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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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Quarterly Report - Implementation Plan for Montefiore Medical Center

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.a.iv	Create a medical village using existing hospital infrastructure	Completed
2.b.iii	ED care triage for at-risk populations	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.d.iii	Implementation of evidence-based medicine guidelines for asthma management	Completed
4.b.i	Promote tobacco use cessation, especially among low SES populations and those with poor mental health.	Completed
4.b.ii	Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer	Completed

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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	19,493,212	20,773,358	33,593,126	29,746,585	19,493,212	123,099,494
Cost of Project Implementation & Administration	**11,695,927**	**10,906,013**	**15,116,907**	**11,154,970**	**5,847,964**	**54,721,781**
Administration	2,478,599	2,478,599	2,478,599	2,478,599	2,478,599	12,392,995
Implementation	9,217,328	8,427,414	12,638,308	8,676,371	3,369,365	42,328,786
Revenue Loss	**0**	**1,038,668**	**3,359,313**	**4,461,988**	**3,898,642**	**12,758,611**
Internal PPS Provider Bonus Payments	**5,847,964**	**7,270,675**	**13,437,250**	**13,385,963**	**9,746,606**	**49,688,458**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**1,949,322**	**1,558,002**	**1,679,656**	**743,664**	**0**	**5,930,644**
Contingency	974,661	779,001	839,828	371,832	0	2,965,322
Innovation	974,661	779,001	839,828	371,832	0	2,965,322
Total Expenditures	**19,493,213**	**20,773,358**	**33,593,126**	**29,746,585**	**19,493,212**	**123,099,494**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

This budget allocates a total of 5% of revenue over 5 years to a contingency fund to support unexpected costs and innovation in the PPS. In DY1, we will allocate 10% of DSRIP funds to "Other" and reduce the allocation over time such that 0% is allocated in DY5. Further, the "Other" category in this budget accounts for both the contingency funds and the innovation funds.

Descriptions of budget items:

Cost of project implementation and administration

- Administrative costs including network management, DSRIP program office administrative support for PPS operations, legal support, PPS compliance
- Project Implementation costs include centralized services that will support creating shared infrastructure of the PPS and will include costs of shared IT infrastructure (to support performance reporting and data sharing), care management functions, central training and workforce development. Costs of implementation will be higher in the initial years to reflect the financial needs to set up DSRIP infrastructure (mirroring process and reporting metrics)

Revenue loss
- Some partners will experience revenue decline in Medicaid population, as well as in Medicare and commercial populations Designed with the aim to help providers overcome the initial period of set-up costs and lost revenues while focusing on the right metrics as they grow and transform their services
- To qualify for revenue loss compensations, partners will need to meet both progress and performance benchmarks and demonstrate the ability to shift to a sustainable system

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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
20,773,358	123,099,494	17,699,960	110,199,268

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	**1,610,865**	**10,162,454**	**9,295,148**	**85.23%**	**44,559,327**	**81.43%**
Administration	238,061					
Implementation	1,372,804					
Revenue Loss	**0**	**0**	**1,038,668**	**100.00%**	**12,758,611**	**100.00%**
Internal PPS Provider Bonus Payments	**1,462,533**	**2,737,772**	**5,808,142**	**79.88%**	**46,950,686**	**94.49%**
Cost of non-covered services	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**1,558,002**	**100.00%**	**5,930,644**	**100.00%**
Contingency	0					
Innovation	0					
Total Expenditures	**3,073,398**	**12,900,226**				

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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- "Cost of project implementation and administration" include costs for network management and DSRIP program office administrative support for PPS operations, legal support and PPS compliance.

- "Project Implementation costs include PPS resources to support analytical functions required for project implementation as well as centralized services, inclusive of shared IT infrastructure, (to support performance reporting and data sharing), care management, central training and workforce development.

- Based on funds available as of DY2Q1, MHVC made a 50% allocation of expenses to waiver funds and the remaining 50% to non-waiver funds.

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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	19,493,212	20,773,358	33,593,126	29,746,585	19,493,212	123,099,494
Practitioner - Primary Care Provider (PCP)	741,522	987,774	1,916,825	1,980,232	1,483,045	7,109,398
Practitioner - Non-Primary Care Provider (PCP)	139,604	185,965	360,875	372,812	279,209	1,338,465
Hospital	1,855,570	2,471,785	4,796,624	4,955,291	3,711,140	17,790,410
Clinic	1,421,404	1,893,437	3,674,310	3,795,852	2,842,808	13,627,811
Case Management / Health Home	272,573	363,092	704,599	727,906	545,147	2,613,317
Mental Health	1,209,364	1,610,981	3,126,190	3,229,601	2,418,728	11,594,864
Substance Abuse	871,948	1,161,512	2,253,973	2,328,532	1,743,896	8,359,861
Nursing Home	49,225	65,572	127,246	131,455	98,450	471,948
Pharmacy	9,507	12,664	24,575	25,388	19,013	91,147
Hospice	4,892	6,516	12,644	13,063	9,783	46,898
Community Based Organizations	68,226	90,883	176,364	182,198	136,452	654,123
All Other	178,789	238,163	462,167	477,455	357,578	1,714,152
Uncategorized						0
PPS PMO	12,670,588	11,685,014	15,956,735	11,526,801	5,847,963	57,687,101
Total Funds Distributed	**19,493,212**	**20,773,358**	**33,593,127**	**29,746,586**	**19,493,212**	**123,099,495**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

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No Records Found

Narrative Text :

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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
20,773,358.00	123,099,494.00	17,699,959.99	110,199,272.99

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.a.iv	2.b.iii	3.a.i	3.a.ii	3.b.i	3.d.iii	4.b.i	4.b.ii			
Practitioner - Primary Care Provider (PCP)	292,624.58	73.37%	214,697.06	73.37%	894,646.58	24.15	13.91	5.13	10.84	5.68	5.49	8.29	12.36	7.76	6.39		695,149.42	6,214,751.42
Practitioner - Non-Primary Care Provider (PCP)	48,600.86	83.97%	40,812.24	83.97%	152,430.86	22.55	16.09	4.27	10.33	2.48	5.96	10.23	11.74	9.02	7.34		137,364.14	1,186,034.14
Hospital	181,937.49	71.80%	130,639.39	71.80%	1,625,390.49	16.88	14.63	10.16	12.38	8.44	8.25	7.88	9	6.75	5.63		2,289,847.51	16,165,019.51
Clinic	332,680.51	97.63%	324,786.13	97.63%	1,776,293.51	20.67	17.92	4.63	11.05	3.96	6	9.59	11.02	8.27	6.89		1,560,756.49	11,851,517.49
Case Management / Health Home	49,094.66	72.73%	35,707.57	72.73%	302,093.66	36.37	12.26	4.34	10.37	1.45	4.41	5.69	6.5	14.55	4.06		313,997.34	2,311,223.34
Mental Health	280,070.60	72.03%	201,734.03	72.03%	1,276,319.60	29.66	12.22	3.37	9.53	7.6	4.96	6.96	11.61	9.12	4.97		1,330,910.40	10,318,544.40
Substance Abuse	155,126.96	100.00%	155,126.96	100.00%	950,064.96	20.87	16.92	6.09	14.31	3	5.89	8.73	9.98	7.97	6.24		1,006,385.04	7,409,796.04
Nursing Home	10,410.11	100.00%	10,410.11	100.00%	18,441.11	81.15	3.42	1.85	2.89	2.63	1.23	1.84	2.1	1.58	1.31		55,161.89	453,506.89
Pharmacy	0	0.00%	0	0.00%	6,532	0	0	0	0	0	0	0	0	0	0		12,664	84,615
Hospice	14.31	100.00%	14.31	100.00%	65.31	100	0	0	0	0	0	0	0	0	0		6,501.69	46,832.69
Community Based Organizations	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		90,883	654,123
All Other	111,972.93	77.99%	87,331.35	77.99%	339,755.93	43.72	10.95	3.23	7.44	4.05	5.04	6.13	8.83	5.94	4.67		126,190.07	1,374,396.07
Uncategorized	0	0.00%	0	0.00%	0	0	0	0	0	0	0	0	0	0	0		0	0
Additional Providers	0	0.00%	0	0.00%	0													
PPS PMO	1,610,865	100.00%	1,610,865	100.00%	5,558,187												10,074,149	52,128,914
Total	**3,073,398.01**	**91.50%**	**2,812,124.15**	**91.50%**	**12,900,221.01**													

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No Records Found				

Narrative Text :

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

Based on IA guidance MHVC continues to report on cost of administration, cost of project implementation, contingency and innovation. We have also updated the Funds Flow module for DY2Q1 to include cost of project implementation.

In doing so, we noted that the total amount dispersed being displayed in Module 1.4 is inaccurate. The new line PPS PMO was unavailable for the DY1Q2 submission and there is not currently a mechanism for us to update these amounts within the remediation. We have uploaded our Funds Flow by provider for your reference. We are requesting that the information you have on file is updated to properly reflect the information on file at the PPS using these new categories.

- Based on funds available as of DY2Q1, MHVC made a 50% allocation of expenses to waiver funds and the remaining 50% to non-waiver funds.

- Please see the narrative on the PIT File regarding the methodology of the funds flow by provider type.

