | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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 | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Create an inventory of protocols and identify most appropriate ones for target population | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Provide trainings on the value of home blood pressure monitoring | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. Provide blood pressure monitoring training to patients | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Assign appropriate person to conduct follow ups | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients. | | | | | | | | | | |
| Task 1. Establish criteria for selecting patients with hypertension in need of follow-up visits | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking follow-up. | | Project | | In Progress | 09/01/2015 | 04/30/2016 | 09/01/2015 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Work with project partners and their respective EHR vendors to assess their capability to support workflow automation to facilitate scheduling of target patient population identified in reports. | | Project | | In Progress | 09/01/2015 | 04/30/2016 | 09/01/2015 | 12/30/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Run an analysis of prior visit dates against list of patients with hypertension and identify those in need of a follow up appointment | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Work with partners and their respective EMR vendors to implement care coordination documentation requirements | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #16 Facilitate referrals to NYS Smoker's Quitline. | DY2 Q4 | Project | N/A | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed referral and follow-up process and adheres to process. | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Train ((i.e. in person, train the trainer, etc.) providers in understanding the efficacy of and services provided by the NYS Smoker's Quitline Services Reinforce the 5A's so that providers a) identify tobacco users at every patient encounter, b) intervene with each tobacco user and c) refer to the Quitline | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Utilize the comprehensive training and guidance materials that are available on the NYS Smokers' Quitline website | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Implement 5A's script and workflow for brief intervention to be offered by providers if patient tobacco use is identified | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. Implement an EMR system that has the capacity to make on the spot NYS Smokers' Quitline referrals through their secure on-line referral or fax referral system | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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|---|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Task 5. Create a mechanism for NYS Smokers' Quitline progress report to be added to the patient record once received | | Project | | Not Started | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| 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. | DY3 Q4 | Project | N/A | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 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 | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task If applicable, PPS has established linkages to health homes for targeted patient populations. | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Convene with project participants/providers to inventory criteria that would be required for the identification, risk stratification, and engagement of patients for the project | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Finalize risk stratification requirements, including inclusion/exclusion criteria, metric definitions, clinical value thresholds and risk scoring algorithm. | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Identify and train individuals to facilitate chronic disease self-management workshops in community settings such as senior centers, churches, libraries, clinics, and hospitals | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 4. Schedule workshops in high-risk neighborhoods | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 5. Provide trainings on Stanford Model for chronic diseases including the value in linking patients to community organizations/resources to healthcare providers | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 6. Identify core data elements needed for risk stratification requirements. | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|--|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 7. Complete gap analysis to compare required data to currently available data. | | | | | | | | | | |
| Task 8. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 9. Work with participating partners and their EMR vendors to identify local risk stratification capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform. | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #18 Adopt strategies from the Million Hearts Campaign. | DY2 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2017 | 01/01/2016 | 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 | Practitioner - Primary Care Provider (PCP) | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 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 | Practitioner - Non-Primary Care Provider (PCP) | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 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 | Mental Health | In Progress | 06/01/2016 | 03/31/2017 | 06/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify local and regional contacts and linkages who have participated in the Million Hearts Campaign planning, implementation and evaluation activities | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 2. Develop an inclusive and multi-disciplinary leadership group made up of health care institutions, community based organizations and individual stakeholders | | Project | | Completed | 11/01/2015 | 12/31/2015 | 11/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Join the Guiding Coalition by signing up on-line to access resources and get involved | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 4. Review Million Hearts Campaign report and identify asset based core strategies implemented through workgroups | | Project | | In Progress | 06/01/2016 | 12/01/2016 | 06/01/2016 | 12/01/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Register for and participate in scheduled member connection | | Project | | Not Started | 07/01/2016 | 12/31/2016 | 07/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| calls/webinars | | | | | | | | | | |
| Task 6. Establish hypertension and high level cholesterol work groups to develop an implementation plan for each of the six core strategies, which focus on improving health care systems through community collaboration and partnership and sustainable business models co-designed with people who the health care systems are designed to serve | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 7. Strategy: Identify and use data to ascertain problem areas | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Strategy: Identify interventions with the highest probability of decreasing harm, mortality, or readmission rates Ensure strategies are appropriate for intended short, intermediate and long term outcomes | | Project | | In Progress | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Strategy: Start in areas that are likely to show early success | | Project | | In Progress | 04/01/2016 | 04/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 10. Develop monitoring plan for ensuring implementation of strategies | | Project | | In Progress | 01/01/2016 | 06/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 11. Evaluate progress at regular intervals and identify areas needing revision/adjustment | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 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. | DY3 Q4 | Project | N/A | In Progress | 01/01/2016 | 03/31/2018 | 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 | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Investigate MCOs serving affected populations to assess its market share, service area, stability, solvency, and reputation | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Identify the most relevant MCOs to form agreements with by considering the answers to the following questions: Is the MCO actuarially sound? Does it have a good reputation among patients and other providers? Is the plan coverage booklet clear and comprehensive? Do enrollees switch frequently from one | | Project | | Completed | 01/01/2016 | 03/31/2016 | 01/01/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |



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|---|---------------------|-----------------|--|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| primary care physician to another? What is the role of the primary care physician? Does it pay providers on time in accordance with its contractual obligations? | | | | | | | | | | |
| Task 3. Determine and finalize the conditions of the agreement including service coordination | | Project | | Not Started | 07/01/2016 | 03/31/2018 | 07/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone #20 Engage a majority (at least 80%) of primary care providers in this project. | DY2 Q4 | Project | N/A | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has engaged at least 80% of their PCPs in this activity. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. PPS will inventory the number of primary care practices that have attested to this project and compare it to the list of adult primary care practices that are part of the PPS' network | | Project | | Completed | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. PPS will identify the primary care practices that have not engaged in this project and develop a multi-pronged action plan to promote engagement and participation of practices in this project | | Project | | In Progress | 09/01/2015 | 03/31/2017 | 09/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. PPS Staff and consultants as appropriate will engage practices in a series of training and technical assistance activities to ensure that primary care practices are provided the support they need to adopt the broad range of practices, protocols, and processes that are part of the Millions Heart Initiative. (The body of evidence and experience suggests that simply distributing the protocols and policies to practices will not lead to broad, far reaching change.) | | Project | | Not Started | 07/01/2016 | 03/31/2017 | 07/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 4. PPS will assess participation rates on a regular basis and continue to implement its action plan until the PPS achieves the 80% threshold | | Project | | In Progress | 04/01/2016 | 03/31/2017 | 04/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found



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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. | |
| 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. | For Project 3bi Milestone 2, the end date for Task 6 ("Convene with project participants/providers to define alerting use cases to help support project activities.") has been placed on hold due to the fact that all alert use cases offered by the RHIO will be implemented under the Integrated Delivery System, Project 2ai and are not specific to any 3bi project activities. |
| 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. | |
| Use EHRs or other technical platforms to track all patients engaged in this project. | |
| Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | |
| Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | |
| 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. | <p>For Project 3bi Milestone 7, Task 1 ("Identify financing and care coordination tools (e.g., Care Coordination Measures Atlas, developed by the Agency for Healthcare Research and Quality) and codes which allow physicians to document and bill for coordinating care between community service agencies, linking patients to resources, supporting the transition of patients from inpatient to other settings, and working to limit preventable readmissions") has been extended to 9/30/16 due to a delay in obtaining access to coding expertise for coordinating care between community service agencies as well as transitions between health care settings. CNYCC is considering an RFP to obtain this expertise in DY2Q2.</p> <p>For Project 3bi Milestone 7, Task 2 ("Develop and institutionalize a care coordination team model that outlines multidisciplinary member roles and responsibilities and is centered on the comprehensive needs of the patient and family, leading to decreased health care costs, reduction in fragmented care, and improvement in the patient/family experience of care") has been extended to 12/31/16 to allow the workgroup time to finalize standards and functions of the care coordination team members in the care coordination model and to allow partners time to institutionalize the model and develop external partnerships with multidisciplinary members of the care team.</p> <p>For Project 3bi Milestone 7, Task 3 ("Using identified tools, increase awareness among multi-disciplinary health care and community workers about the benefits of care coordination") has been extended to 9/30/16 allowing for development of resources to communicate the benefits of care coordination to multiple sources in multiple venues.</p> |
| Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | |
| Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | |
| 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. | <p>For Project 3bi Milestone 10, the end date for Task 3 ("Develop motivational interviewing script and work flow for brief intervention to be offered by providers if repeated elevated blood pressure readings are identified and patient is scheduled for hypertension visit") has been extended to 12/31/16 to allow the clinical workgroup time to develop a motivational interviewing script and work flow for brief intervention during a hypertension visit if repeated elevated blood pressure readings are identified for a patient.</p> <p>For Project 3bi Milestone 10, the end date for Task 4 ("Identify core data elements needed for risk stratification requirements") has been extended to 12/31/16 to allow the</p> |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|--|
| | <p>clinical workgroup time to develop criteria and risk factors for patients with repeated elevated blood pressure readings but no diagnosis of hypertension. Criteria must be established before data elements can be identified.</p> <p>For Project 3bi Milestone 10, the end date for Task 6 ("Complete gap analysis to compare required data to currently available data") has been extended to 12/31/16 to allow the clinical workgroup time to develop criteria and risk factors for patients with repeated elevated blood pressure readings but no diagnosis of hypertension. Criteria must be established before data elements can be identified and a gap analysis performed.</p> <p>For Project 3bi Milestone 10, the end date for Task 7 ("Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely.") was extended from 6/30/16 to 12/31/16. Moving the deadline of this task allows for clearer insight into both the gaps and population health needs which may be facilitated by implementation of the CNYCC PHM system. Our vendor selection/contracting will not be completed until 9/2017.</p> <p>For Project 3bi Milestone 10, the end date for Task 8 ("Work with participating partners and their EMR vendors to identify local risk stratification capabilities, as well as mechanisms to extract and share required data elements for PPS wide data aggregation in CNYCC Population Health Management Platform.") was extended from 6/30/16 to 12/31/16. Moving the deadline of this task allows for clearer insight into both the gaps and population health needs which may be facilitated by implementation of the CNYCC PHM system. Our vendor selection/contracting will not be completed until 9/2017.</p> |
| Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | |
| Document patient driven self-management goals in the medical record and review with patients at each visit. | For Project 3bi Milestone 12, the original end date for Task3 ("Develop scripts and workflow for review of self-management goals to be used by providers at each visit") has been extended to 9/30/16 to allow the clinical workgroup more time to develop a script and workflow for self-management goal setting. |
| Follow up with referrals to community based programs to document participation and behavioral and health status changes. | For Project 3bi Milestone 13, the end date for Task 3 ("To the degree possible establish mechanisms for community based organizations to report back client status changes in a manner that upholds HIPAA requirements") was extended from 6/30/16 to 03/31/17. Moving the deadline of this task allows for more a more consistent time line and cadence based on project milestone. Task design was out of sync with rest of milestone. |
| Develop and implement protocols for home blood pressure monitoring with follow up support. | |
| Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | <p>For Project 3bi Milestone 15, the end date for Task 1 ("Establish criteria for selecting patients with hypertension in need of follow-up visits") has been extended to 9/30/16. Moving this date will allow the CVDM workgroup to develop cohesive criteria to define how frequently hypertensive patients need to be scheduled for a follow-up.</p> <p>For Project 3bi Milestone 15, the end date for Task 2 ("Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking follow-up.") has been extended to 12/30/16. Moving this date will allow CVDM workgroups to develop cohesive criteria to define how frequently hypertensive patients need to be scheduled for a follow-up for partners to develop reporting mechanisms for patient outreach based on identified criteria.</p> <p>For Project 3bi Milestone 15, the end date for Task 3 ("Work with project partners and their respective EHR vendors to assess their capability to support workflow automation to facilitate scheduling of target patient population identified in reports.") has been extended to 12/30/16. Moving this date will allow CVDM workgroups to develop cohesive criteria to define how frequently hypertensive patients need to be scheduled for a follow-up and project partners the time to assess their capability to support workflow automation to facilitate scheduling of targeted patients due for hypertensive follow-ups, as well as time to implement the process ahead of the milestone end date of 3/31/17.</p> |
| Facilitate referrals to NYS Smoker's Quitline. | |
| 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. | For Project 3bi Milestone 17, the original end date for Task 7 ("Complete gap analysis to compare required data to currently available data.") has been extended to 12/31/16 to allow for completion of a gap analysis of required data elements to currently available elements and the source of that data needed to develop strategies for implementing additional actions in high risk neighborhoods. |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Adopt strategies from the Million Hearts Campaign. | <p>For Project 3bi Milestone 18, the end date for Task9 ("Strategy: Start in areas that are likely to show early success") has been extended to 9/30/16. A clinical workgroup needs additional time to develop standards of care in multiple areas of Million Hearts Campaign prevention strategies related to cardiovascular disease and its risk factors, including, tobacco use and blood pressure control before providers can implement policies and procedures for treatment and intervention.</p> <p>For Project 3bi Milestone 18, the end date for Task 10 ("Develop monitoring plan for ensuring implementation of strategies") has been extended to 9/30/16. More time is needed for the workgroup to develop standards of care around Million Hearts Campaign standards of care. In addition, another of the workgroup charges is to determine how successful implementation can be monitored.</p> |
| Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | |
| Engage a majority (at least 80%) of primary care providers in this project. | |