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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.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	YES
Task 3. Review partner participation matrix with the Finance and Sustainability Transformation work group and MHVC Steering Committee to solicit feedback and recommendations.	Completed	Review partner participation matrix with the Finance and Sustainability Transformation work group and MHVC Steering Committee to solicit feedback and recommendations.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Develop a partner participation matrix indicating level of participation for each provider type in each of the 10 projects.	Completed	Develop a partner participation matrix indicating level of participation for each provider type in each of the 10 projects.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 1. Define funds flow guiding principles with key partners in Finance and Sustainability Transformation work group and MHVC Steering Committee.	Completed	Define funds flow guiding principles with key partners in Finance and Sustainability Transformation work group and MHVC Steering Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 13. Update funds flow on an annual basis taking into account overall financial health of PPS and input from Finance and Sustainability Transformation work group and MHVC Steering Committee.	Completed	Update funds flow on an annual basis taking into account overall financial health of PPS and input from Finance and Sustainability Transformation work group and MHVC Steering Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Develop partner performance and reporting requirements to earn funds flow payments.	Completed	Develop partner performance and reporting requirements to earn funds flow payments.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
Task 11. Revise and finalize funds flow approach.	Completed	Revise and finalize funds flow approach.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Communicate funds flow payment plan to all partners and collect feedback.	Completed	Communicate funds flow payment plan to all partners and collect feedback.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Develop detailed communication materials to share funds flow approach with all partners.	Completed	Develop detailed communication materials to share funds flow approach with all partners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Developed detailed funds flow approach for each provider type for each project.	Completed	Developed detailed funds flow approach for each provider type for each project.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Obtain recommendations for budget from Finance and Sustainability Transformation work group and MHVC Steering Committee.	Completed	Obtain recommendations for budget from Finance and Sustainability Transformation work group and MHVC Steering Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Create preliminary PPS budget including categories: Cost of Project Implementation & Administration, Revenue Loss, Internal PPS Provider Bonus Payments, and Other (contingency funds and innovation funds).	Completed	Create preliminary PPS budget including categories: Cost of Project Implementation & Administration, Revenue Loss, Internal PPS Provider Bonus Payments, and Other (contingency funds and innovation funds).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Conduct survey of partners to assess level of participation in each project.	Completed	Conduct survey of partners to assess level of participation in each project.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Share partner participation matrix with all PPS partners.	Completed	Share partner participation matrix with all PPS partners.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	

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
Complete funds flow budget and distribution plan and communicate with network	

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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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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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	20,307,798	20,307,798	20,307,798	20,307,798	20,307,798	101,538,990
Cost of Project Implementation & Administration	**12,184,679**	**10,661,595**	**9,138,509**	**7,615,424**	**6,092,339**	**45,692,546**
Administration	800,000	800,000	800,000	800,000	800,000	4,000,000
Implementation	11,384,679	9,861,595	8,338,509	6,815,424	5,292,339	41,692,546
Revenue Loss	**0**	**1,015,390**	**2,030,780**	**3,046,170**	**4,061,560**	**10,153,900**
Internal PPS Provider Bonus Payments	**6,092,339**	**7,107,729**	**8,123,119**	**9,138,510**	**10,153,899**	**40,615,596**
Cost of non-covered services	**0**	**0**	**0**	**0**	**0**	**0**
Other	**2,030,780**	**1,523,084**	**1,015,390**	**507,694**	**0**	**5,076,948**
Contingency	1,015,390	761,542	507,695	253,847	0	2,538,474
Innovation	1,015,390	761,542	507,695	253,847	0	2,538,474
Total Expenditures	**20,307,798**	**20,307,798**	**20,307,798**	**20,307,798**	**20,307,798**	**101,538,990**
Undistributed Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

The non-waiver revenue consists of Equity Infrastructure Program (EIP) and Equity Performance Program (EPP) funds, formerly known as safety net guarantee and safety net performance.

This budget is allocated by "cost of project implementation and administration", "revenue loss", "internal PPS provider bonus payments" and "other" using the same allocation as the waiver funds with the exception of administration. The administrative allocation has been lowered to reflect economies of scale and conservative stewardship of limited funds. The decrease in admin would result in an increase of project implementation budget.

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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
20,307,798	101,538,990	17,234,400	98,465,592

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**	**1,610,865**	**1,610,865**	**9,050,730**	**84.89%**	**44,081,681**	**96.47%**
Administration	0	238,061					
Implementation	0	1,372,804					
Revenue Loss	**0**	**0**	**0**	**1,015,390**	**100.00%**	**10,153,900**	**100.00%**
Internal PPS Provider Bonus Payments	**0**	**1,462,533**	**1,462,533**	**5,645,196**	**79.42%**	**39,153,063**	**96.40%**
Cost of non-covered services	**0**	**0**	**0**	**0**		**0**	
Other	**0**	**0**	**0**	**1,523,084**	**100.00%**	**5,076,948**	**100.00%**
Contingency	0	0					
Innovation	0	0					
Total Expenditures	**0**	**3,073,398**	**3,073,398**				

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

New York State Department Of Health
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- There is no DY1 spending due to funds being received in DY2.

- Based on funds available as of DY2Q1, MHVC made a 50% allocation of expenses to waiver funds and the remaining 50% to non-waiver funds.

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Montefiore Medical Center (PPS ID:19)

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	20,307,798	20,307,798	20,307,798	20,307,798	20,307,798	101,538,990
Practitioner - Primary Care Provider (PCP)	772,509	965,637	1,158,764	1,351,891	1,545,019	5,793,820
Practitioner - Non-Primary Care Provider (PCP)	145,438	181,798	218,157	254,517	290,876	1,090,786
Hospital	1,933,111	2,416,389	2,899,667	3,382,944	3,866,222	14,498,333
Clinic	1,480,802	1,851,002	2,221,203	2,591,403	2,961,603	11,106,013
Case Management / Health Home	283,964	354,955	425,946	496,937	567,927	2,129,729
Mental Health	1,259,901	1,574,877	1,889,852	2,204,827	2,519,803	9,449,260
Substance Abuse	908,385	1,135,481	1,362,577	1,589,674	1,816,770	6,812,887
Nursing Home	51,282	64,102	76,923	89,743	102,564	384,614
Pharmacy	9,904	12,380	14,856	17,332	19,808	74,280
Hospice	5,096	6,370	7,644	8,918	10,192	38,220
Community Based Organizations	71,077	88,847	106,616	124,385	142,155	533,080
All Other	186,260	232,824	279,389	325,955	372,520	1,396,948
Uncategorized	0	0	0	0	0	0
PPS PMO	13,200,069	11,423,136	9,646,204	7,869,272	6,092,339	48,231,020
Total Funds Distributed	**20,307,798**	**20,307,798**	**20,307,798**	**20,307,798**	**20,307,798**	**101,538,990**
Undistributed Non-Waiver Revenue	**0**	**0**	**0**	**0**	**0**	**0**

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

This budget follows the waiver funds allocation by provider type.

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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
20,307,798.00	101,538,990.00	17,234,399.99	98,465,591.99

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	292,624.58	73.37%	214,697.06	73.37%	292,624.58	673,012.42	5,501,195.42
Practitioner - Non-Primary Care Provider (PCP)	0	48,600.86	83.97%	40,812.24	83.97%	48,600.86	133,197.14	1,042,185.14
Hospital	0	181,937.49	71.80%	130,639.39	71.80%	181,937.49	2,234,451.51	14,316,395.51
Clinic	0	332,680.51	97.63%	324,786.13	97.63%	332,680.51	1,518,321.49	10,773,332.49
Case Management / Health Home	0	49,094.66	72.73%	35,707.57	72.73%	49,094.66	305,860.34	2,080,634.34
Mental Health	0	280,070.60	72.03%	201,734.03	72.03%	280,070.60	1,294,806.40	9,169,189.40
Substance Abuse	0	155,126.96	100.00%	155,126.96	100.00%	155,126.96	980,354.04	6,657,760.04
Nursing Home	0	10,410.11	100.00%	10,410.11	100.00%	10,410.11	53,691.89	374,203.89
Pharmacy	0	0	0.00%	0	0.00%	0	12,380	74,280
Hospice	0	14.31	100.00%	14.31	100.00%	14.31	6,355.69	38,205.69
Community Based Organizations	0	0	0.00%	0	0.00%	0	88,847	533,080
All Other	0	111,972.93	77.99%	87,331.35	77.99%	111,972.93	120,851.07	1,284,975.07
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	1,610,865	100.00%	1,610,865	100.00%	1,610,865	9,812,271	46,620,155
Total	**0**	**3,073,398.01**	**91.50%**	**2,812,124.15**	**91.50%**	**3,073,398.01**		

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date

No Records Found

Narrative Text :

- There is no DY1 spending due to funds being received in DY2.

- Based on funds available as of DY2Q1, MHVC made a 50% allocation of expenses to waiver funds and the remaining 50% to non-waiver funds.

- Please see the narrative on the PIT File regarding the methodology of the funds flow by provider type.

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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 1. Montefiore Hudson Valley Collaborative, LLC ("MHVC"), the administrator of the PPS for lead applicant Montefiore Medical Center, shall adopt an Operating Agreement for MHVC.	Completed	Montefiore Hudson Valley Collaborative, LLC ("MHVC"), the administrator of the PPS for lead applicant Montefiore Medical Center, shall adopt an Operating Agreement for MHVC.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. MHVC will hire staff to assist in the implementation of the projects.	Completed	MHVC will hire staff to assist in the implementation of the projects.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Develop the table of organization of the staff of MHVC and post on the MHVC members-only website (available to all PPS participants).	Completed	Develop the table of organization of the staff of MHVC and post on the MHVC members-only website (available to all PPS participants).	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Expand the existing Leadership Steering Committee to create the MHVC Steering Committee.	Completed	Expand the existing Leadership Steering Committee to create the MHVC Steering Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Develop in consultation with the MHVC Steering Committee a set of Governance Bylaws for the MHVC Steering Committee that defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be	Completed	Develop in consultation with the MHVC Steering Committee a set of Governance Bylaws for the MHVC Steering Committee that defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee.	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
determined to be necessary for the efficient operation of the MHVC Steering Committee.									
Task 6. Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website and to New York State Department of Health DSRIP portal.	Completed	Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website and to New York State Department of Health DSRIP portal.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Establish charters for Sub-Committees that will be reporting to the Steering Committee. The MHVC Steering Committee will review and provide recommendations on the proposed SubCommittee charters and structures. The initial set of Subcommittees include: Legal & Compliance; Finance Sustainability; Information Technology; Clinical Quality; and Workforce.	Completed	Establish charters for Sub-Committees that will be reporting to the Steering Committee. The MHVC Steering Committee will review and provide recommendations on the proposed SubCommittee charters and structures. The initial set of Subcommittees include: Legal & Compliance; Finance Sustainability; Information Technology; Clinical Quality; and Workforce.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. MHVC will work with the MHVC Steering Committee to identify appropriate individuals from among the PPS participants for each SubCommittee in order to ensure adequate representation across the various provider and participant types and geographical regions covered by MHVC. This analysis will also include a review of the organizations that provide services to MHVC attributed members to ensure appropriate representation of same.	Completed	MHVC will work with the MHVC Steering Committee to identify appropriate individuals from among the PPS participants for each SubCommittee in order to ensure adequate representation across the various provider and participant types and geographical regions covered by MHVC. This analysis will also include a review of the organizations that provide services to MHVC attributed members to ensure appropriate representation of same.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 9. The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the Sub-Committees.	Completed	The MHVC Steering Committee shall review and provide feedback on the initial members and officers of the SubCommittees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 10. MHVC will upload the table of organization for the Sub-Committees to the MHVC website to be available to all PPS participants.	Completed	MHVC will upload the table of organization for the SubCommittees to the MHVC members-only website to be available to all PPS participants.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Milestone #2 Establish a clinical governance structure,	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