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IPQR Module 3.b.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ3bi_MDL3bi4_PPS1629_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_3bi_Narrative_08.05.16_5718.pdf | Required Project 3bi narrative for mid-point assessment | 08/05/2016 03:38 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 3.b.i.5 - IA Monitoring

Instructions :



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Project 3.g.i – Integration of palliative care into the PCMH Model

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

Instructions :

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

1. Risk: Societal views on death and dying may stymie the full potential of this project. Furthermore, health professionals are not always adequately trained and prepared to deliver "basic" or "primary" palliative care to patients, including lack of communication skills among providers to have honest, sensitive, and culturally competent conversations with patients and their caregivers on health status, goals, and advance directives. Potential Impact: Processes and systems may be put in place within PCMHs to provide basic palliative care services to patients in the primary care setting that ultimately are not meaningful to the patient and therefore not fully or even adequately addressing pain and symptom management of their disease or discussion of their health and treatment goals. As a result, palliative care patients may not have full understanding of their disease process, inability to self-manage and utilize services or resources within the community or health system to support management, and continue accessing urgent care through the ED, which could otherwise be prevented. Furthermore, patients may receive unwanted treatment if they haven't fully considered and/or documented their treatment options and preferences. Mitigation: Mitigation of this risk will depend on ensuring available and supported training opportunities for health care professionals participating in 3gi on palliative care and patient communication skills to develop competency and capacity in conversations on health status, care goals, and advance directives. The Conversation Ready Project (Institutes for Healthcare Improvement), Compassion and Support, and Centers to Advance Palliative Care are resources for these training needs. Second, providing public education and engagement about death, dying, and end-of-life care issues at the individual/patient, family/caregiver and community levels will help normalize conversations about death and dying and facilitate thoughtful and meaningful discussions with health care providers in establishing care goals, plans, and advance directives.
2. Risk: Palliative care is not a clear priority among primary care providers. Potential Impact: If this project and/or palliative care are not adopted as a priority component of providing comprehensive, quality, patient-centered care, there may be slow uptake and implementation of this project that will result in the PPS not achieving project milestones on time nor engaging patients per the planned timeline. Mitigation of this risk will require leadership at the PPS, regional, and practice levels, physician champions in each 3gi project practice, to provide vision and direction to comprehensively integrate palliative care into the outpatient/primary care setting.
3. Risk: A systematic way to identify and monitor palliative care patients is lacking. Potential Impact: If eligible palliative care patients are not identified within a practice and monitored for provision of appropriate services and supports to manage pain and symptoms associated with their disease, they will likely experience poor control and/or worsening of their symptoms that may result in otherwise preventable use of the ED and hospital. Mitigation: Introduction of a population health management platform within the PPS will enable the systematic identification and tracking of high risk populations and the ability to track their care throughout the continuum. In the interim, the outpatient palliative care population will be tracked through registries or reports built directly in the participating practice/organization EMRs.



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

Instructions :

Enter the number of patients actively engaged through the current quarter. The number entered into the "Quarterly Update" area needs to reflect the cumulative method of counting within a DSRIP year. For example, the number reported in this field for Q4 should include patients previously reported in Q3 plus new patients engaged in Q4. Any explanations regarding altered or missed patient commitments must be included within the narrative box, not as text within uploaded documentation.

| Benchmarks | |
|------------------------|------------------------|
| Actively Engaged Speed | Actively Engaged Scale |
| DY4,Q4 | 7,920 |

| | Year,Quarter | DY2,Q1 | DY2,Q2 | DY2,Q3 | DY2,Q4 |
|--------------|--------------------------|--------|--------|--------|--------|
| PPS Reported | Baseline Commitment | 0 | 0 | 0 | 990 |
| | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | 0.00% |
| IA Approved | Quarterly Update | 0 | 0 | 0 | 0 |
| | Percent(%) of Commitment | | | | 0.00% |

Current File Uploads

| User ID | File Type | File Name | File Description | Upload Date |
|---------|-----------|-----------|------------------|-------------|
|---------|-----------|-----------|------------------|-------------|

No Records Found

Narrative Text :

For PPS to provide additional context regarding progress and/or updates to IA.



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✓ IPQR Module 3.g.i.3 - Prescribed Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for prescribed milestones. For milestones that are due and completed within the reporting period, documentation is required to provide evidence of project requirement achievement. Any explanations regarding altered or missed provider commitments should be included within the narrative box, not as text within uploaded documentation.

| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|----------------------------|------------------------|--|---------------|----------------------------|--------------------------|-------------------|-----------------|-------------------------|---|
| Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | DY3 Q4 | Project | N/A | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task PPS has identified primary care providers integrating palliative care services into their practice model. Primary care practices using PCMH and/or APCM have been included. The PPS has received agreement from those PCPs not PCMH and/or APCM certified to become certified to at least Level 1 of the 2014 NCQA PCMH and/or APCM by Demonstration Year 3. | | Provider | Practitioner - Primary Care Provider (PCP) | In Progress | 08/04/2015 | 03/31/2018 | 08/04/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. PCMH Level 1 Recognition | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1a Identify all providers/practices participating in project and identify those with or who will achieve NCQA PCMH 2014 Level 1 recognition. | | Project | | Completed | 08/04/2015 | 03/01/2016 | 08/04/2015 | 03/01/2016 | 03/31/2016 | DY1 Q4 |
| Task 1b. Establish HIT/HIE and Primary Care Transformation workgroups. | | Project | | Completed | 08/04/2015 | 03/31/2016 | 08/04/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 1c. Engage and collaborate with PCMH Certified Content Expert to review NCQA PCMH 2014 Level 3 requirements and integrate palliative care strategies into a PCMH baseline assessment tool and implementation strategy for primary care providers. | | Project | | Completed | 01/31/2016 | 03/31/2016 | 01/31/2016 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 1d. Provide HIT/HIE and Primary Care Transformation Workgroups education regarding NCQA PCMH 2014. Education will include review of, NCQA 2014 standards, scoring, and recognition process. | | Project | | Completed | 02/01/2016 | 04/08/2016 | 02/01/2016 | 04/08/2016 | 06/30/2016 | DY2 Q1 |
| Task 1e. Identify practice transformation champions to drive HIT/HIE and PCMH implementation for each primary care practice. | | Project | | Completed | 08/04/2015 | 01/31/2016 | 08/04/2015 | 01/31/2016 | 03/31/2016 | DY1 Q4 |
| Task | | Project | | Completed | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 1f. Conduct baseline assessments of providers/practices' PCMH 2014 statuses. | | | | | | | | | | |
| Task 1g. Devise cohort groups and facilitate learning collaborative sessions to support practices in successful PCMH 2014 implementations. | | Project | | In Progress | 06/01/2016 | 09/30/2017 | 06/01/2016 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 1h. Devise a detailed PCMH 2014 implementation plan for each provider/practice. As MU Stage 2 measures are embedded in PCMH 2014 standards both will be assessed and implemented concurrently. | | Project | | In Progress | 02/01/2016 | 09/30/2016 | 02/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1i. Deploy PCMH 2014 or APCM implementation plans for each participating provider/practice. | | Project | | In Progress | 06/01/2016 | 09/30/2016 | 06/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1j. PCMH 2014 Level 3 recognition achieved or APCM by participating primary care practices. | | Project | | In Progress | 09/01/2015 | 12/31/2017 | 09/01/2015 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 2. Establish regional Palliative Care Resource Teams composed of palliative care physician, mid-level and nurse case manager. | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Implement palliative care change package (i.e., palliative care patient panel, palliative care patient assessment protocol, and palliative care patient care plan protocol) in PCMHs. See also Requirement #3 | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3a Introduce palliative care change package to PCMH cohorts | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3b Provide Technical Assistance to PCMH cohorts to guide implementation of palliative care change package | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3d. Participating practices conduct workflow analysis to assess capacity for integrating palliative care into practice | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3e. Participating PCPs establish palliative care patient panel of patients at highest risk for ED/Inpatient use(patient finding and targeting) | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3f. Participating PCPs implement palliative care patient assessment and care plan protocols | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task | | Project | | In Progress | 10/01/2015 | 10/31/2016 | 10/01/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 4. Providers/practices engage community partners and resources and establish referral mechanisms | | | | | | | | | | |
| Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice. | DY2 Q4 | Project | N/A | In Progress | 08/04/2015 | 03/31/2017 | 08/04/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task The PPS has developed partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the PCP practice. | | Project | | In Progress | 08/04/2015 | 03/31/2017 | 08/04/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Review and document community partners, resources and social support services available regionally and within communities for PCMHs to coordinate with regarding palliative care services (e.g., hospitals, hospices, home care, nursing homes, social services, economic services, public health programs) | | Project | | In Progress | 08/04/2015 | 08/31/2016 | 08/04/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Identify which services and resources to link to or integrate into practices providing palliative care services | | Project | | In Progress | 08/04/2015 | 08/31/2016 | 08/04/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Identify and engage core partner agencies and related services/resources | | Project | | In Progress | 08/04/2015 | 08/31/2016 | 08/04/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Develop guide for referral protocols and procedures with partners agencies and other provider/community resources | | Project | | In Progress | 08/04/2015 | 08/31/2016 | 08/04/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | DY2 Q4 | Project | N/A | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task PPS has developed/adopted clinical guidelines agreed to by all partners including services and eligibility, that include implementation, where appropriate, of the DOH-5003 Medical Orders for Life Sustaining Treatment (MOLST) form. PPS has trained staff addressing role-appropriate competence in palliative care skills. | | Project | | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Convene Project Implementation Collaborative meetings to steer the initiative | | Project | | In Progress | 06/15/2015 | 03/31/2017 | 06/15/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Define scope of palliative care services and change package | | Project | | In Progress | 06/15/2015 | 08/31/2016 | 06/15/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |



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|--|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| to be integrated in PCMHs (e.g., pain and symptom assessment and management, advance care planning, panel management) | | | | | | | | | | |
| Task 3a. Conduct review of existing palliative care clinical guidelines | | Project | | In Progress | 06/15/2015 | 08/31/2016 | 06/15/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3b. Define palliative care guidelines to be integrated in PCMHs | | Project | | In Progress | 06/15/2015 | 09/30/2016 | 06/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3c. Define general patient eligibility criteria for receipt of palliative care services in PCMH | | Project | | In Progress | 06/15/2015 | 08/31/2016 | 06/15/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 3d. Define general criteria for patient referral to specialty, hospital, home care, nursing home, and/or hospice services | | Project | | In Progress | 06/15/2015 | 09/30/2016 | 06/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3e. Review palliative care services and change package with PPS partners; establish consensus on defined palliative care clinical guidelines, eligibility, and referral | | Project | | In Progress | 06/15/2015 | 10/31/2016 | 06/15/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. Develop or identify a patient health severity assessment tool for PCMHs | | Project | | In Progress | 06/15/2015 | 09/30/2016 | 06/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Develop a patient palliative care plan template for PCMHs | | Project | | In Progress | 06/15/2015 | 09/30/2016 | 06/15/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | DY2 Q4 | Project | N/A | In Progress | 10/31/2015 | 03/31/2017 | 10/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task Staff has received appropriate palliative care skills training, including training on PPS care protocols. | | Project | | In Progress | 10/31/2015 | 03/31/2017 | 10/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify core competencies for providing palliative care in PCMH setting | | Project | | In Progress | 10/31/2015 | 06/30/2016 | 10/31/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Develop or identify online and in-person training for palliative care competency, including cultural competency | | Project | | In Progress | 12/01/2015 | 06/30/2016 | 12/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Implement trainings | | Project | | In Progress | 10/31/2015 | 03/31/2017 | 10/31/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone #5 Engage with Medicaid Managed Care to address coverage of services. | DY3 Q4 | Project | N/A | In Progress | 10/01/2015 | 03/31/2018 | 04/01/2016 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task PPS has established agreements with MCOs that address the coverage of palliative care supports and services. | | Project | | Not Started | 10/31/2016 | 03/31/2018 | 10/31/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|--------------------------------|----------------------------|----------------------|---------------|--------------------------------|------------------------------|-------------------|-----------------|-----------------------------|---|
| Task PPS conducts analysis of the scope of services identified for the defined population | | Project | | Not Started | 10/31/2016 | 12/31/2016 | 10/31/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task servicesPPS develops preliminary value based payment option for project based on previous step (Total Care, Bundled Care etc) | | Project | | In Progress | 12/01/2016 | 01/31/2017 | 12/01/2016 | 01/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 3. PPS conducts cost benefit analysis of projects and adjusts value based payment option (including services and population definition). | | Project | | Not Started | 04/01/2017 | 09/30/2017 | 04/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 4. PPS develops measures and metrics for the value-based payment strategy | | Project | | Not Started | 04/01/2017 | 09/30/2017 | 04/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task . PPS collaborates with MCOs to assure proposed approaches are synergistic with MCO efforts. | | Project | | In Progress | 04/01/2017 | 09/30/2017 | 04/01/2017 | 09/30/2017 | 09/30/2017 | DY3 Q2 |
| Task 6. PPS engages partners to review and refine preliminary value-based approaches, with particular focus on assuring their participation. | | Project | | In Progress | 10/01/2017 | 12/31/2017 | 10/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 7. PPS engages MCOs in contractual discussions regarding project, finalizes scope, population, approach, measures; resulting in contractual agreement with PPS. | | Project | | In Progress | 01/01/2018 | 03/31/2018 | 01/01/2018 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 8. PPS engages partners in contractual discussions regarding project; resulting in contractual agreement with PPS. | | Project | | In Progress | 01/01/2018 | 03/31/2018 | 01/01/2018 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 9. Engage MCOs in Project Implementation Collaboratives | | Project | | On Hold | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 10. Share program protocols, patient inclusion criteria and scope of services with MCOs for feedback. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 11. Revise protocols, patient inclusion and scope of services based upon MCO feedback. | | Project | | Not Started | 07/01/2016 | 08/31/2016 | 07/01/2016 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 12. Collaborative with MCOs to identify MCO patients who would benefit from inclusion in the project. | | Project | | Not Started | 07/01/2016 | 08/31/2016 | 07/01/2016 | 08/31/2016 | 09/30/2016 | DY2 Q2 |
| Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project. | DY2 Q4 | Project | N/A | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Project Requirements (Milestone/Task Name) | Prescribed Due Date | Reporting Level | Provider Type | Status | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|---------------------|-----------------|---------------|-------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. | | Project | | In Progress | 07/01/2015 | 03/31/2017 | 07/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Finalize definition for actively engaged patients to be used by participating CNYCC partners. | | Project | | In Progress | 07/01/2015 | 12/31/2016 | 07/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation. | | Project | | In Progress | 10/01/2015 | 04/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Identify core data elements needed for patient tracking requirements as well as care coordination data and identify the expected sources of data. | | Project | | In Progress | 09/01/2015 | 12/31/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Complete gap analysis to compare required data to currently available data. | | Project | | In Progress | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Identify plans to address gaps and institute data governance rules to ensure that required data is captured consistently and timely. | | Project | | In Progress | 04/01/2016 | 07/31/2016 | 04/01/2016 | 07/31/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Work with participating partners and their EMR vendors to identify mechanisms to extract and share required data elements for PPS wide data aggregation/tracking in CNYCC Population Health Management Platform | | Project | | In Progress | 09/01/2015 | 08/31/2016 | 09/01/2015 | 08/31/2016 | 09/30/2016 | DY2 Q2 |

Prescribed Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
|----------------|---------|-----------|-----------|-------------|-------------|

No Records Found

Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|----------------|
| Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | |
| Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the | |



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Prescribed Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| practice. | |
| Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | |
| Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | <p>For Project 3gi Milestone 4, the original end date of 6/30/16 for Task 1 (Identify core competencies for providing palliative care in PCMH setting) has been extended to 9/30/16. This process has been started, with the identification of necessary skills and training needed for palliative care provision. However, these competencies have not yet been formally agreed upon by the larger PIC.</p> <p>For Project 3.g.i, Milestone 4, the original end date of 6/30/16 for Task 2 (Develop or identify online and in-person training for palliative care competency, including cultural competency) has been extended to 9/30/16. This is due to the fact that while on-line training has been identified, means for payment for the training is still being explored. In addition, CNY Care Collaborative will be working with the newly hired Workforce staff to identify the in-person trainings – to include cultural competency training.</p> |
| Engage with Medicaid Managed Care to address coverage of services. | <p>For Project 3.g.i. Milestone 5, the original end date of 6/30/16 for Task 10 (Share program protocols, patient inclusion criteria and scope of services with MCOs for feedback) has been extended to 10/31/16. This is due to no protocols having yet been formally established by the partners and MCO engagement by CNY Care Collaborative being in the early stages.</p> |
| Use EHRs or other IT platforms to track all patients engaged in this project. | <p>For Project 3.g.i, Milestone 6, the original end date for Task 2 (Work with participating partners and their EMR vendors to identify reporting mechanisms and criteria for tracking project participation.) was extended from 6/30/16 to 9/30/16. This change is due to the fact that Primary Care Providers engaged in the Palliative Care project identified the need to hold clinical work-group meetings for the purpose of establishing protocols and processes for patient identification and risk assessment. This will then lead to the next steps of identifying the core data elements associated with the tracking of those patients who will be actively engaged with Palliative Care.</p> <p>For Project 3.g.i. Milestone 6, the original end date of 6/30/16 for Task 4 (Complete gap analysis to compare required data to currently available data) was extended to 12/31/16. This change is due to the fact the PPS is awaiting performance measures for 3.g.i to be released by Department of Health.</p> |



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IPQR Module 3.g.i.4 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|-----------------------------------|-----------|--------------------------------|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ3gi_MDL3gi4_PPS1662_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_3gi_Narrative_08.05.16_5720.pdf | Required Project 3gi narrative for mid-point assessment | 08/05/2016 03:40 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|----------------------|----------------|
| Mid-Point Assessment | |



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IPQR Module 3.g.i.5 - IA Monitoring

Instructions :



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Project 4.a.iii – Strengthen Mental Health and Substance Abuse Infrastructure across Systems

✓ IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

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

RISK Geographic diversity is a challenge for project implementation; the CNYCC region is large and includes urban and rural areas, leading to differing priorities among partners. IMPACT Failure of the Partnership to identify relevant strategic objectives, will result in continued operation under fragmented systems. MITIGATION The Project Implementation Collaborative seeks to find a project governance structure that will allow them to identify a Prevention Partnership that is impartial and without prior agenda. RISK There is a significant need for workforce training for this project both in building provider capacity for service provision and supporting needed development that will in turn support project implementation across projects. IMPACT Failure to build provider capacity will result in a continued strain on existing resources. Waiting lists for patients to be seen by a mental health provider remain long. MITIGATION Partners have already begun exploring strategies to build provider capacity. Some rural partners are exploring telehealth and CNYCC will continue to support and learn from this effort. Other creative strategies are being employed. Encouraging shared language among behavioral health and primary care workforces has begun in the PICs, and will continue as part of the broader CNYCC Workforce strategy. RISK Population health management requires involvement from healthcare, public health, social institutions, and policymakers. Some providers have the capability to implement population health practices; many other organizations have a fairly steep learning curve, and may need time to prepare to implement these practices. IMPACT A PHM structure is necessary to better understand risk aggregation and embrace the tools to mitigate potential costs that come with caring for a set population. Technology in population health strategies is needed to continually identify, assess, and stratify provider panels. Moreover, physician groups can use technology and automation to augment integration and care, better manage patient populations, drive better outcomes, and decrease overall cost. MITIGATION First, it is going to be critical that training opportunities on PHM are available and marketed for multidisciplinary stakeholders and their partners. Second, some organizational leaders may need to diminish focus on individual health behavior but instead include knowledge and skill building on community engagement/empowerment, and advocacy for policy, systems, and environmental change that support healthy behaviors. Third, there will need to be an increased reliance on "experts" in a community. Much of this shift in thinking is already underway in the PICs, where partners are raising these issues and using the knowledge that exists within the community to develop steps forward. RISK Stigmatization of people with mental disorders continues to persist. Stigmatization leads to marginalization and deters the public from seeking, and wanting to pay for, care. IMPACT If the stigmatization associated with mental health and substance abuse persists, prevention and treatment of mental illness and substance abuse disorders will continue to be a challenge. Reducing stigmatization associated with mental health and substance abuse will heighten public (including physicians and other influential individuals) awareness of the importance of preventing and treating mental health and substance abuse and subsequent funding opportunities. MITIGATION Overall approaches to stigma reduction involve programs of advocacy and contact with persons with mental illness through schools and other societal institutions. Awareness campaigns and training opportunities should be an integral part of the effort and can include facts about mental illness and substance use disorders; health literacy/language around mental health; and cultural competency.