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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
including clinical quality committees for each DSRIP project									
Task 1. Establish a charter for the Clinical Quality Sub-Committee. This Subcommittee will be charged with: • Developing and recommending to MHVC partners clinical quality standards and measurements, and the clinical care management process itself, including the use of evidence based pathways and compliance with care standards; • Monitoring the metrics relating to the standards of clinical care delivery (structures, processes and outcomes), which need to be met or exceeded to accomplish DSRIP goals and objectives (i.e. translating the overall DSRIP goals into actionable steps and outcomes for the PPS); • Within the project areas selected, determining and recommending, based upon the clinical performance evaluation process, areas of care delivery that should be the focus of improvement efforts The SubCommittee will develop workgroups that address specific projects; including a workgroup that focuses on care management / coordination for Domain 2 projects and a workgroup that focuses on system and practice transformation to support Domain 3 projects. Domain 4 projects will be supported as part of a collaboration between MHVC and overlapping PPSs.	Completed	Establish a charter for the Clincial Quality SubCommittee. This Subcommittee will be charged with: • Developing and recommending to MHVC partners clinical quality standards and measurements, and the clinical care management process itself, including the use of evidence based pathways and compliance with care standards; • Monitoring the metrics relating to the standards of clinical care delivery (structures, processes and outcomes), which need to be met or exceeded to accomplish DSRIP goals and objectives (i.e. translating the overall DSRIP goals into actionable steps and outcomes for the PPS); • Within the project areas selected, determining and recommending, based upon the clinical performance evaluation process, areas of care delivery that should be the focus of improvement efforts The SubCommittee will develop workgroups that address specific projects; including a workgroup that focuses on care management / coordination for Domain 2 projects and a workgroup that focuses on system and practice transformation to support Domain 3 projects. Domain 4 projects will be supported as part of a collaboration between MHVC and overlapping PPSs.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Develop a roster of proposed members of the	Completed	Develop a roster of proposed members of the Clinical Quality Committee based on a review of the utilization patterns of the	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
Clinical Quality Sub-Committee based on a review of the utilization patterns of the MHVC members, to ensure appropriate representation by service type and geography.		MHVC members, to ensure appropriate representation by service type and geography.							
Task 3. Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in.	Completed	Review roster with the MHVC Steering Committee to obtain additional recommendations and buy-in.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Additional workgroups for relevant selected project areas will be created and established as required on specific issues.	Completed	Additional workgroups for relevant selected project areas will be created and established as required on specific issues.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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 1. Develop a set of Governance Bylaws for the MHVC Steering Committee that includes specific provisions for conflict resolution, and which defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee.	Completed	Develop a set of Governance Bylaws for the MHVC Steering Committee that includes specific provisions for conflict resolution, and which defines the committee composition, terms of office, scope of authority, voting requirements, and such other critical governance elements as may be determined to be necessary for the efficient operation of the MHVC Steering Committee.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Review Governance Bylaws with Steering Committee members to obtain their feedback and modify document to ensure consensus and engagement of Committee members.	Completed	Review Governance Bylaws with Steering Committee members to obtain their feedback and modify document to ensure consensus and engagement of Committee members.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Upload MHVC Steering Committee Governance Bylaws to MHVC website.	Completed	Upload MHVC Steering Committee Governance Bylaws to MHVC members-only website.	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

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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 1. Establish a regular schedule for the Steering Committee and Sub-Committees.	Completed	Establish a regular schedule for the Steering Committee and SubCommittees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Select a performance management system that includes customizable dashboards and performance management reports to ensure concise and timely feedback to the Steering Committee and SubCommittees.	Completed	Select a performance management system that includes customizable dashboards and performance management reports to ensure concise and timely feedback to the Steering Committee and SubCommittees.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 3. Deploy Performance Logic (performance management system) to ensure bi-directional communication that tracks progress of each project as well as organizational workstream initiatives.	Completed	Deploy Performance Logic (performance management system) to ensure bi-directional communication that tracks progress of each project as well as organizational workstream initiatives.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Develop bidirectional reporting tools to collect and report on partner activity. Develop training modules to facilitate rapid deployment of tools, and ensure alignment with program reporting expectations.	Completed	Develop bidirectional reporting tools to collect and report on partner activity. Develop training modules to facilitate rapid deployment of tools, and ensure alignment with program reporting expectations.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
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)	Completed	Community engagement plan, including plans for two-way communication with stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform.	Completed	Identify a "customer relationship management" (CRM) software tool to ensure creation of robust partner communication platform.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Populate tool and align with Performance Management Platform to ensure efficient reporting of program activities by partners actively engaged in the deployment of projects, as well as the broader MHVC partner community regarding updates on project activities.	Completed	Populate tool and align with Performance Management Platform to ensure efficient reporting of program activities by partners actively engaged in the deployment of projects, as well as the broader MHVC partner community regarding updates on project activities.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
Task 3. Engage MHVC Steering Committee and Sub-Committees in the creation of a communication strategy via informational interviews, proceedings of committee meetings, and both formal and informal discussions with key stakeholders. Strategy to include: (1) Overarching communications on PPS and partners (2) DSRIP general education communications (3) Project-specific education for targeted health conditions (4) Project-specific education for workforce realignment strategies.	Completed	Engage Steering Committee and SubCommittees in the creation of a communication strategy via informational interviews, proceedings of committee meetings, and both formal and informal discussions with key stakeholders. Strategy to include: (1) Overarching communications on PPS and partners (2) DSRIP general education communications (3) Project-specific education for targeted health conditions (4) Project-specific education for workforce realignment strategies.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Use listing of CBOs taken from community health needs assessment to identify contact list of key stakeholders.	Completed	Use listing of CBOs taken from community health needs assessment to identify contact list of key stakeholders.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Conduct informational interviews with CBO's and LGU's across the service area to obtain feedback on existing coalitions and community forums, priorities for engagement activities, and best practices within the region to leverage within project design.	Completed	Conduct informational interviews with CBO's and LGU's across the service area to obtain feedback on existing coalitions and community forums, priorities for engagement activities, and best practices within the region to leverage within project design.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1.	Completed	Define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 7. Develop targeted key messaging for each project in concert with Partner Project Leads.	Completed	Develop targeted key messaging for each project in concert with Partner Project Leads.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
Task 8. Develop plan for meetings between MHVC and key community stakeholders, to deliver and receive feedback from stakeholders on messaging.	Completed	Develop plan for meetings between MHVC and key community stakeholders, to deliver and receive feedback from stakeholders on messaging.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 9. Develop plan for periodic town hall style meetings to inform stakeholders on DSRIP implementation process and to receive feedback; use the locations of centrally accessible stakeholders of varying provider types (hospitals, FQHC's, BH centers, CBOs, FBOs, schools).	Completed	Develop plan for periodic town hall style meetings to inform stakeholders on DSRIP implementation process and to receive feedback; use the locations of centrally accessible stakeholders of varying provider types (hospitals, FQHC's, BH centers, CBOs, FBOs, schools).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Through MHVC PPS members-only website, initiate a feedback mechanism for public feedback on the implementation of DSRIP projects.	Completed	Through MHVC PPS members-only website, initiate a feedback mechanism for public feedback on the implementation of DSRIP projects.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #6 Finalize partnership agreements or contracts with CBOs	Not Started	Signed CBO partnership agreements or contracts.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. Provide consistent feedback to Steering Committee on the role that CBOs are playing in the development of projects, the scope of their participation, and best practices to utilize in the engagement of CBOs as contracted partners within MHVC.	Not Started	Provide consistent feedback to Steering Committee on the role that CBOs are playing in the development of projects, the scope of their participation, and best practices to utilize in the engagement of CBOs as contracted partners within MHVC.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Define role of CBO representatives within the MHVC governance structure (see section on inclusion of CBOs below).	Not Started	Define role of CBO representatives within the MHVC governance structure (see section on inclusion of CBOs below).	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Distribute the form of agreement and educational materials to PPS participants, including CBOs, and make such materials available to PPS participants on the MHVC members-only website.	Not Started	Distribute the form of agreement and educational materials to PPS participants, including CBOs, and make such materials available to PPS participants on the MHVC members-only website.	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	AV
Task 4. Collect executed agreements including a letter of intent regarding partner project participation and related follow up. Notify PPS participants of completion of contracting and provide a list of each participant via the MHVC members only website.	Not Started	4. Collect executed agreements including a letter of intent regarding partner project participation and related follow up. Notify PPS participants of completion of contracting and provide a list of each participant via the MHVC members only website.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Milestone #7 Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	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 relevant public sector agencies in the Hudson Valley Region	Completed	Identify relevant public sector agencies in the Hudson Valley Region	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 2. Develop a set of core goals for the participation of public sector agencies, based on the sector that they serve, alignment with project design, and identified member needs.	Completed	Develop a set of core goals for the participation of public sector agencies, based on the sector that they serve, alignment with project design, and identified member needs.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Identify possible participants to engage from relevant agencies, and engagement strategy for each	Completed	Identify possible participants to engage from relevant agencies, and engagement strategy for each	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Through informational interviews with pubic sector agencies, create a mutually acceptable set of roles and responsibilities for MHVC and the public sector agencies that align with performance goals of each project and identified community need.	Completed	Through informational interviews with pubic sector agencies, create a mutually acceptable set of roles and responsibilities for MHVC and the public sector agencies that align with performance goals of each project and identified community need.	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Integrate defined goals, roles and responsibilities into an engagement/coordination plan for public sector agencies. Solicit feedback from MHVC Steering Committee.	Completed	Integrate defined goals, roles and responsibilities into an engagement/coordination plan for public sector agencies. Solicit feedback from MHVC Steering Committee.	04/01/2015	03/31/2020	04/01/2016	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
Task 6. Discuss and finalize engagement/coordination plan with relevant agencies and local governments.	Completed	Discuss and finalize engagement/coordination plan with relevant agencies and local governments.	04/01/2015	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #8 Finalize workforce communication and engagement plan	Completed	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).	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Engage Workforce Sub-Committee and Clinical Quality Sub-Committee in the development of a workforce communications and engagement plan - when selecting our partners to participate in subcommittees we will request that they include staff members from various levels of their programs - we will also request that labor union representatives be included on subcommittees	Completed	Engage workforce and clinical subcommittees in the development of a workforce communications and engagement plan - when selecting our partners to participate in subcommittees we will request that they include staff members from various levels of their programs - we will also request that labor union representatives be included on subcommittees	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Outline overarching MHVC strategy for workforce communication and engagement, including audience segmentation, messaging, tactics, time-frame, and resources.	Completed	Outline overarching MHVC strategy for workforce communication and engagement, including audience segmentation, messaging, tactics, timeframe, and resources.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Identify appropriate marketing/communications channels and integrate into the audience and messages/campaign matrix; ensure that channels and processes are developed for interactive communication.	Completed	Identify appropriate marketing/communications channels and integrate into the audience and messages/campaign matrix; ensure that channels and processes are developed for interactive communication.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Develop staffing and resource plan for implementation of MHVC workforce communication and engagement plan.	Completed	Develop staffing and resource plan for implementation of MHVC workforce communication and engagement plan.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Workforce communication and engagement plan to be presented to MHVC Steering Committee for recommendations and validation.	Completed	Workforce communication and engagement plan to be presented to MHVC Steering Committee for recommendations and validation.	01/01/2016	06/30/2016	04/01/2016	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
Milestone #9 Inclusion of CBOs in PPS Implementation.	Not Started	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.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	NO
Task 1. Identify key CBO stakeholders through engagement with MHVC Steering Committee members.	Not Started	4. Identify communication channels for sharing information and resources with CBOs.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 2. Ensure inclusion of those identified key CBO entities within project planning workgroups, (and other organizational work groups.)	Not Started	3. Develop opportunities for CBO involvement and participation in MHVC governance structure.	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Develop opportunities for CBO involvement and participation in MHVC governance structure.	Not Started	2. Ensure inclusion of those identified key CBO entities within project planning workgroups, (and other organizational work groups.)	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Identify communication channels for sharing information and resources with CBOs.	Not Started	1. Identify key CBO stakeholders through engagement with MHVC Steering Committee members.	04/01/2016	03/31/2020	07/01/2016	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.