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✓ IPQR Module 4.a.iii.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii | In Progress | Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1. Create an inventory of stakeholders, including organizations directly (e.g., public health) and indirectly (e.g., social services) related to MEB, and that also includes cohorts or specific populations targets members of the population served. | Completed | Create an inventory of stakeholders, including organizations directly (e.g., public health) and in-directly (e.g., social services) related to MEB, as well members of the population served. | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. Either identify an existing entity that would be willing to take on the work of the Partnership and align their efforts with the CNYCC's Project 4aiii goals/objectives or develop a new entity or organization willing to take on this work | Completed | The Partnership could be developed through an RFP process. In this case, the guidance for the RFP would be developed by the PIC and the CNYCC. Requirements and expectations would be laid out in clear terms based on 4aiii project guidance and the will of the PIC and CNYCC staff | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 3. Determine Prevention Partnership's organizational structure, by-laws, vision, mission, role, and core goals and activities | On Hold | Determine Prevention Partnership's organizational structure, by-laws, vision, mission, role, and core goals and activities | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 4. Consolidate, review and summarize information from existing community needs assessment to clarify needs, underlying determinants of health, population segments most at-risk, barrier to care/service, and service gaps. | Completed | Consolidate, review and summarize information from existing community needs assessment to clarify needs, underlying determinants of health, population segments most at-risk, barrier to care/service, and service gaps. | 09/01/2015 | 12/31/2015 | 09/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 5. Conduct a broad MEB policy or structural assessment and identify opportunities for | In Progress | Conduct a broad MEB policy or structural assessment and identify opportunities for promoting access to care, care coordination, service integration, client engagement, and outreach/education, particularly with | 09/01/2015 | 12/31/2016 | 09/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| promoting access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area, | | respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area, | | | | | | |
| Task 6. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support MEB health promotion, prevention, capacity building and overall MEB strengthening efforts | In Progress | Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support MEB health promotion, prevention, capacity building and overall MEB strengthening efforts | 09/01/2015 | 09/30/2016 | 09/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Work with other CNYCC PICs and the CNYCC staff to explore and identify synergies and collaborative opportunities across the CNYCC's projects | In Progress | Work with other CNYCC PICs and the CNYCC staff to explore and identify synergies and collaborative opportunities across the CNYCC's projects | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 8. Engage the CNYCC's Workforce Coordination and the Workforce Working Group to explore overlapping objectives related to strengthening MEB Health workforce and building capacity, related to quality improvement, rapid cycle evaluation, and evidence-based approaches | In Progress | Engage the CNYCC's Workforce Coordination and the Workforce Working Group to explore overlapping objectives related to strengthening MEB Health workforce and building capacity, including capacity quality improvement, rapid cycle evaluation, and evidence-based approaches | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 9. Engage the CNYCC's Cultural Competency/ Health Literacy Working group to explore overlapping objectives related to ensuring that MEB health services are provided in a culturally competent way. Ensure that organizations are "health literate", as well as promoting health literacy related to MEB Health, particularly amongst those most at-risk | In Progress | Engage the CNYCC's Cultural Competency/ Health Literacy Working group to explore overlapping objectives related to ensuring that MEB health services are provided in a culturally competent way. Ensure that organizations are "health literate", as well as promoting health literacy related to MEB Health, particularly amongst those most at-risk | 09/01/2015 | 06/30/2016 | 09/01/2015 | 06/30/2017 | 06/30/2017 | DY3 Q1 |
| Task 10. Develop priorities for the partnership as well as a detailed work plan that will allow the partnership to achieve the identified priorities. | On Hold | Emphasis should be placed on identifying activities that will support the other work of the CNYCC and achievement of DSRIP goals. Priorities would likely fall into the following three categories 1) Capacity building efforts (e.g., psychiatry, telehealth, MH/SA/primary care integration, care management, medication management, etc.), 2) MEB Health Promotion, Wellness, and Prevention Activities (e.g., children/youth | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| | | in schools, racial/ethnic minority populations, older adults, geographic service gaps, dual diagnosed individuals (MH & SA), etc., and 3) Advocacy and structural changes related to Broad MHA Strengthening (policy consideration, licensure issues, training gaps, facility waivers and other regulatory waivers, etc.) | | | | | | |
| Task 11. Designate a CNYCC representative by Year 1 Quarter 3 that would represent the CNYCC on the Partnership's leadership team | On Hold | Designate a CNYCC representative by Year 1 Quarter 3 that would represent the CNYCC on the Partnership's leadership team | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 12. Require that all CNYCC partners participate in Prevention Partnership | On Hold | Require that all CNYCC partners participate in Prevention Partnership | 04/01/2015 | 03/31/2020 | 04/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 6.1 Facilitate the development of a strategic plan to inform activities to enhance infrastructure that will promote access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area, | Completed | Facilitate the development of a strategic plan to inform activities to enhance infrastructure that will promote access to care, care coordination, service integration, client engagement, and outreach/education, particularly with respect to integrating and coordinating mental health and substance abuse services or breaking down the barriers to integration in these area, | 11/01/2015 | 03/31/2016 | 11/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 10.1 Using the developed strategic plan as a framework, create and disseminate RFP to seek creative, collaborative, and innovative solutions to strengthen infrastructure. | In Progress | Using the developed strategic plan as a framework, create and disseminate RFP to seek creative, collaborative, and innovative solutions to strengthen infrastructure. | 12/30/2015 | 06/30/2016 | 12/30/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4a from the Prevention Partnership's Strategic Plan | Not Started | Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4a from the Prevention Partnership's Strategic Plan | 06/30/2016 | 03/17/2017 | 12/01/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Identify existing resources that can be applied to achieve each of the identified short-term and long-term objectives. | Not Started | Identify existing resources that can be applied to achieve each of the identified short-term and long-term objectives. | 06/30/2016 | 09/30/2016 | 12/01/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |
| Task 2. Identify relevant "inputs" or activities required to achieve each of the short term and long-term objectives. | Not Started | Identify relevant "inputs" or activities required to achieve each of the short term and long-term objectives. | 06/30/2016 | 09/30/2016 | 12/01/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |
| Task | Not Started | Develop logic model for each objective | 06/30/2016 | 09/30/2016 | 12/01/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|--|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| 3. Develop logic model for each objective | | | | | | | | |
| Task 4. Develop detailed work plan with clear activities, timelines, measures/milestones for success and responsible parties for each objective | Not Started | Develop detailed work plan with clear activities, timelines, measures/milestones for success and responsible parties for each objective | 06/30/2016 | 09/30/2016 | 12/01/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |
| Task 5. Implement and monitor activities and use data for quality/progress improvement | Not Started | Implement and monitor activities and use data for quality/progress improvement. | 06/30/2016 | 12/31/2016 | 12/31/2016 | 03/17/2017 | 03/31/2017 | DY2 Q4 |
| Milestone Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities. | Not Started | Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1. Train Prevention Partnership members on the principles and practices related to quality/performance improvement and rapid cycle evaluation | Not Started | Train Prevention Partnership members on the principles and practices related to quality/performance improvement and rapid cycle evaluation | 04/01/2016 | 12/31/2016 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 2. Based on the logic model and the work plan, develop an evaluation plan for each objective | Not Started | Based on the logic model and the work plan, develop an evaluation plan for each objective | 04/01/2016 | 09/30/2016 | 04/01/2017 | 12/31/2017 | 12/31/2017 | DY3 Q3 |
| Task 3. Track identified measure(s) and milestones for each activity. | Not Started | Track identified measure(s) and milestones for each activity. | 04/01/2016 | 03/29/2020 | 04/01/2017 | 03/29/2020 | 03/31/2020 | DY5 Q4 |
| Task 4. Create or modify data collection tool(s) and establish frequency for data collection. | Not Started | Create or modify data collection tool(s) and establish frequency for data collection. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5. Collect data according to evaluation plan. | Not Started | Collect data according to evaluation plan. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 6. Analyze and report results. | Not Started | Analyze and report results. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 7. Review and share results with partners. | Not Started | Review and share results with partners | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 8. Identify new objectives/activities. | Not Started | Identify new objectives/activities. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 9. Implement new objectives/activities. | Not Started | Implement new objectives/activities. | 04/01/2016 | 03/31/2020 | 04/01/2017 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |



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PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ4aiii_MDL4aiii2_PPS1630_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_4aiii_Narrative_08.05.16_5722.pdf | Required Project 4aiii narrative for mid-point assessment | 08/05/2016 03:42 PM |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|--|---|
| Convene Mental Emotional and Behavioral (MEB) Health Promotion and Disorder Prevention Regional Partnership, Designate a CNYCC Representative, and Assist the Partnership to Develop a Strategic Plan that is Aligned with DSRIP and Project 4aiii | <p>For Project 4aiii Milestone 1 Task 7. "Work with other CNYCC PICs and the CNYCC staff to explore and identify synergies and collaborative opportunities across the CNYCC's projects" was extended from 6/30/16 to 3/31/2016 to accommodate unexpected delays in the RFP development process. Once the RFP is developed and published, the RFP will be widely distributed and discussed across all projects.</p> <p>For project 4aiii Milestone 1 Task 8 and 9 "Engage the CNYCC's Workforce Coordination and the Workforce and Cultural Competence Groups to explore overlapping objectives related to strengthening MEB Health workforce and building capacity, related to quality improvement, rapid cycle evaluation, and evidence-based approaches" has been extended from 6/30/16 to 06/30/2017 to accommodate unexpected delays in the RFP development process. Once proposals are submitted to CNYCC, the Workforce and Cultural Competence Groups will be engaged for synergies.</p> <p>For project 4aiii Milestone 1 Task "10.1 Using the developed strategic plan as a framework, create and disseminate RFP to seek creative, collaborative, and innovative solutions to strengthen infrastructure" was extended from 6/30/2016 to 9/30/2016 to accommodate unexpected delays in the RFP development process.</p> |
| Implement at Least Two Short-term and Two Long-term Objectives that are aligned with DSRIP Project 4aiii from the Prevention Partnership's Strategic Plan | <p>Milestone 2 Task "1. Identify existing resources that can be applied to achieve each of the identified short-term and long-term objectives" was extended from 9/30/2016 to 03/31/2017 to reflect unexpected delays in the RFP development process. Proposals will include an articulation of current resources that exist to support short term and long term objectives.</p> <p>Milestone 2 Task "2 – 4 Identify inputs, develop logic model, and work plan were extended from 9/30/2016 to 03/31/2017 to reflect unexpected delays in the RFP development process. Proposals will include an articulation of current resources that exist to support short term and long term objectives. Development of deliverables will follow award</p> |
| Conduct Annual Reviews of Objectives and Activities to Determine Progress and Selection of New objectives and Activities. | |
| Mid-Point Assessment | |



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IPQR Module 4.a.iii.3 - IA Monitoring

Instructions :



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Project 4.d.i – Reduce premature births

✓ IPQR Module 4.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.

The primary challenge will be to establish referral and information sharing systems between community-based non-clinical organizations and PCPs. Preventing preterm births remains a challenge because the causes of preterm births are numerous and complex and reducing the risk of preterm birth and improving health will require a collaborative approach between clinicians focusing on health improvement and community non-clinical organizations focusing on outreach, engagement, prevention, intervention and addressing issues related to social determinants of health. As a result, a focus will be the development of standardized protocols outlining referral steps, and minimum data sets, obtaining patient consent and defining critical information needing to be collected and shared. Collected information will be aggregated in the RHIO, as well as exchanged point-to-point through the use of Direct protocols. The establishment of a population health management platform by DY 3 will enable the systematic identification of high risk patients and the ability to track their care throughout the continuum. In the interim, the population will be tracked through registries or reports built directly in the EMRs.

An information sharing solution will be developed to take into account the varying levels, or entire lack thereof, of IT to assure timely and secure exchange of information between partners. The scarcity of Medicaid providers in some remote and rural locations in the region, exacerbated by the lack of transportation, presents added barriers to accessing timely prenatal care. Paraprofessionals such as lay health workers, peer counselors and community health workers being deployed in these areas will help to navigate Medicaid transportation services.

While activated and engaged clinical and non-clinical providers are a cornerstone to the project success, it will be necessary to work across DSRIP projects to assure CNYCC promotes systemness (Health Homes, 2.a.iii; Integration of BH and PC, 3.a.i) and develops an activated and engaged patients (PAM, 2.d.i). To address this issue the CNYCC will develop cross project objectives shared with the requisite Implementation Teams and to the extent necessary, appoint common Implementation Team members to assure cross-project collaboration.



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Central New York Care Collaborative, Inc. (PPS ID:8)

✓ IPQR Module 4.d.i.2 - PPS Defined Milestones

Instructions :

Please provide updates to baseline reporting on status, target dates, and work breakdown tasks for PPS-defined milestones.

| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Milestone Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s) | In Progress | Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s) | 10/01/2015 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1. Convene participating prenatal care providers and assess current high risk identification methodologies | In Progress | 1. Convene participating prenatal care providers and assess current high risk identification methodologies | 10/01/2015 | 03/31/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Survey the best practice literature regarding identification of high risk pregnancy, especially for Medicaid patients if available | In Progress | 2. Survey the best practice literature regarding identification of high risk pregnancy, especially for Medicaid patients if available | 10/01/2015 | 03/31/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. With representative workgroup of partners, draft high risk definition and link to appropriate levels of prenatal care services | In Progress | 3. With representative workgroup of partners, draft high risk definition and link to appropriate levels of prenatal care services | 10/01/2015 | 03/31/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Present consensus document to clinical governance committee to review & approval | In Progress | 4. Present consensus document to clinical governance committee to review & approval | 10/01/2015 | 06/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Milestone Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor | In Progress | Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 1. Assess and determine an approach to integrating or enhancing 1) tobacco & other substance screening and referral and 2) presumptive eligibility enrollment at participating organizations/providers | In Progress | 1. Assess and determine an approach to integrating or enhancing 1) tobacco & other substance screening and referral and 2) presumptive eligibility enrollment at participating organizations/providers | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 2. Identify clinical providers and practices from PPS to be trained on tobacco & other substance screening and referral including the 5A's, such as | In Progress | 2. Identify clinical providers and practices from PPS to be trained on tobacco & other substance screening and referral including the 5A's, such as FQHCs, health homes, private practices | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| FQHCs, health homes, private practices | | | | | | | | |
| Task 3. Identify community providers and practices from PPS to be trained on tobacco & other substance screening and referral using the 5A's, such as home visiting, community health workers, WIC | In Progress | 3. Identify community providers and practices from PPS to be trained on tobacco & other substance screening and referral using the 5A's, such as home visiting, community health workers, WIC | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Collaborate with regional Tobacco-Free Coalition(s),NYS Tobacco Control Program, and other substance abuse coalitions to coordinate and deliver clinical and community provider trainings on integrating tobacco & other substance screening and referral processes (per the 5As—Ask, Advise, Assess, Assist, and Arrange) into their scope of care/services targeting pregnant women who smoke | In Progress | 4. Collaborate with regional Tobacco-Free Coalition(s),NYS Tobacco Control Program, and other substance abuse coalitions to coordinate and deliver clinical and community provider trainings on integrating tobacco & other substance screening and referral processes (per the 5As—Ask, Advise, Assess, Assist, and Arrange) into their scope of care/services targeting pregnant women who smoke | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Identify/define a list of entities PPS to target for training to become presumptive eligibility qualified entities (e.g., WIC, FQHCs, hospitals, homeless shelters) | In Progress | 5. Identify/define a list of entities PPS to target for training to become presumptive eligibility qualified entities (e.g., WIC, FQHCs, hospitals, homeless shelters) | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Train entities to become qualified entities/providers for Medicaid presumptive eligibility, specifically targeting pregnant women | In Progress | 6. Train entities to become qualified entities/providers for Medicaid presumptive eligibility, specifically targeting pregnant women | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Review Medicaid prenatal care standards and clinical guidelines for preterm labor with participating providers to establish consensus minimum standards | In Progress | 7. Review Medicaid prenatal care standards and clinical guidelines for preterm labor with participating providers to establish consensus minimum standards | 10/01/2015 | 06/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Identify priority PPS providers/practices to implement consensus minimum standards for prenatal care & preterm birth and engaged in learning collaboratives | In Progress | 8. Identify priority PPS providers/practices to implement consensus minimum standards for prenatal care & preterm birth and engaged in learning collaboratives | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 9. Engage model providers to support identified PPS providers/practices in the incorporation prenatal care and preterm birth standards and | In Progress | 9. Engage model providers to support identified PPS providers/practices in the incorporation prenatal care and preterm birth standards and guidelines into practice | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| guidelines into practice | | | | | | | | |
| Milestone Establish common resource and referral protocols and extend to include existing, new, and expanded programs | In Progress | Establish common resource and referral protocols and extend to include existing, new, and expanded programs | 10/01/2015 | 03/31/2017 | 10/01/2015 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 1. Convene working group of partners, potentially across projects, to steer the initiative | Completed | 1. Convene working group of partners, potentially across projects, to steer the initiative | 10/01/2015 | 06/30/2016 | 10/01/2015 | 06/30/2016 | 06/30/2016 | DY2 Q1 |
| Task 2. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support pregnant women | Completed | 2. Conduct resource mapping and develop an inventory of community and clinical providers, resources, and services available to support pregnant women | 10/01/2015 | 03/31/2016 | 10/01/2015 | 03/31/2016 | 03/31/2016 | DY1 Q4 |
| Task 3. Select and engage key/primary providers and organizations to be part of the initial referral network in which standard screening, referral, and information sharing practices are established across organizations/agencies | In Progress | 3. Select and engage key/primary providers and organizations to be part of the initial referral network in which standard screening, referral, and information sharing practices are established across organizations/agencies | 04/01/2016 | 06/30/2016 | 04/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Develop a standard referral process/protocol across organizations/agencies | Not Started | 4. Develop a standard referral process/protocol across organizations/agencies | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4a Establish multi-agency/organization consent for release of information within the referral network (as appropriate) | Not Started | 4a Establish multi-agency/organization consent for release of information within the referral network (as appropriate) | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4b Assess and define referral information sharing systems across the referral network (e.g., fax, EHR, other) | Not Started | 4c Assess and define referral information sharing systems across the referral network (e.g., fax, EHR, other) | 07/01/2016 | 09/30/2016 | 07/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4c Develop a referral tracking process/system | Not Started | 4d Develop a referral tracking process/system | 10/01/2016 | 12/31/2016 | 10/01/2016 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 5. Implement the standard referral protocol across the initial referral network | Not Started | 5. Implement the standard referral protocol across the initial referral network | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 6. Conduct continuous quality improvement (e.g., PDSA cycles) to assess and refine the functioning and performance of the standard referral protocol in the initial referral network | Not Started | 6. Conduct continuous quality improvement (e.g., PDSA cycles) to assess and refine the functioning and performance of the standard referral protocol in the initial referral network | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| Task 7. Revise the referral protocol as needed to improve efficiency and effectiveness | Not Started | 7. Revise the referral protocol as needed to improve efficiency and effectiveness | 01/01/2017 | 03/31/2017 | 01/01/2017 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Milestone Recruitment and establishment of a network of paraprofessionals | In Progress | Recruitment and establishment of a network of paraprofessionals | 10/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 1. Define type of paraprofessionals to include in the network, including qualifications and competencies (e.g., community health workers, home visitors, home health aides) | Completed | 1. Define type of paraprofessionals to include in the network, including qualifications and competencies (e.g., community health workers, home visitors, home health aides) | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Assess existing paraprofessional workforce capacity within PPS organizations and agencies; identify additional capacity needed to ensure paraprofessional services are distributed throughout the PPS region | In Progress | 2. Assess existing paraprofessional workforce capacity within PPS organizations and agencies; identify additional capacity needed to ensure paraprofessional services are distributed throughout the PPS region | 10/01/2015 | 06/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 3. Identify organizations or programs to engage in partnerships and implement or expand paraprofessional capacity | In Progress | 3. Identify organizations or programs to engage in partnerships and implement or expand paraprofessional capacity | 10/01/2015 | 09/30/2016 | 10/01/2015 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. Support partner organizations and programs in recruiting additional paraprofessional capacity (e.g., coordinate recruitment partnerships) | In Progress | 4. Support partner organizations and programs in recruiting additional paraprofessional capacity (e.g., coordinate recruitment partnerships) | 10/01/2015 | 03/31/2020 | 10/01/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Task 5. Provide or coordinate trainings for PPS paraprofessionals to enhance knowledge and competencies to work with pregnant women (e.g., deliver basic health education, promote health care service use, and provide social support) | In Progress | 5. Provide or coordinate trainings for PPS paraprofessionals to enhance knowledge and competencies to work with pregnant women (e.g., deliver basic health education, promote health care service use, and provide social support) | 10/01/2015 | 06/30/2016 | 10/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Milestone Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist | In Progress | Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist | 10/01/2015 | 03/31/2018 | 10/01/2015 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 1. Identify and assess the availability of existing CenteringPregnancy® and other similar programs | Completed | 1. Identify and assess the availability of existing CenteringPregnancy® and other similar programs | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |
| Task 2. Gather lessons from the establishment and | Completed | 2. Gather lessons from the establishment and ongoing operation of the existing CenteringPregnancy® and similar programs | 10/01/2015 | 12/31/2015 | 10/01/2015 | 12/31/2015 | 12/31/2015 | DY1 Q3 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|--|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| ongoing operation of the existing CenteringPregnancy® and similar programs | | | | | | | | |
| Task 3. Identify and engage additional sites to expand/implement CenteringPregnancy® or similar programs where none currently exist or capacity does not meet demand | In Progress | 3. Identify and engage additional sites to expand/implement CenteringPregnancy® or similar programs where none currently exist or capacity does not meet demand | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 4. For sites planning to implement CenteringPregnancy®, coordinate with Centering Healthcare Institute to conduct an information seminar for the identified sites and other interested programs or organizations | In Progress | 4. For sites planning to implement CenteringPregnancy®, coordinate with Centering Healthcare Institute to conduct an information seminar for the identified sites and other interested programs or organizations | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 5. Review program elements and assess site readiness and capacity to implement the CenteringPregnancy® or other similar programs | In Progress | 5. Review program elements and assess site readiness and capacity to implement the CenteringPregnancy® or other similar programs | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 6. Identify and establish a referral source or mechanism for recruiting women into the CenteringPregnancy® or other similar programs | In Progress | 6. Identify and establish a referral source or mechanism for recruiting women into the CenteringPregnancy® or other similar programs | 01/01/2016 | 09/30/2016 | 01/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 7. Develop implementation plans responsive to site capacity and readiness for each site | In Progress | 7. Develop implementation plans responsive to site capacity and readiness for each site | 04/01/2016 | 09/30/2016 | 04/01/2016 | 09/30/2016 | 09/30/2016 | DY2 Q2 |
| Task 8. Implement CenteringPregnancy® or other similar programs at new sites | Not Started | 8. Implement CenteringPregnancy® or other similar programs at new sites | 10/01/2016 | 03/31/2017 | 10/01/2016 | 03/31/2017 | 03/31/2017 | DY2 Q4 |
| Task 9. Conduct continuous quality improvement of CenteringPregnancy® and other similar programs at each site to assess and refine implementation (e.g., PDSA cycles to assess recruitment, enrollment, participant completion, etc.) | Not Started | 9. Conduct continuous quality improvement of CenteringPregnancy® and other similar programs at each site to assess and refine implementation (e.g., PDSA cycles to assess recruitment, enrollment, participant completion, etc.) | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 10. For sites implementing CenteringPregnancy®, gain site approval establishing model fidelity and sustainability (see Centering Healthcare Institute website) | Not Started | 10. For sites implementing CenteringPregnancy®, gain site approval establishing model fidelity and sustainability (see Centering Healthcare Institute website) | 10/01/2016 | 03/31/2018 | 10/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Milestone Establishment and integration of common intake | In Progress | Establishment and integration of common intake and enrollment protocols, referral, follow-up, and coordination of practices, and integration into | 08/04/2015 | 03/31/2020 | 08/04/2015 | 03/31/2020 | 03/31/2020 | DY5 Q4 |