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Finalize governance structure and sub-committee structure	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES1_OTH_Organizational_Chart_for_Governing_Body_and_Subcommittees_5399.pdf	Organizational Chart for Governing Body and Subcommittees	08/04/2016 02:20 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES1_TEMPL_Governance_Meeting_Template_DY2Q1_5398.pdf	Governance_Meeting_Template_DY2Q1	08/04/2016 02:18 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES1_OTH_Governance_Committee_Template_DY2_Q1_5397.pdf	Governance_Committee_Template_DY2_Q1	08/04/2016 02:17 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES1_OTH_Governance_&_Subcommittee_Structure_Narrative_DY2_Q1_5396.pdf	Governance_&_Subcommittee_Structure_Narrative_DY2_Q1	08/04/2016 02:15 PM
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Meeting_Schedule-_Tobacco_Cessation_Cancer_Screening_Workgroup_5755.xlsx	Meeting Schedule- Tobacco Cessation Cancer Screening Workgroup	08/05/2016 04:36 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Meeting_Schedule-_Health_Home_at_Risk_Workgroup_5754.xlsx	Meeting Schedule- Health Home at Risk Workgroup	08/05/2016 04:36 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Meeting_Schedule-_ED_Care_Triage_Workgroup_5753.xlsx	Meeting Schedule- ED Care Triage Workgroup	08/05/2016 04:35 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Meeting_Schedule-_Clinical_Quality_Subcommittee_5752.xlsx	Meeting Schedule- Clinical Quality Subcommittee	08/05/2016 04:35 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Meeting_Schedule-_Behavioral_Health_Crisis_Stabilization_Workgroup_5751.xlsx	Meeting Schedule- Behavioral Health Crisis Stabilization Workgroup	08/05/2016 04:34 PM
	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES2_TEMPL_Meeting_Schedule-_Asthma_Workgroup_July_2016_5750.xlsx	Meeting Schedule- Asthma Workgroup July 2016	08/05/2016 04:34 PM
	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES2_TEMPL_Meeting_Schedule_-_Medical_Village_Workgroup_DY2Q1_5749.xlsx	Meeting Schedule - Medical Village Workgroup DY2Q	08/05/2016 04:33 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES2_OTH_Clinical_Quality_Subcommittee_Governance_Structure_DY2Q1_5748.pdf	Clinical Quality Subcommittee Governance Structure_DY2Q1	08/05/2016 04:33 PM
Finalize bylaws and policies or Committee Guidelines where applicable	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES3_OTH_MHVC_Governance_By-Laws_5402.pdf	MHVC_Governance_By-Laws	08/04/2016 02:25 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES3_OTH_Governance_Milestone_3_narrative_update_DY2_Q1_5401.pdf	Governance_Milestone_3_narrative_update_DY2_Q1	08/04/2016 02:23 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
Establish governance structure reporting and monitoring processes	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES4_OTH_Governing_Reporting_&_Monitoring_Update_DY2Q1_5405.pdf	Governing_Reporting_&_Monitoring_Update_DY2Q1	08/04/2016 02:28 PM
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES5_TEMPL_2016-06-29_Community_Engagement_Template_rkequarter2_5411.pdf	2016-06-29_Community_Engagement_Template_rkequarter2	08/04/2016 02:31 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES5_OTH_Workgroup_Scope_and_Goals_5410.pdf	Workgroup_Scope_and_Goals	08/04/2016 02:31 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES5_OTH_Narrative_for_Governance_Milestone_5-DY2_Q1_5408.pdf	Narrative_for_Governance_Milestone_5-DY2_Q1	08/04/2016 02:29 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.)	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES7_OTH_Final_Public_Sector_Engagement_Plan_5581.pdf	MHVC_Final_Public_Sector_Engagement_Plan	08/05/2016 09:02 AM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES7_TEMPL_Governance_MS_7_-_Public_Sector_Agency_Template_5580.pdf	Governance_MS_7_-_Public_Sector_Agency_Template	08/05/2016 09:00 AM
Finalize workforce communication and engagement plan	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES8_TEMPL_Workforce_Committee_Members_Template_7.7.16_5354.pdf	Workforce_Committee_Members_Template_7.7.16	08/04/2016 12:34 PM
	pdamrow	Templates	19_DY2Q1_GOV_MDL21_PRES8_TEMPL_WF_Communication_and_Engagement_Meeting_Schedule_Template_6.30.16_5353.pdf	Workforce Communication_and_Engagement_Meeting_Schedule_Template_6.30.16	08/04/2016 12:32 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES8_OTH_WF_Communication_and_Engagement_Meeting_Frequency_Summary_6.30.16_5351.pdf	Workforce_Communication_and_Engagement_Meeting_Frequency_Summary_6.30.16	08/04/2016 12:30 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES8_OTH_2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes_5350.pdf	Attestation Workforce Governance Committee Approval 2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes	08/04/2016 12:27 PM
	pdamrow	Other	19_DY2Q1_GOV_MDL21_PRES8_OTH_MHVC_Workforce_Communication_and_Engagement_Plan_Final_5346.pdf	Governance Milestone 8: MHVC Workforce Communication and Engagement Plan_Final	08/04/2016 12:24 PM

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize governance structure and sub-committee structure	
Establish a clinical governance structure, including clinical quality committees for each DSRIP project	The MHVC clinical governance structure is comprised of our Clinical Quality Subcommittee (CQS) which convenes monthly and reports up to the MHVC Steering Committee. CQS membership includes representation of diverse stakeholder types and geography. Project specific and cross cutting workgroups (i.e. PCMH, Population Health, and Metrics) report to the CQS. The subcommittee is co-chaired by the Medical Director of Hudson River Healthcare and the Director of Quality of the Montefiore Care Management Agency. The subcommittee collaboratively developed "Rules for Engagement" to guide workgroup participation and MHVC actively solicits and incorporates feedback from workgroup members to ensure active engagement, transparency and collaboration. For example, based on subcommittee membership feedback, we expanded representation on the CQS to include both Health Homes in the Hudson Valley (Hudson Valley Care Coalition (HVCC) and CommunityHealth Care Collaborative (CCC)). As our work with partners evolves across the MHVC, we continue to leverage the CQS governance structure to improve collaboration between MHVC and our partners. Toward that end, we proactively obtain feedback from partners on opportunities to improve how MHVC provide DSRIP implementation support across the network. There have been no updates to the organization charts for the clinical governing body or clinical subcommittees during DY2 Q1.
Finalize bylaws and policies or Committee Guidelines where applicable	
Establish governance structure reporting and monitoring processes	
Finalize community engagement plan, including communications with the public and non-provider organizations (e.g. schools, churches, homeless services, housing providers, law enforcement)	
Finalize partnership agreements or contracts with CBOs	
Finalize agency coordination plan aimed at engaging appropriate public sector agencies at state and local levels (e.g. local departments of health and mental hygiene, Social Services, Corrections, etc.)	Governance Milestone 7 - MHVC will inform, consult, involve and collaborate with representatives of local government organizations as it works to transform healthcare in the Hudson Valley. The included documents reference prior engagement with representatives from local government and outline methods for forthcoming engagement with local government and public agencies. Their input will inform MHVC's priorities, guide strategies for improving population health, and shape efforts to address health disparities. This plan will be regularly evaluated and revised to ensure relevance and efficacy.
Finalize workforce communication and engagement plan	Governance Milestone 8 Narrative Workforce Communication and Engagement Strategy We have worked with our Workforce Transformation Subcommittee and our network partners to define our workforce communication and engagement strategy. We began this effort by reaching out to our network providers and various MHVC committees and clinical workgroups. In addition to specific questions about workforce communication methods at the workplace, we researched best practices in workforce communication, change management, labor management

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	strategies, and organizational development trends. As indicated in our strategy, we conducted a series of meetings with MHVC clinical workgroups and committees, being sure to include representatives from the various stakeholders/facility types involved in our Integrated Delivery System (IDS) projects, to identify audience segments, appropriate marketing and communication channels, and two-way employee feedback opportunities. As a result of our discussions with network partners, we created the role of Network Partner Liaison who will provide input and support for communication initiatives from within the organization. On June 28, 2016, our workforce subcommittee/governance body approved our proposed workforce communication and engagement strategy. The minutes serve as an attestation for our workforce governance approval and were uploaded with required supporting documentation for this milestone. We currently are working with our Workforce Communication and Engagement Workgroup, Workforce Transformation Subcommittee, and Network Partner Liaisons to develop our communication toolkit needs as they relate to our workforce communication and engagement plan.
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	csceppaq		19_DY2Q1_GOV_MDL22_PPS1022_OTH_Mid-Point_Assessment_Organizational_Narrative_FINAL_2016.08.05_5689.pdf	Mid-Point Assessment Organizational Narrative FINAL_2016.08.05	08/05/2016 02:19 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Organizational Workstream Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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.