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| Milestone/Task Name | Status | Description | Original Start Date | Original End Date | Start Date | End Date | Quarter End Date | DSRIP Reporting Year and Quarter |
|---|-------------|---|---------------------|-------------------|------------|------------|------------------|----------------------------------|
| and enrollment protocols, referral, follow-up, and coordination of practices, and integration into information technology platforms. | | information technology platforms. | | | | | | |
| Task 1. With CNYCC HIT and RHIO staff and 4di participants including clinicians, review and inventory existing candidate HIT platforms within the PPS related to project requirements, including intake and enrollment, screening and risk assessment (e.g., tobacco, preterm birth), referral and follow-up, | In Progress | With CNYCC HIT and RHIO staff, review and inventory existing candidate HIT platforms within the PPS related to project requirements, including intake and enrollment, screening and risk assessment (e.g., tobacco, preterm birth), referral and follow-up, | 08/04/2015 | 10/31/2016 | 08/04/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 2. With CNYCC HIT and RHIO staff and 4di participants including clinicians, review and inventory existing candidate PHM platforms for relevance to project requirement | In Progress | 2. With CNYCC HIT and RHIO staff, review and inventory existing candidate PHM platforms for relevance to project requirement | 08/04/2015 | 10/31/2016 | 08/04/2015 | 10/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 3. With CNYCC HIT and RHIO staff and 4di participants including clinicians, develop a strategic plan for addressing the HIT needs of 4di and review with IT & Data Governance Committee for approval. | In Progress | 3. With CNYCC HIT and RHIO staff and 4di participants including clinicians, develop a strategic plan for addressing the HIT needs of 4di and review with IT & Data Governance Committee for approval. | 11/01/2015 | 12/31/2016 | 11/01/2015 | 12/31/2016 | 12/31/2016 | DY2 Q3 |
| Task 4. Implement 4di HIT strategy with 4di participants and RHIO staff, with support from CNYCC HIT staff | In Progress | 4. Implement 4di HIT strategy with 4di participants and RHIO staff, with support from CNYCC HIT staff | 01/01/2016 | 03/31/2018 | 01/01/2016 | 03/31/2018 | 03/31/2018 | DY3 Q4 |
| Task 5. On-going monitoring and improvement opportunities coordinated by CNYCC, the RHIO, and local perinatal health coalitions. | Not Started | 5. On-going monitoring and improvement opportunities coordinated by CNYCC, the RHIO, and local perinatal health coalitions. | 04/01/2018 | 03/31/2020 | 04/01/2018 | 03/31/2020 | 03/31/2020 | DY5 Q4 |
| Milestone Mid-Point Assessment | Completed | Mid-Point Assessment narrative | | | 04/01/2016 | 06/30/2016 | 06/30/2016 | DY2 Q1 |

PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------------|----------|-----------|--|---|---------------------|
| Mid-Point Assessment | wetterhl | Other | 8_DY2Q1_PROJ4di_MDL4di2_PPS1631_OTH_Final_CNYCC_(PPS_8)_Mid-Point_Assessment_Project_4di_Narrative_08.05.16_57 | Required Project 4di narrative for mid-point assessment | 08/05/2016 03:49 PM |



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PPS Defined Milestones Current File Uploads

| Milestone Name | User ID | File Type | File Name | Description | Upload Date |
|----------------|---------|-----------|-----------|-------------|-------------|
| | | | 31.pdf | | |

PPS Defined Milestones Narrative Text

| Milestone Name | Narrative Text |
|---|---|
| Create methodology for consistent identification of high risk pregnancy to inform prenatal service referral protocol(s) | |
| Training on: 5A's, presumptive eligibility, prenatal care standards and current guidelines on the management of preterm labor | For Project 4.d.i Milestone 2, the original end date for Task 7 "Review Medicaid prenatal care standards and clinical guidelines for preterm labor with participating providers to establish consensus minimum standards" was extended from 06/30/2016 to 09/30/2016. This change is due to the fact that we will be issuing an RFP for one or more organization(s) to undertake the Clinical Standards component of this project. The organization(s) that undertake this component of the project will work collaboratively with CNYCC to establish a consensus minimum standards. The RFP is expected to be released in July 2016. |
| Establish common resource and referral protocols and extend to include existing, new, and expanded programs | For Project 4.d.i Milestone 2, the original end date for Task 3 "Select and engage key/primary providers and organizations to be part of the initial referral network in which standard screening, referral, and information sharing practices are established across organizations/agencies" was extended from 06/30/2016 to 12/31/2016. This change is due to the fact that although we have been able to identify who could be the key/primary providers and organizations to be a part of the initial network in which standard screening, referral, and information sharing practices are established across organizations/agencies we are only in the beginning stage of engagement of these providers and organizations to establish this initial network. |
| Recruitment and establishment of a network of paraprofessionals | For Project 4.d.i Milestone 4, the original end date for Task 2 "Assess existing paraprofessional workforce capacity within PPS organizations and agencies; identify additional capacity needed to ensure paraprofessional services are distributed throughout the PPS region" was extended from 06/30/2016 to 9/30/2016. This change is due to the fact that we are still in the process of assessing the paraprofessional workforce capacity within our PPS organization and agencies. This was due to CNYCC's own internal staffing needs, we were only recently able to fill the position of Manager of Workforce Strategy. This will allow us to better facilitate this process. For Project 4.d.i Milestone 4, the original end date for Task 5 "Provide or coordinate trainings for PPS paraprofessionals to enhance knowledge and competencies to work with pregnant women (e.g., deliver basic health education, promote health care service use, and provide social support)" was extended from 06/30/2016 to 12/31/2016. This change is due to the fact that we will be issuing an RFP for one or more organization(s) to undertake the Clinical Standards component of this project. The organization(s) that undertake this component of the project will work collaboratively with CNYCC to coordinate and provide trainings for PPS professionals to enhance knowledge and competencies to work with pregnant women. The RFP is expected to be released in July 2016. |
| Expansion of CenteringPregnancy® and/or other innovated pregnancy education programs in areas where none currently exist | |
| Establishment and integration of common intake and enrollment protocols, referral, follow-up, and coordination of practices, and integration into information technology platforms. | |
| Mid-Point Assessment | |



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IPQR Module 4.d.i.3 - IA Monitoring

Instructions :



New York State Department Of Health
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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 'Central New York Care Collaborative, Inc. ', that all information provided on this Quarterly report is true and accurate to the best of my knowledge, and that, following initial submission in the current quarterly reporting period as defined by NY DOH, changes made to this report were pursuant only to documented instructions or documented approval of changes from DOH or DSRIP Independent Assessor.

| | |
|------------------------------|-----------------------------|
| Primary Lead PPS Provider: | UNIVERSITY HSP SUNY HLTH SC |
| Secondary Lead PPS Provider: | |
| Lead Representative: | Virginia Opipare |
| Submission Date: | 09/23/2016 03:45 PM |

Comments:



**New York State Department Of Health
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| Status Log | | | | |
|-------------------------|-------------|--------------------------|---------|---------------------|
| Quarterly Report (DY,Q) | Status | Lead Representative Name | User ID | Date Timestamp |
| DY2, Q1 | Adjudicated | Virginia Opipare | mrurak | 09/30/2016 03:36 PM |



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| Comments Log | | | |
|---------------------|--|----------------|-----------------------|
| Status | Comments | User ID | Date Timestamp |
| Adjudicated | The IA has adjudicated the DY2Q1 quarterly report | mrurak | 09/30/2016 03:36 PM |
| Returned | The IA has returned your DY2Q1 Quarterly Report for Remediation. | emcgill | 09/02/2016 03:54 PM |



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| Section | Module Name | Status |
|------------|--|-------------|
| Section 01 | IPQR Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY | ✔ Completed |
| | IPQR Module 1.2 - PPS Budget - Waiver Revenue (Quarterly) | ✔ Completed |
| | IPQR Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY | ✔ Completed |
| | IPQR Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly) | ✔ Completed |
| | IPQR Module 1.5 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 1.6 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline) | ✔ Completed |
| | IPQR Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly) | ✔ Completed |
| | IPQR Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline) | ✔ Completed |
| | IPQR Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly) | ✔ Completed |
| | IPQR Module 1.11 - 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 |



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|------------|--|---------------------------------|
| | 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 |
| | 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 |



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|---------------------------------|---|-------------|
| | 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 |
| | 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 |



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|------------|---|-------------|
| | IPQR Module 10.4 - Overview of key stakeholders and how influenced by your DSRIP projects | ✔ Completed |
| | IPQR Module 10.5 - IT Requirements | ✔ Completed |
| | IPQR Module 10.6 - Performance Monitoring | ✔ Completed |
| | IPQR Module 10.7 - Community Engagement | ✔ Completed |
| | IPQR Module 10.8 - IA Monitoring | |
| Section 11 | IPQR Module 11.1 - Workforce Strategy Spending (Baseline) | ✔ Completed |
| | IPQR Module 11.2 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 11.3 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 11.4 - Major Risks to Implementation & Risk Mitigation Strategies | ✔ Completed |
| | IPQR Module 11.5 - Major Dependencies on Organizational Workstreams | ✔ Completed |
| | IPQR Module 11.6 - Roles and Responsibilities | ✔ Completed |
| | IPQR Module 11.7 - Key Stakeholders | ✔ Completed |
| | IPQR Module 11.8 - IT Expectations | ✔ Completed |
| | IPQR Module 11.9 - Progress Reporting | ✔ Completed |
| | IPQR Module 11.10 - Staff Impact | ✔ Completed |
| | IPQR Module 11.11 - Workforce Strategy Spending (Quarterly) | ✔ Completed |
| | IPQR Module 11.12 - IA Monitoring | |