First, there is the risk that the PPS committees will not have (1) appropriate representation; (2) active engagement; or (3) appropriate expertise. All of these will be required for the successful functioning of the PPS governing structure, to ensure that PPS-wide decisions made by the governing bodies reflect the interests of different partner types and geographies. To mitigate this risk, we will identify appropriate representatives of key constituent groups and also select individuals who will commit to being actively engaged in the governance process. In addition, the MHVC Executive Director and team will need to monitor attendance at committee meetings and review minutes to ensure continued and meaningful involvement of committee members. Where appropriate, they will need to recommend changes to the composition of the committees. The By-Laws for the MHVC Steering Committee and each of its sub-committees will need to contain provisions that allow for the replacement of members and establish the criteria for such actions. Finally, we will need clear selection criteria to ensure relevant expertise on committees, particularly for subcommittees. For example, IT professionals with requisite years of experience in healthcare IT management systems as well as administrative experience should be added to the Information Technology Infrastructure subcommittee.

Second, there is the risk that partners and other stakeholders (e.g., vendors, labor groups) that are not involved in governance will resist changes being made across the PPS. To address this, the partner support team will develop a comprehensive engagement and communication strategy, which will involve a tailored approach for different stakeholder types and geographies. Change management support will be an integral part in all program development.

Third, there is the risk that challenges associated with other workstreams could impact the effective governance of the PPS. For example, if partners are not receiving sufficient funds to fully implement a project, they may not feel they have proper incentives to change behaviors. In this event, we will work with partners to identify alternative sources of funding, as well as educate them on the financial gains that will result from a shift to value based arrangements.

Fourth, there is the risk that our PPS fails to include a potentially crucial CBO / FBO, which could be critical in facilitating access to a particular population or set of stakeholders. We will mitigate this risk by regularly reminding local partners to stay up- to-date on local organizations, and to inform us of groups in their communities that could be an asset to the PPS. Further, there is the risk of transportation challenges that could prevent community stakeholders from attending meetings or forums. In order to mitigate this risk, we will work to include web-based meetings, teleconferences, and the sharing of materials online to make sure transportation issues don't prevent us with engaging critical community members.

Lastly, MHVC is in the process of revising our approach to regional governance and engagement structures. In our original DSRIP Organizational Application we referred to a number of Regional PACs that would fill this role. However, we are now moving towards a project-based approach that will support strong regional communication and engagement. MHVC will be actively involved in the Hudson Valley PHIP. This will be an important aspect of our regional planning, as will the series of regional engagement events that we are running in the first half of DY1.

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.)

Once the MHVC Steering Committee and the various work groups are fully formed and operational, their ability to carry out their governance and oversight responsibilities will be dependent on the quality of the information provided to them. Key to obtaining good useful data will be the quality of the IT infrastructure put in place, the expertise of and level of support provided by the PPS management team, and the active participation of the PPS members in the various DSRIP projects, including, but not limited to, their compliance with the reporting requirements of each project.

The community engagement plan will have interdependencies with legal (contracting with CBOs), marketing (message construction and delivery), public relations (integrated promotion and communication with print and electronic media), practitioner engagement (involvement of practitioners in efforts), and IT (data sharing)

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IPQR Module 2.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director	Allison McGuire, MHVC	Lead compliance activities; draft and implement compliance plan
Chief Compliance Officer	Deborah Brown, Esq/MHVC	DSRIP lead on compliance activities, e.g., financial compliance and contracts
Associate Director	Adam Goldstein/MHVC	Manage governance structure formation and implementation

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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		
Partner organizations (including those not represented on MHVC Steering Committee)	Network partners	Input into PPS governance approach; communication of local needs and resources to PPS
MHVC Steering Committee	Representatives from MHVC partner organizations	Work with DSRIP office on governance activities; make recommendations on work group members
Legal and Compliance Committee	Representatives from MHVC Steering Committee organizations, with legal expertise	Input on legal and compliance activities (e.g., contracts)
Christopher Panczner, Montefiore SVP & General Counsel	Montefiore SVP & General Counsel	Input into planning and implementation of governance activities
External Stakeholders		
Local public health infrastructure (e.g., Hudson valley regional health officers network, public health nurses)	Community stakeholders	Input into community engagement plan
Non-partner providers and community organizations	Community stakeholders	Input into community engagement plan

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.

Shared IT infrastructure is needed to facilitate the governance of the PPS network. This includes platforms not only to manage all network data, but also to ensure the data is sufficiently complete to allow PPS workgroups to make appropriate decisions. IT systems will need to be robust enough to facilitate tracking against all milestones while capturing the data elements needed to achieve the milestones. The IT infrastructure will also need the functionality to facilitate communication on multiple levels across the PPS. This includes outgoing communication, job boards, posting of committee documents, as well as incoming issues and/or community concerns. The IT systems will need to aligned with the final governance structure and be flexible enough to adapt to changes in this structure as needed.

IPQR Module 2.8 - Progress Reporting

Instructions :

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

Success of the governance work stream will be measured against the timely achievement of the creation of the structures (e.g., MHVC Steering Committee) the development of charters and adoption of bylaws, policies and procedures for all key committees and sub-committees, and the development, negotiation and execution of all required provider agreements to allow MHVC to begin operating as a PPS. Additionally, success will be measured by the establishment of the performance management system that will manage and analyze data from all participating partners (including data collection, analyses and reporting) to support effective and efficient decision-making. For example, the Clinical committee will rely on the performance management systems capturing data regarding achievement of PCMH Level 3 requirements across the PPS network providers, integration of behavioral health with primary care, compliance with evidence-based medicine asthma, cardiovascular protocols, and ultimately with the impact on strategic program goals (e.g., reduced rates of avoidable ED visits).

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 1. Establish the financial structure of the PPS including the finance functions within Montefiore, within the MHVC central office and the Finance & Sustainability SubCommittee, a leadership team composed of financial leadership from partner organizations.	Completed	Establish the financial structure of the PPS including the finance functions within Montefiore, within the MHVC central office and the Finance & Sustainability SubCommittee, a leadership team composed of financial leadership from partner organizations.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee.	Completed	Define roles and responsibilities of Montefiore (PPS lead), MHVC finance team, and Finance & Sustainability Sub Committee.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Develop PPS organization chart, establish clear reporting lines, and develop a regular schedule of Finance & Sustainability SubCommittee meetings.	Completed	Develop PPS organization chart, establish clear reporting lines, and develop a regular schedule of Finance & Sustainability SubCommittee meetings.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 4. Obtain validation and recommendations for the roles and responsibilities and organizational chart from the MHVC Finance & Sustainability SubCommittee, the MHVC Steering Committee and Montefiore Executive Leadership.	Completed	Obtain validation and recommendations for the roles and responsibilities and organizational chart from the MHVC Finance & Sustainability SubCommittee, the MHVC Steering Committee and Montefiore Executive Leadership.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Develop reporting formats and Accounts payable policies to	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	AV
5. Develop reporting formats and Accounts payable policies to emphasize (a) internal controls, (b) intelligent, flexible reporting formats and (c) coding discipline to allow for tend analysis, drill downs and alignment with program goals and metrics. Develop training programs to ensure appropriate training for MHVC partners on all relevant elements of program design and oversight.		emphasize (a) internal controls, (b) intelligent, flexible reporting formats and (c) coding discipline to allow for tend analysis, drill downs and alignment with program goals and metrics. Develop training programs to ensure appropriate training for MHVC partners on all relevant elements of program design and oversight.							
Task 6. Work with MHVC Compliance Officer and MHVC IT Director to develop policies (including audits) to support data integrity efforts.	Completed	Work with MHVC Compliance Officer and MHVC IT Director to develop policies (including audits) to support data integrity efforts.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. Present finance structure to Montefiore (PPS Lead) Board for sign off.	Completed	Present finance structure to Montefiore (PPS Lead) Board for sign off.	10/01/2015	12/31/2015	10/01/2015	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 1. Work with the leadership team of VAPAP hospitals to develop their VAPAP multi-year transformation plan to ensure that it represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's MHVC goals.	Completed	Work with the leadership team of VAPAP hospitals to develop their VAPAP multi-year transformation plan to ensure that it represents an appropriate initial direction for the transformation plan, meets the needs of the local community, and aligns with facility's MHVC goals.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	Design survey, with input from Finance and Sustainability	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	AV
2. Design survey, with input from Finance and Sustainability SubCommittee, to assess partners' financial health, identify fragile partners, including an assessment of VAPAP status, financial indicators (e.g., days cash on hand, debt ratio, operating margin and current ratio), estimation of DSRIP support, value-based arrangement in place, and sources of funding beyond. Present partner survey to the MHVC Steering Committee for comments and recommendations.		SubCommittee, to assess partners' financial health, identify fragile partners, including an assessment of VAPAP status, financial indicators (e.g., days cash on hand, debt ratio, operating margin and current ratio), estimation of DSRIP support, value-based arrangement in place, and sources of funding beyond. Present partner survey to the MHVC Steering Committee for comments and recommendations.							
Task 3. Launch survey and analyze results to develop report on current state assessment of PPS and a "Financial Stability Plan" to address key PPS financial issues identified in the survey.	Completed	Launch survey and analyze results to develop report on current state assessment of PPS and a "Financial Stability Plan" to address key PPS financial issues identified in the survey.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee.	Completed	Share report and plan with partners including the Finance and Sustainability SubCommittee and MHVC Steering Committee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Define mechanism to update financial health current state assessment and "Financial Stability Plan" routinely based on the recommendations from MHVC Steering Committee and Finance and Sustainability SubCommittee.	Completed	Define mechanism to update financial health current state assessment and "Financial Stability Plan" routinely based on the recommendations from MHVC Steering Committee and Finance and Sustainability SubCommittee.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6. Finalize network financial health current state assessment	Completed	Finalize network financial health current state assessment	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 7. Using survey data, develop list of fragile providers with poor financial indicators that are at-risk of failing to complete DSRIP project requirements.	Completed	Using survey data, develop list of fragile providers with poor financial indicators that are at-risk of failing to complete DSRIP project requirements.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8. Develop "Distressed Provider Plan" for monitoring and engaging with fragile providers, obtain recommendations for plan from the	Completed	Develop "Distressed Provider Plan" for monitoring and engaging with fragile providers, obtain recommendations for plan from the Finance and Sustainability SubCommittee and MHVC Steering Committee, including the frequency of	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
Finance and Sustainability SubCommittee and MHVC Steering Committee, including the frequency of monitoring financially fragile MHVC partners and steps to optimize intervention strategies.		monitoring financially fragile MHVC partners and steps to optimize intervention strategies.							
Task 9. As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan."	Completed	As needed, conduct individual outreach to fragile partners according to "Distressed Provider Plan."	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 10. Conduct network wide survey at a minimum annually or at a frequency defined by the recommendations of the Finance and Sustainability Subcommittee, the MHVC Steering Committee and the PPS Lead (Montefiore).	Completed	Conduct network wide survey at a minimum annually or at a frequency defined by the recommendations of the Finance and Sustainability Subcommittee, the MHVC Steering Committee and the PPS Lead (Montefiore).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Finalize financial sustainability strategy to address key issues.	Completed	Finalize 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 1. Amend the Montefiore Medical Center (MMC) Corporate Compliance Plan to address special considerations related to Montefiore's role as the PPS lead making Medicaid payments to network partners in connection to DSRIP project implementation and performance and ensuring dedication of resources that will assist in preventing and identifying Medicaid payment discrepancies related to DSRIP payments.	Completed	Amend the Montefiore Medical Center (MMC) Corporate Compliance Plan to address special considerations related to Montefiore's role as the PPS lead making Medicaid payments to network partners in connection to DSRIP project implementation and performance and ensuring dedication of resources that will assist in preventing and identifying Medicaid payment discrepancies related to DSRIP payments.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Identify and designate an employee to serve as the DSRIP Compliance Officer who will have day-to-day responsibility for the operation of the DSRIP compliance program, including the activities of Montefiore Hudson Valley	Completed	Identify and designate an employee to serve as the DSRIP Compliance Officer who will have day-to-day responsibility for the operation of the DSRIP compliance program, including the activities of Montefiore Hudson Valley Collaborative, LLC (MHVC), Montefiore Medical Center's (MMC) wholly-owned administrator for DSRIP, consistent with the MMC compliance	04/01/2015	06/30/2015	04/01/2015	06/30/2015	06/30/2015	DY1 Q1	