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|------------|---|-------------|
| 2.a.i | IPQR Module 2.a.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.a.i.2 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.a.i.3 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.a.i.4 - IA Monitoring | |
| 2.a.iii | IPQR Module 2.a.iii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.a.iii.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.a.iii.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.a.iii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.a.iii.5 - IA Monitoring | |
| 2.b.iii | IPQR Module 2.b.iii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 2.b.iii.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.b.iii.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.b.iii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.b.iii.5 - 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 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.b.iv.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.b.iv.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.b.iv.5 - 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 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 2.d.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 2.d.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 2.d.i.5 - 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 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.a.i.3 - Prescribed Milestones | ✔ Completed |



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| Project ID | Module Name | Status |
|------------|---|-------------|
| | IPQR Module 3.a.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.a.i.5 - 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 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.a.ii.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.a.ii.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.a.ii.5 - 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 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.b.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.b.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.b.i.5 - IA Monitoring | |
| 3.g.i | IPQR Module 3.g.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 3.g.i.2 - Patient Engagement Speed | ✔ Completed |
| | IPQR Module 3.g.i.3 - Prescribed Milestones | ✔ Completed |
| | IPQR Module 3.g.i.4 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 3.g.i.5 - IA Monitoring | |
| 4.a.iii | IPQR Module 4.a.iii.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.a.iii.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 4.a.iii.3 - IA Monitoring | |
| 4.d.i | IPQR Module 4.d.i.1 - Major Risks to Implementation and Mitigation Strategies | ✔ Completed |
| | IPQR Module 4.d.i.2 - PPS Defined Milestones | ✔ Completed |
| | IPQR Module 4.d.i.3 - IA Monitoring | |



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| Section | Module Name / Milestone # | Review Status | |
|---|---|-----------------|--|
| Section 01 | Module 1.1 - PPS Budget - Waiver Revenue (Baseline) - READ ONLY | Pass & Ongoing | |
| | Module 1.2 - PPS Budget - Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.3 - PPS Flow of Funds - Waiver Revenue (Baseline) - READ ONLY | Pass & Ongoing | |
| | Module 1.4 - PPS Flow of Funds - Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.5 - Prescribed Milestones | | |
| | Milestone #1 Complete funds flow budget and distribution plan and communicate with network | Pass & Complete | |
| | Module 1.7 - PPS Budget - Non-Waiver Revenue (Baseline) | Pass & Ongoing | |
| | Module 1.8 - PPS Budget - Non-Waiver Revenue (Quarterly) | Pass & Ongoing | |
| | Module 1.9 - PPS Flow of Funds - Non-Waiver Revenue (Baseline) | Pass & Ongoing | |
| | Module 1.10 - PPS Flow of Funds - Non-Waiver Revenue (Quarterly) | Pass & Ongoing | |
| Section 02 | Module 2.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize governance structure and sub-committee structure | Pass & Complete | |
| | Milestone #2 Establish a clinical governance structure, including clinical quality committees for each DSRIP project | Pass & Complete | |
| | Milestone #3 Finalize bylaws and policies or Committee Guidelines where applicable | Pass & Complete | |
| | Milestone #4 Establish governance structure reporting and monitoring processes | Pass & Complete | |
| | 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) | Pass & Ongoing | |
| | Milestone #6 Finalize partnership agreements or contracts with CBOs | Pass & Ongoing | |
| | 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.) | Pass & Complete | |
| | Milestone #8 Finalize workforce communication and engagement plan | Pass & Ongoing | |
| Milestone #9 Inclusion of CBOs in PPS Implementation. | Pass & Ongoing | | |
| Section 03 | Module 3.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize PPS finance structure, including reporting structure | Pass & Complete | |

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|------------|--|-----------------|---|
| | Milestone #2 Perform network financial health current state assessment and develop financial sustainability strategy to address key issues. | Pass & Complete |   |
| | Milestone #3 Finalize Compliance Plan consistent with New York State Social Services Law 363-d | Pass & Complete |  |
| | 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. | Pass & Ongoing | |
| | Milestone #5 Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest | Pass & Ongoing | |
| | Milestone #6 Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation | Pass & Ongoing | |
| | Milestone #7 Contract 50% of care-costs through Level 1 VBPs, and >= 30% of these costs through Level 2 VBPs or higher | Pass & Ongoing | |
| | 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 | Pass & Ongoing | |
| Section 04 | Module 4.1 - Prescribed Milestones | | |
| | Milestone #1 Finalize cultural competency / health literacy strategy. | Pass & Complete |   |
| | Milestone #2 Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material). | Pass & Complete |   |
| Section 05 | Module 5.1 - Prescribed Milestones | | |
| | 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). | Pass & Ongoing |  |
| | Milestone #2 Develop an IT Change Management Strategy. | Pass & Ongoing |  |
| | Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network | Pass & Ongoing | |
| | Milestone #4 Develop a specific plan for engaging attributed members in Qualifying Entities | Pass & Ongoing |  |
| | Milestone #5 Develop a data security and confidentiality plan. | Pass & Complete |   |
| Section 06 | Module 6.1 - Prescribed Milestones | | |
| | Milestone #1 Establish reporting structure for PPS-wide performance reporting and communication. | Pass & Ongoing |  |
| | Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting. | Pass & Ongoing |  |
| Section 07 | Module 7.1 - Prescribed Milestones | | |
| | Milestone #1 Develop Practitioners communication and engagement plan. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing |  |
| Section 08 | Module 8.1 - Prescribed Milestones | | |



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| Section | Module Name / Milestone # | Review Status | |
|------------|--|-----------------|--|
| | Milestone #1 Develop population health management roadmap. | Pass & Ongoing | |
| | Milestone #2 Finalize PPS-wide bed reduction plan. | Pass & Ongoing | |
| Section 09 | Module 9.1 - Prescribed Milestones | | |
| | Milestone #1 Perform a clinical integration 'needs assessment'. | Pass & Ongoing | |
| | Milestone #2 Develop a Clinical Integration strategy. | Pass & Ongoing | |
| Section 11 | Module 11.1 - Workforce Strategy Spending (Baseline) | Pass & Complete | |
| | Module 11.2 - Prescribed Milestones | | |
| | Milestone #1 Define target workforce state (in line with DSRIP program's goals). | Pass & Ongoing | |
| | Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state. | Pass & Ongoing | |
| | Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state. | Pass & Ongoing | |
| | Milestone #4 Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires, particularly focusing on full and partial placements. | Pass & Complete | |
| | Milestone #5 Develop training strategy. | Pass & Ongoing | |
| | Module 11.10 - Staff Impact | Pass & Ongoing | |
| | Module 11.11 - Workforce Strategy Spending (Quarterly) | Pass & Ongoing | |



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|---|--|---------------------------------|--|
| 2.a.i | Module 2.a.i.2 - Prescribed Milestones | | |
| | 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. | Pass & Ongoing | |
| | Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements. | Pass & Ongoing | |
| | Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform. | Pass & Ongoing | |
| | Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes. | Pass & Ongoing | |
| 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. | Pass & Ongoing | | |
| 2.a.iii | Module 2.a.iii.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing | |
| | Module 2.a.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program. | Pass & Ongoing | |
| | Milestone #2 Ensure all primary care providers participating in the project meet NCQA (2011) accredited Patient Centered Medical Home, Level 3 standards and will achieve NCQA 2014 Level 3 PCMH and Advanced Primary Care accreditation by Demonstration Year (DY) 3. | Pass & Ongoing | |



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|------------|---|---------------------------------|---|
| | Milestone #3 Ensure that all participating safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up. | Pass & Ongoing |  |
| | Milestone #4 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM. | Pass & Ongoing | |
| | Milestone #5 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers. | Pass & Ongoing |  |
| | Milestone #6 Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors. | Pass & Ongoing |  |
| | Milestone #7 Establish partnerships between primary care providers and the local Health Home for care management services. This plan should clearly delineate roles and responsibilities for both parties. | Pass & Ongoing |  |
| | Milestone #8 Establish partnerships between the primary care providers, in concert with the Health Home, with network resources for needed services. Where necessary, the provider will work with local government units (such as SPOAs and public health departments). | Pass & Ongoing |  |
| | Milestone #9 Implement evidence-based practice guidelines to address risk factor reduction as well as to ensure appropriate management of chronic diseases. Develop educational materials consistent with cultural and linguistic needs of the population. | Pass & Ongoing |  |
| 2.b.iii | Module 2.b.iii.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing |   |
| | Module 2.b.iii.3 - Prescribed Milestones | | |
| | Milestone #1 Establish ED care triage program for at-risk populations | Pass & Ongoing |  |
| | Milestone #2 Participating EDs will establish partnerships to community primary care providers with an emphasis on those that are PCMHs and have open access scheduling. a. Achieve NCQA 2014 Level 3 Medical Home standards or NYS Advanced Primary Care Model standards by the end of DSRIP Year 3. b. Develop process and procedures to establish connectivity between the emergency department and community primary care providers. c. Ensure real time notification to a Health Home care manager as applicable | Pass & Ongoing |  |
| | Milestone #3 For patients presenting with minor illnesses who do not have a primary care provider: a. Patient navigators will assist the presenting patient to receive an immediate appointment with a primary care provider, after required medical screening examination, to validate a non-emergency need. b. Patient navigator will assist the patient with identifying and accessing needed community support resources. c. Patient navigator will assist the member in receiving a timely appointment with that provider's office (for patients with a primary care provider). | Pass & Ongoing |  |
| | Milestone #4 Established protocols allowing ED and first responders - under supervision of the ED practitioners - to transport patients with non-acute disorders to alternate care sites including the PCMH to receive more appropriate level of care. (This requirement is optional.) | Pass & Ongoing | |
| | Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project. | Pass & Ongoing | |



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|---|--|---------------------------------|---|
| 2.b.iv | Module 2.b.iv.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing |   |
| | Module 2.b.iv.3 - Prescribed Milestones | | |
| | 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. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing |  |
| | Milestone #3 Ensure required social services participate in the project. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing | |
| | Milestone #5 Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider. | Pass & Ongoing | |
| | Milestone #6 Ensure that a 30-day transition of care period is established. | Pass & Ongoing | |
| 2.d.i | Module 2.d.i.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing |  |
| | Module 2.d.i.3 - Prescribed Milestones | | |
| | 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. | Pass & Ongoing | |
| | Milestone #2 Establish a PPS-wide training team, comprised of members with training in PAM(R) and expertise in patient activation and engagement. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing |  |
| | Milestone #4 Survey the targeted population about healthcare needs in the PPS' region. | Pass & Ongoing |  |
| | Milestone #5 Train providers located within "hot spots" on patient activation techniques, such as shared decision-making, measurements of health literacy, and cultural competency. | Pass & Ongoing | |
| | 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). <ul style="list-style-type: none"> • 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. | Pass & Ongoing |  |
| 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 | Pass & Ongoing | | |



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|------------|---|---------------------------------|---|
| | each cohort at the beginning of each performance period. | | |
| | Milestone #8 Include beneficiaries in development team to promote preventive care. | Pass & Ongoing | |
| | Milestone #9 Measure PAM(R) components, including: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. | Pass & Ongoing | |
| | Milestone #10 Increase the volume of non-emergent (primary, behavioral, dental) care provided to UI, NU, and LU persons. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing | |
| | Milestone #12 Develop a process for Medicaid recipients and project participants to report complaints and receive customer service. | Pass & Ongoing |  |
| | Milestone #13 Train community navigators in patient activation and education, including how to appropriately assist project beneficiaries using the PAM(R). | Pass & Ongoing |  |
| | 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. | Pass & Ongoing |  |
| | Milestone #15 Inform and educate navigators about insurance options and healthcare resources available to UI, NU, and LU populations. | Pass & Ongoing |  |
| | Milestone #16 Ensure appropriate and timely access for navigators when attempting to establish primary and preventive services for a community member. | Pass & Ongoing |  |
| | 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. | Pass & Ongoing |  |
| 3.a.i | Module 3.a.i.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing |   |
| | Module 3.a.i.3 - Prescribed Milestones | | |



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|---|--|---------------------------------|--|
| | 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. | Pass & Ongoing | |
| | Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #5 Co-locate primary care services at behavioral health sites. | Pass & Ongoing | |
| | Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #9 Implement IMPACT Model at Primary Care Sites. | Pass & Ongoing | |
| | Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement. | Pass & Ongoing | |
| | Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model. | Pass & Ongoing | |
| | Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model. | Pass & Ongoing | |
| | Milestone #13 Measure outcomes as required in the IMPACT Model. | Pass & Ongoing | |
| | Milestone #14 Provide "stepped care" as required by the IMPACT Model. | Pass & Ongoing | |
| | Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.a.ii | Module 3.a.ii.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing | |
| | Module 3.a.ii.3 - Prescribed Milestones | | |
| | Milestone #1 Implement a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #3 Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project. | Pass & Ongoing | |
| | Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities. | Pass & Ongoing | |
| 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. | Pass & Ongoing | | |



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|--|--|---------------------------------|--|
| | 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). | Pass & Ongoing | |
| | Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers. | Pass & Ongoing | |
| | Milestone #10 Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care. | Pass & Ongoing | |
| | Milestone #11 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 3.b.i | Module 3.b.i.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing | |
| | Module 3.b.i.3 - Prescribed Milestones | | |
| | Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project. | Pass & Ongoing | |
| | Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange). | Pass & Ongoing | |
| | Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment. | Pass & Ongoing | |
| | Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment. | Pass & Ongoing | |
| 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. | Pass & Ongoing | | |
| Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate. | Pass & Ongoing | | |



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| Project ID | Module Name / Milestone # | Review Status | |
|------------|---|---------------------------------|--|
| | Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit. | Pass & Ongoing | |
| | Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes. | Pass & Ongoing | |
| | Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support. | Pass & Ongoing | |
| | Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit. | Pass & Ongoing | |
| | Milestone #16 Facilitate referrals to NYS Smoker's Quitline. | Pass & Ongoing | |
| | 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. | Pass & Ongoing | |
| | Milestone #18 Adopt strategies from the Million Hearts Campaign. | Pass & Ongoing | |
| | Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project. | Pass & Ongoing | |
| | Milestone #20 Engage a majority (at least 80%) of primary care providers in this project. | Pass & Ongoing | |
| 3.g.i | Module 3.g.i.2 - Patient Engagement Speed | Pass (with Exception) & Ongoing | |
| | Module 3.g.i.3 - Prescribed Milestones | | |
| | Milestone #1 Integrate Palliative Care into appropriate participating PCPs that have, or will have, achieved NCQA PCMH and/or APCM certification. | Pass & Ongoing | |
| | Milestone #2 Develop partnerships with community and provider resources including Hospice to bring the palliative care supports and services into the practice. | Pass & Ongoing | |
| | Milestone #3 Develop and adopt clinical guidelines agreed to by all partners including services and eligibility. | Pass & Ongoing | |
| | Milestone #4 Engage staff in trainings to increase role-appropriate competence in palliative care skills and protocols developed by the PPS. | Pass & Ongoing | |
| | Milestone #5 Engage with Medicaid Managed Care to address coverage of services. | Pass & Ongoing | |
| | Milestone #6 Use EHRs or other IT platforms to track all patients engaged in this project. | Pass & Ongoing | |
| 4.a.iii | Module 4.a.iii.2 - PPS Defined Milestones | Pass & Ongoing | |
| 4.d.i | Module 4.d.i.2 - PPS Defined Milestones | Pass & Ongoing | |



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Providers Participating in Projects

| | Selected Projects | | | | | | | | | | |
|----------------------------|-------------------|-----------------|-----------------|----------------|---------------|---------------|----------------|---------------|---------------|-----------------|---------------|
| | Project 2.a.i | Project 2.a.iii | Project 2.b.iii | Project 2.b.iv | Project 2.d.i | Project 3.a.i | Project 3.a.ii | Project 3.b.i | Project 3.g.i | Project 4.a.iii | Project 4.d.i |
| Provider Speed Commitments | DY4 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | DY3 Q4 | | |

| Provider Category | | Project 2.a.i | Project 2.a.iii | Project 2.b.iii | Project 2.b.iv | Project 2.d.i | Project 3.a.i | Project 3.a.ii | Project 3.b.i | Project 3.g.i | Project 4.a.iii | Project 4.d.i | | | | | | | | | | | |
|--|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-----|-----|----|-----|-----|-----|-----|-----|---|-----|---|
| | | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | | | | | | | | | | | |
| Practitioner - Primary Care Provider (PCP) | Total | 267 | 291 | 167 | 153 | 200 | 0 | 204 | 148 | 188 | 0 | 251 | 256 | 106 | 0 | 262 | 206 | 117 | 171 | 111 | 0 | 180 | 0 |
| | Safety Net | 69 | 50 | 61 | 43 | 68 | 45 | 68 | 39 | 67 | 43 | 68 | 47 | 33 | 17 | 69 | 31 | 37 | 41 | 37 | 0 | 62 | 0 |
| Practitioner - Non-Primary Care Provider (PCP) | Total | 672 | 776 | 636 | 462 | 663 | 0 | 665 | 504 | 649 | 0 | 656 | 510 | 525 | 0 | 663 | 429 | 594 | 459 | 574 | 0 | 657 | 0 |
| | Safety Net | 169 | 201 | 168 | 126 | 168 | 0 | 169 | 135 | 168 | 126 | 168 | 136 | 160 | 93 | 168 | 100 | 163 | 115 | 161 | 0 | 168 | 0 |
| Hospital | Total | 11 | 9 | 7 | 0 | 11 | 0 | 11 | 6 | 9 | 0 | 10 | 0 | 5 | 0 | 10 | 0 | 5 | 0 | 3 | 0 | 9 | 0 |
| | Safety Net | 11 | 10 | 7 | 0 | 11 | 8 | 11 | 8 | 9 | 8 | 10 | 0 | 5 | 7 | 10 | 0 | 5 | 0 | 3 | 0 | 9 | 0 |
| Clinic | Total | 22 | 32 | 10 | 14 | 18 | 0 | 18 | 0 | 16 | 0 | 16 | 21 | 8 | 0 | 15 | 13 | 7 | 11 | 4 | 0 | 11 | 0 |
| | Safety Net | 19 | 33 | 9 | 20 | 17 | 16 | 16 | 0 | 14 | 21 | 15 | 29 | 7 | 23 | 14 | 18 | 7 | 13 | 4 | 0 | 11 | 0 |
| Case Management / Health Home | Total | 20 | 15 | 12 | 13 | 8 | 0 | 13 | 10 | 13 | 0 | 10 | 0 | 11 | 0 | 3 | 7 | 2 | 0 | 1 | 0 | 3 | 0 |
| | Safety Net | 9 | 7 | 4 | 6 | 3 | 3 | 5 | 5 | 7 | 0 | 5 | 0 | 6 | 6 | 3 | 3 | 2 | 0 | 1 | 0 | 2 | 0 |
| Mental Health | Total | 68 | 76 | 53 | 45 | 55 | 0 | 58 | 0 | 56 | 0 | 60 | 58 | 52 | 0 | 53 | 25 | 44 | 0 | 43 | 0 | 48 | 0 |
| | Safety Net | 32 | 34 | 22 | 20 | 19 | 0 | 22 | 0 | 20 | 0 | 24 | 26 | 22 | 22 | 17 | 13 | 14 | 0 | 13 | 0 | 17 | 0 |
| Substance Abuse | Total | 10 | 17 | 3 | 10 | 3 | 0 | 3 | 0 | 4 | 0 | 7 | 14 | 3 | 0 | 2 | 4 | 1 | 0 | 1 | 0 | 3 | 0 |
| | Safety Net | 8 | 16 | 3 | 10 | 3 | 0 | 3 | 0 | 3 | 0 | 7 | 14 | 3 | 10 | 2 | 4 | 1 | 0 | 1 | 0 | 3 | 0 |
| Nursing Home | Total | 14 | 27 | 4 | 0 | 6 | 0 | 13 | 0 | 6 | 0 | 5 | 0 | 2 | 0 | 7 | 0 | 8 | 0 | 1 | 0 | 4 | 0 |
| | Safety Net | 14 | 26 | 4 | 0 | 6 | 0 | 13 | 0 | 6 | 0 | 5 | 0 | 2 | 0 | 7 | 0 | 8 | 0 | 1 | 0 | 4 | 0 |
| Pharmacy | Total | 7 | 6 | 2 | 3 | 3 | 0 | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 3 | 5 | 2 | 0 | 0 | 0 | 3 | 0 |
| | Safety Net | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Hospice | Total | 5 | 3 | 2 | 0 | 3 | 0 | 4 | 0 | 4 | 0 | 2 | 0 | 1 | 0 | 3 | 0 | 2 | 3 | 0 | 0 | 2 | 0 |



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| Provider Category | | Project 2.a.i | | Project 2.a.iii | | Project 2.b.iii | | Project 2.b.iv | | Project 2.d.i | | Project 3.a.i | | Project 3.a.ii | | Project 3.b.i | | Project 3.g.i | | Project 4.a.iii | | Project 4.d.i | |
|-------------------------------|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed | Selected / Committed |
| | Safety Net | 4 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Community Based Organizations | Total | 7 | 29 | 2 | 8 | 1 | 0 | 3 | 12 | 4 | 0 | 2 | 12 | 0 | 0 | 1 | 6 | 0 | 4 | 0 | 0 | 2 | 0 |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| All Other | Total | 994 | 686 | 628 | 355 | 679 | 0 | 891 | 391 | 832 | 0 | 742 | 479 | 502 | 0 | 731 | 429 | 517 | 389 | 483 | 0 | 618 | 0 |
| | Safety Net | 230 | 178 | 186 | 93 | 203 | 0 | 214 | 111 | 203 | 95 | 207 | 102 | 147 | 78 | 203 | 103 | 153 | 94 | 141 | 0 | 185 | 0 |
| Uncategorized | Total | 27 | 0 | 16 | 0 | 14 | 0 | 21 | 0 | 14 | 0 | 18 | 0 | 17 | 0 | 9 | 0 | 5 | 0 | 3 | 0 | 8 | 0 |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Additional Providers | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Safety Net | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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