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Collaborative, LLC (MHVC), Montefiore Medical Center's (MMC) wholly-owned administrator for DSRIP, consistent with the MMC compliance program. The MHVC compliance officer will report to Montefiore Executive Leadership (Lynn Richmond, EVP), the Montefiore Chief Compliance Officer, and the MHVC Executive Director. The MHVC Complaince Officer shall provide regular reports on the DSRIP compliance program to the MHVC Legal and Compliance Subcommittee and the MHVC Steering Committee. The Montefiore Chief Compliance Officer will report on the activities of the MHVC Compliance Program to the Montefiore Compliance Committee of the Board of Trustees. Reports will include compliance program issues identified in connection with the distribution and use of DSRIP funds.		program. The MHVC compliance officer will report to Montefiore Executive Leadership (Lynn Richmond, EVP), the Montefiore Chief Compliance Officer, and the MHVC Executive Director. The MHVC Complaince Officer shall provide regular reports on the DSRIP compliance program to the MHVC Legal and Compliance Subcommittee and the MHVC Steering Committee. The Montefiore Chief Compliance Officer will report on the activities of the MHVC Compliance Program to the Montefiore Compliance Committee of the Board of Trustees. Reports will include compliance program issues identified in connection with the distribution and use of DSRIP funds.						
Task 3. The MHVC Compliance Officer will work with the MHVC Executive Director, and the Montefiore Chief Compliance Officer to develop and implement a compliance plan to ensure that funds distributed as part of the DSRIP program are not connected with fraud, waste or abuse.	Completed	The MHVC Compliance Officer will work with the MHVC Executive Director, and the Montefiore Chief Compliance Officer to develop and implement a compliance plan to ensure that funds distributed as part of the DSRIP program are not connected with fraud, waste or abuse.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. MMC's established compliance program maintains policies and procedures in accordance with SSL 363(d) and other compliance requirements; policies and procedures will be updated to describe compliance expectations related to potential compliance issues involving DSRIP funds. Among other considerations, policies and procedures will identify how to communicate DSRIP-related compliance issues identified by performing providers to the MHVC Compliance Officer.	Completed	MMC's established compliance program maintains policies and procedures in accordance with SSL 363(d) and other compliance requirements; policies and procedures will be updated to describe compliance expectations related to potential compliance issues involving DSRIP funds. Among other considerations, policies and procedures will identify how to communicate DSRIP-related compliance issues identified by performing providers to the MHVC Compliance Officer.	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	AV
Task 5. MHVC will develop a process to confirm that training and education on compliance expectations related to the DSRIP program is provided at each performing provider to all affected employees and persons associated with performing providers, pursuant to OMIG guidance. Such training and education may include defining performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds.	Completed	MHVC will develop a process to confirm that training and education on compliance expectations related to the DSRIP program is provided at each performing provider to all affected employees and persons associated with performing providers, pursuant to OMIG guidance. Such training and education may include defining performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. MHVC will establish a process of reporting DSRIP-related compliance issues to the MHVC Compliance Officer, which will include an anonymous and confidential method of reporting.	Completed	MHVC will establish a process of reporting DSRIP-related compliance issues to the MHVC Compliance Officer, which will include an anonymous and confidential method of reporting.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7. MMC maintains disciplinary policies and procedures to encourage good faith participation in the compliance program by "all affected individuals"; disciplinary policies and procedures will be updated to include performing providers within the scope of "all affected individuals."	Completed	MMC maintains disciplinary policies and procedures to encourage good faith participation in the compliance program by "all affected individuals"; disciplinary policies and procedures will be updated to include performing providers within the scope of "all affected individuals."	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 8. MHVC will develop and implement a system for routine identification of compliance risk areas related to the distribution and use of DSRIP funds during the current phase of the DSRIP program.	Completed	8. MHVC will develop and implement a system for routine identification of compliance risk areas related to the distribution and use of DSRIP funds during the current phase of the DSRIP program.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. MMC maintains a system for responding to compliance issues that are raised, as well as methods for prompt corrective action and refunding over payments where appropriate. MHVC will update the existing systems to include responding to DSRIP-related compliance issues, including misuse of DSRIP funds and false	Completed	MMC maintains a system for responding to compliance issues that are raised, as well as methods for prompt corrective action and refunding over payments where appropriate. MHVC will update the existing systems to include responding to DSRIP-related compliance issues, including misuse of DSRIP funds and false representations to obtain DSRIP funds, among other potential issues, and will establish a process to provide support to performing providers in	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	AV
representations to obtain DSRIP funds, among other potential issues, and will establish a process to provide support to performing providers in connection with this requirement.		connection with this requirement.							
Task 10. MMC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program in accordance with federal and state requirements. MHVC will establish a process to provide support to performing providers in connection with these requirements.	Completed	MMC maintains a policy of non-intimidation and non-retaliation for good faith participation in the compliance program in accordance with federal and state requirements. MHVC will establish a process to provide support to performing providers in connection with these requirements.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Milestone #4 Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	In Progress	This milestone must be completed by 09/30/2016. Value-based payment plan, signed off by PPS board.	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	YES
Task 1. Develop education and communication plan and materials for partners to enhance understanding of value based arrangements including risk sharing, contracting options and estimates of total opportunity.	In Progress	Develop education and communication plan and materials for partners to enhance understanding of value based arrangements including risk sharing, contracting options and estimates of total opportunity.	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Engage PPS partners with education and communication plan in an effort to coordinate the shift towards value based arrangements.	In Progress	Engage PPS partners with education and communication plan in an effort to coordinate the shift towards value based arrangements.	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Conduct survey of partners' existing readiness to participate in VBP and the level of their current involvement in VBP.	In Progress	Conduct survey of partners' existing readiness to participate in VBP and the level of their current involvement in VBP.	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 4. Compile survey results into a report on the PPS baseline assessment of value based arrangements, and recommendations for approaches to improve the readiness of partners to participate effectively in VBP.	Not Started	Compile survey results into a report on the PPS baseline assessment of value based arrangements, and recommendations for approaches to improve the readiness of partners to participate effectively in VBP.	04/01/2016	06/30/2016	07/01/2016	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 5. Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC.	In Progress	Initiate monthly meetings with MCO's and engage in development of MCO strategy framework for MHVC	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 6. Building off of Montefiore's existing experience with VBP and the findings of the survey of partners, estimate the potential VBP revenues by source and utilize in the creation / refinement of an outreach strategy to the MCO's in the region.	Not Started	Building off of Montefiore's existing experience with VBP and the findings of the survey of partners, estimate the potential VBP revenues by source and utilize in the creation / refinement of an outreach strategy to the MCO's in the region.	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Compile survey results, including an overview of partner readiness, opportunities for training and programmatic enhancements to partner infrastructure to support VBP; estimate of potential VBP revenues by source, and overview of current MCO landscape to the Finance and Sustainability SubCommittee and MHVC Steering Committee.	Not Started	Compile survey results, including an overview of partner readiness, opportunities for training and programmatic enhancements to partner infrastructure to support VBP; estimate of potential VBP revenues by source, and overview of current MCO landscape to the Finance and Sustainability SubCommittee and MHVC Steering Committee.	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 8. Engage Finance and Sustainability SubCommittee and MHVC Steering Committee to develop the roles and responsibilities of the PPS lead in coordinating the transition to value-based payments.	Not Started	Engage Finance and Sustainability SubCommittee and MHVC Steering Committee to develop the roles and responsibilities of the PPS lead in coordinating the transition to value-based payments.	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 9. Obtain Finance and Sustainability Subcommittee and MHVC Committee recommendations for central role in coordination.	Not Started	Obtain Finance and Sustainability Subcommittee and MHVC Committee recommendations for central role in coordination.	04/01/2016	06/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
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	03/31/2017	03/31/2017	DY2 Q4	YES
Task 1. Build on baseline assessment to identify key PPS provider partners and MCOs to drive transition to value-based payments.	Not Started	Build on baseline assessment to identify key PPS provider partners and MCOs to drive transition to value-based payments.	04/01/2016	12/31/2016	07/01/2016	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	AV
Task 2. Work closely with identified partners to develop a plan to achieve 90% value-based payments across network.	Not Started	Work closely with identified partners to develop a plan to achieve 90% value-based payments across network.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 3. Communicate and collect feedback on plan with Finance and Sustainability SubCommittee and MHVC Steering Committee.	Not Started	Communicate and collect feedback on plan with Finance and Sustainability SubCommittee and MHVC Steering Committee.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 4. Hold meetings with key MCO partners and key partners to discuss plan and potential shared savings arrangements.	Not Started	Hold meetings with key MCO partners and key partners to discuss plan and potential shared savings arrangements.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 5. Collectively audit and review plan with PPS partners.	Not Started	Collectively audit and review plan with PPS partners.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 6. Develop and finalize IPA structure.	Not Started	Develop and finalize IPA structure.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 7. Develop and finalize IPA structure.	Not Started	Develop and finalize IPA structure.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
Task 8. Revise and finalize plan.	Not Started	Revise and finalize plan.	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4	
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

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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
Finalize PPS finance structure, including reporting structure	pdamrow	Templates	19_DY2Q1_FS_MDL31_PRES1_TEMPL_Finance_and_Sustainability_Subcommittee_Meeting_Schedule_DY2_Q1_5414.pdf	Finance and Sustainability Subcommittee Meeting Schedule DY2 Q1	08/04/2016 02:35 PM
	pdamrow	Other	19_DY2Q1_FS_MDL31_PRES1_OTH_Finance_Milestone_1_Narrative_DY2Q1_5412.pdf	Finance_Milestone_1_Narrative_DY2Q1	08/04/2016 02:34 PM
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	pdamrow	Other	19_DY2Q1_FS_MDL31_PRES2_OTH_Financial_Sustainability_Milestone_2_narrative_DY2Q1_5419.pdf	Financial_Sustainability_Milestone_2_narrative_DY2Q1	08/04/2016 02:37 PM
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	pdamrow	Other	19_DY2Q1_FS_MDL31_PRES3_OTH_NYS_OMIG_Compliance_Certification_(SSL)_5424.pdf	NYS_OMIG_Compliance_Certification_(SSL)	08/04/2016 02:40 PM
	pdamrow	Other	19_DY2Q1_FS_MDL31_PRES3_OTH_Financial_Sustainability_Milestone_3_Narrative_DY2Q1_5423.pdf	Financial Sustainability Milestone 3 Narrative DY2Q1	08/04/2016 02:39 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize PPS finance structure, including reporting structure	
Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	
Finalize Compliance Plan consistent with New York State Social Services Law 363-d	
Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	Completion date changed per DOH guidelines dated February 12, 2016, moving this milestone to 9/30/16.
Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	Completion date changed to reflect DOH guidelines.
Put in place Level 1 VBP arrangement for PCMH/APC care and one other care bundle or subpopulation	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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

Instructions :

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

Risks:
1) There is risk in balancing the short-term financial health of our at-risk partners with the long term DSRIP plan.
2) The timing and availability of capital funds will impact the PPS project implementation and performance, as certain projects may require up-front capital investments that may not be covered by DSRIP funds (e.g., 2.a.iv - medical village development is capital intensive yet simultaneously key to achieving Domain 2 milestones in DSRIP years 1-3). Further, the timing of funds flows may create cash flow risks, especially with at-risk partners.
3) The total DSRIP funding available may not be sufficient to cover the capital costs of DSRIP projects. There is a risk that the PPS fails to identify alternative sources of funding to complete capital-intensive projects.
4) Funds flow and budget decisions will be made in a fair and equitable manner using claims data and performance attribution. There is a risk that the PPS will not be provided with accurate and granular data sufficient to make funding allocation decisions (e.g., full continuum of clinical information including full cost data for claims and accurate performance attribution per partner in the PPS).
5) For quarterly reports, we may be unable to access data or analytics relevant to specific metrics. In addition, partner organizations may fail to provide timely reporting on progress.
Mitigation strategies:
1) We will mitigate risks to financial sustainability by accelerating the transition to value based payments and by identifying additional sources of transition funding for at-risk partners. We will further manage a list of fragile partners and conduct individual outreach as necessary.
2) We will have clear communication and absolute transparency with partners regarding the funds flow plan and methodology.
3) We will detail partner requirements in order to earn funds flow payments including timely and accurate reporting on progress.
4) We will emphasize communication and education of partners on the transition to value-based payments.

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.)

1) Finance will have to work closely with care management in order to manage the transition to value-based payments.
2) Finance will also have to work closely with IT to prioritize development of IT capabilities at partners. Many partners currently do not utilize EHRs and do not have sufficient RHIO connectivity. Improved connectivity and EHR automation is critical for integrating the integrated delivery system and advancing the over-arching goals of DSRIP project 2.a.i.
3) Finance will have to work closely with project Transformation work groups and regional committees in order to assess progress and needs of

individual projects and partners. 4) Finance will have to work closely with the Performance Reporting teams to assess whether partners are meeting reporting and performance requirements for funding.

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IPQR Module 3.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director	Allison McGuire / MHVC	Lead DSRIP office on financial sustainability strategy
Associate Director	Adam Goldstein/MHVC	"Monitor progress towards DSRIP budget, funds flow, and financial sustainability (including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking)"
Finance Manager	Richard Ng/MHVC	"Monitor progress towards DSRIP budget, funds flow, and financial sustainability (including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking)"
Financial Analyst	Avi Simon/MHVC	"Monitor progress towards DSRIP budget, funds flow, and financial sustainability (including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking)"
Finance and Sustainability Subcommittee	David Menashy/Montefiore Health System	"Support progress and decision making and report progress to MHVC Steering Committees"
"Finance co-lead and member of Finance and Sustainability Transformation work group"	Joel Perlman/Montefiore Health System	"Support progress and decision making and report progress to MHVC Steering Committees"
Chief Compliance officer	Deborah Brown, Esq / MHVC	Lead on compliance activities
Compliance/Contract Manager	Tori Noxon/MHVC	Support on compliance and contracting activities
Finance and Sustainability Subcommittee	Partner organization representatives / MHVC	"DSRIP lead on finance and sustainability activities, e.g., budgeting, funds flow, and contracts. Report progress to MHVC Steering Committees"

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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		
Senior management at partner organizations (CEO, CFO, board members)	Partner leadership	Provide input as needed on specific issues related to financial sustainability
MHVC Steering Committee, Sub-Committees and Workgroups	Responsible for providing advisory services	Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System
Joel Perlman, CFO, Montefiore	Montefiore CFO	Support progress and decision making and report progress to MHVC Steering Committees
David Menashy, AVP Finance, Montefiore	Montefiore AVP Finance	Support progress and decision making and report progress to MHVC Steering Committees
External Stakeholders		
MCOs	Critical partner in transition to value based arrangements	Input / support for design of Value-based contracts
DOH	Consulted as needed for specific decisions related to financial sustainability	Input and support as needed
Community and local government leadership	Consulted as needed for specific decisions	Input and support as needed
Labor groups	Consulted as needed for specific decisions	Input and support as needed

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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 must be secure and compliant to manage financial sustainability across the PPS. To achieve financial sustainability across our partners, we will require access to data related to project performance, as well as an understanding of partner financial performance. This means there is a dependency between financial sustainability needs and a robust performance reporting system. The reporting technology will allow the PPS to merge claims with cost data to support value-based agreements, together with care management strategies (requiring population health / care coordination management technologies). The performance reporting system will support both the partners and the PPS's finance team.

IPQR Module 3.8 - Progress Reporting

Instructions :

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

Success in this workstream will be defined as progress towards the process milestones defined above (i.e., finance and reporting structure, financial health assessment and strategy, compliance plan, and assessment and plan for value-based arrangements). The MHVC CFO will track progress toward these milestones, together with the project management team and the director of research and evaluation. The MHVC CFO will then report on the overall progress of the PPS to the DSRIP Executive Director, MHVC Steering Committee, and Transformation work group.

In addition, the finance team will be tracking the financial health of partners (through regular financial health assessment surveys) and partner transitions toward a value-based system, while monitoring our contracts with MCOs. Fragile partners will be more closely tracked via individual outreach and more frequent health assessment surveys.

IPQR Module 3.9 - IA Monitoring

Instructions :

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Section 04 – Cultural Competency & Health Literacy

IPQR Module 4.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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 1. Identify and review source reference materials for Cultural Competency and Health Literacy standards (e.g., Cultural Competency CLAS Standards; Health Literacy: A Prescription to End Confusion; The Guide to Community Preventative Services) to use in strategic plan document and cultural competency toolkit for dissemination.	Completed	Identify and review source reference materials for Cultural Competency and Health Literacy standards (e.g., Cultural Competency CLAS Standards; Health Literacy: A Prescription to End Confusion; The Guide to Community Preventative Services) to use in strategic plan document and cultural competency toolkit for dissemination.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Review Community Needs Assessment,	Completed	Review Community Needs Assessment, claims data, and	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	AV
claims data, and other information from partners and Community Based Organizations to determine size and definition of priority groups by region (e.g., culturally and linguistically isolated populations), within PPS experiencing health disparities and need for cultural competency and health literacy strategy. Map identified priory populations (hot spots) to local CBOs, BH, and PCP practices that provide care for these populations.		other information from partners and Community Based Organizations to determine size and definition of priority groups by region (e.g., culturally and linguistically isolated populations), within PPS experiencing health disparities and need for cultural competency and health literacy strategy. Map identified priory populations (hot spots) to local CBOs, BH, and PCP practices that provide care for these populations.							
Task 3. Identify best practices for cultural competency and health literacy (including self management support, trainings and brief action planning) across multiple care settings, including best practices among partners within the PPS.	Completed	Identify best practices for cultural competency and health literacy (including self management support, trainings and brief action planning) across multiple care settings, including best practices among partners within the PPS.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 4. Create and finalize a cultural competency and health literacy strategy document that includes PPS attributed patients and priority groups experiencing disparities, and details activities that will be carried out to improve access to quality primary care, behavioral health, and preventative care.	Completed	Create and finalize a cultural competency and health literacy strategy document that includes PPS attributed patients and priority groups experiencing disparities, and details activities that will be carried out to improve access to quality primary care, behavioral health, and preventative care.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 5. Create and finalize plan to disseminate cultural competency activities, materials, and best practices into the infrastructure of programs with low baseline cultural competency identified during hotspoting assessments.	Completed	Create and finalize plan to disseminate cultural competency activities, materials, and best practices into the infrastructure of programs with low baseline cultural competency identified during hotspoting assessments.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Determine how lessons learned will be shared and disseminated across the PPS, including testing / piloting material in advance of PPS-wide dissemination, and plan for evaluation and modification (if needed) of materials.	Completed	Determine how lessons learned will be shared and disseminated across the PPS, including testing / piloting material in advance of PPS-wide dissemination, and plan for evaluation and modification (if needed) of materials.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task	Completed	Identify a vendor for, or develop internal capacity (MHVC	07/01/2015	09/30/2015	07/01/2015	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
7. Identify a vendor for, or develop internal capacity (MHVC office, PPS partners, or CBOs), to assess Partners' baseline cultural competency, and identify the key drivers that will improve access to quality primary care, behavioral health, and preventive health care for priority populations by region, including community based interventions.		office, PPS partners, or CBOs), to assess Partners' baseline cultural competency, and identify the key drivers that will improve access to quality primary care, behavioral health, and preventive health care for priority populations by region, including community based interventions; assess capacity to address these drivers including community resources and							
Task 8. Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management.	Completed	Identify culturally competent self management support tools, to assist patients with self-management, aligned with PPS clinical planning around self-management.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 9. Define plans for two-way communication with population and communities through community forums, including a web-based strategy to share information and resources across the network.	Completed	Define plans for two-way communication with population and communities through community forums, including a web-based strategy to share information and resources across the network.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 10. Present strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board.	Completed	Present strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board.	10/01/2015	12/31/2015	10/01/2015	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).	Completed	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	01/01/2016	03/31/2020	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. Develop target list of staff, clinical and non-clinical, that need to be trained, based on cultural competency strategy (milestone #1).	Completed	Develop target list of staff, clinical and non-clinical, that need to be trained, based on cultural competency strategy (milestone #1).	04/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	Evaluate available resources to train clinical and non-clinical	01/01/2016	03/31/2020	04/01/2016	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. Evaluate available resources to train clinical and non-clinical staff on cultural competency and health literacy and determine scope of training for different segments of the workforce regarding specific population needs and effective patient engagement approaches.		staff on cultural competency and health literacy and determine scope of training for different segments of the workforce regarding specific population needs and effective patient engagement approaches.							
Task 3. Develop training for MHVC leadership staff on the importance and principles of self management support strategies, awareness of cultural competency, and other health literacy issues.	Completed	Develop training for MHVC leadership staff on the importance and principles of self management support strategies, awareness of cultural competency, and other health literacy issues.	01/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Identify training strategies, target outcomes, and training objectives to train staff, working in partner organizations (both clinical and non-clinical), to address health disparities among target populations outlined in community needs assessment; consider multiple channels for training (e.g., online, seminars, and train-the-trainer).	Completed	Identify training strategies, target outcomes, and training objectives to train staff, working in partner organizations (both clinical and non-clinical), to address health disparities among target populations outlined in community needs assessment; consider multiple channels for training (e.g., online, seminars, and train-the-trainer).	01/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Identify a vendor for, or design, pre- and post-training assessment of cultural competency and health literacy knowledge.	Completed	Identify a vendor for, or design, pre- and post-training assessment of cultural competency and health literacy knowledge	01/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Develop plan to implement training strategies and evaluate effectiveness.	Completed	Develop plan to implement training strategies and evaluate effectiveness	01/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Present training strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board.	Completed	Present training strategy document to workforce sub committee and key stakeholders and have strategy document reviewed and approved by PPS Board	04/01/2016	03/31/2020	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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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.	pdamrow	Templates	19_DY2Q1_CCHL_MDL41_PRES1_TEMPL_CCHL_WF_Training_Materials_Template_6_30_16_5364.pdf	CCHL_WF_Training_Materials_Template_6_30_16	08/04/2016 12:44 PM
	pdamrow	Templates	19_DY2Q1_CCHL_MDL41_PRES1_TEMPL_CCHL_WF_Meeting_Schedule_Template_6.30.16_5363.pdf	CCHL WF Meeting Schedule Template 6.30.16	08/04/2016 12:42 PM
	pdamrow	Other	19_DY2Q1_CCHL_MDL41_PRES1_OTH_CCHL_Milestone_1_Narrative_Update_6_30_16_5361.pdf	CCHL Milestone 1 Narrative Update 6 30 16	08/04/2016 12:41 PM
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	pdamrow	Templates	19_DY2Q1_CCHL_MDL41_PRES2_TEMPL_CCHL_Training_Schedule_Template_6_30_16_5360.pdf	CCHL Training Schedule Template 6 30 16	08/04/2016 12:40 PM
	pdamrow	Templates	19_DY2Q1_CCHL_MDL41_PRES2_TEMPL_CCHL_Training_Materials_Template_6_30_16_5359.pdf	CCHL_Training_Materials_Template_6_30_16	08/04/2016 12:39 PM
	pdamrow	Other	19_DY2Q1_CCHL_MDL41_PRES2_OTH_MHVC_Officer's_Certificate_Attestation-CCHL-Training_Strategy-signed-2016-07-28_5357.pdf	MHVC Officer's Certificate Attestation-CCHL-Training Strategy-signed-2016-07-28	08/04/2016 12:38 PM
	pdamrow	Other	19_DY2Q1_CCHL_MDL41_PRES2_OTH_CCHL_Training_Strategy_Final__6_27_5356.pdf	Cultural Competency Milestone 2 Training_Strategy_Final	08/04/2016 12:37 PM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Finalize cultural competency / health literacy strategy.	
Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material).	Cultural Competency & Health Literacy (CCHL) Milestone 2 Narrative CCHL Milestone 2 Training Strategy The MHVC CCHL Workgroup in collaboration with network partners created the CCHL Training Strategy. The overarching perspectives of this strategy consist of:

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	• Alignment of the strategy to the population MHVC network partners serves. • Prioritization and implementation of various learning modalities to address health disparities among population served by clinical and non-clinical staff. • Integration of CCHL training into existing workforce training. Current state findings (as reported by the December 2015 Workforce survey) influential to the development of the CCHL training strategy include: • Leveraging resources from network partners that currently provide some form of cultural competency training. • Developing consistency in mandated and non-mandated training practice The CCHL strategy also includes the "universal precautions approach" to health literacy that builds opportunities to strengthen the foundation for the provision of equitable health care, recognizes the importance of participant/client/member safety, and drives outcomes and cost efficiency. The "universal precautions approach" is part of the Department of Health and Human Services Health Literate Care Model that teaches a systems approach to improving patient's engagement in care. The following organizational framework assisted MHVC network partners in addressing the CCHL training to engage organizations, communities, professionals, individuals and families in a multi-sector effort to promote culturally and linguistically appropriate care in context: • Who – Defined targeted partner employees and network staff that would need training. • What – Provided a breakdown of training into three categories: CCHL Integration Level, Basic/Foundational "101" Level, and Intermediate / Advanced Level. • How – Provided a "centralized training" approach due to need to integrate various key functions and provide ongoing support to MHVC network partners. • When – Provided information on implementation of training delivery that coincide with project implementation and identified partner engagement roll-out.

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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 implementation of our cultural competency and health literacy strategy involves several risks. First, it will be difficult to measure the effectiveness of our cultural competency and health literacy strategy considering the size of our network. The MHVC DSRIP office, together with cultural competency leads across the PPS, will collaborate to ensure an effective measurement system is in place. Second, we will need a shared IT infrastructure to disseminate materials and assess readiness and success, and partners are at different levels of IT readiness. To address this, the MHVC Director of IT will work closely partners to ensure IT requirements are met as quickly as possible. Third, our training and communication strategy will need to take into account accessibility issues for urban, suburban, and rural populations. To address this we will work with affinity groups within the PPS, as well as with CBO/FBOs, to identify venues for health literacy and cultural competency education and meetings. Lastly, there is a risk is that CBOs may not have the resources to adopt new standards and policies around cultural competency and health literacy. To help mitigate this risk, we will develop centralized materials and shared resources to distribute throughout the PPS.

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.)

IT: We are exploring technical solutions to share materials, assess cultural competency readiness, and evaluate success
Workforce: The workforce team will be integral to our cultural competency and health literacy strategy, to ensure cultural competency and health literacy training is integral to overall workforce training strategy.

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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
Executive Director	Allison McGuire /MHVC	Lead DSRIP office on cultural competency strategy
Director Workforce & Training	Joan Chaya /MHVC	Staff for Cultural Competency & Health Literacy. Planning and implementation of cultural competency strategy
Project Specialist	Antonia Barba /MHVC	Staff for Cultural Competency & Health Literacy. Planning and implementation of cultural competency strategy
Medical Director	Damara Gutnick, MD /MHVC	Planning and implementation of cultural competency strategy
Co-chair Cultural Competency Health Literacy Committee	Kathy Brieger and Nolly Climes	Collaborate in creating meeting agendas, lead committee members in making decisions, monitor and approve workgroup tasks.
Analytics	Yoon Yang /MHVC	Data analysis and mapping of identified priority populations
Communications	Chelsea Lynn Rudder /MHVC	Responsible for developing communication strategy
Partner cultural competency leads	Representatives of partner organizations	Input on cultural competency strategy
Training	Adyna Gamboa /MHVC	Responsible for training strategy

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IPQR Module 4.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
Partner project leads	Project Leads	Partner with DSRIP office on cultural competency needs and timelines for projects
MHVC Project Specialists	Central project coordination	Partner with DSRIP workforce director on cultural competency needs and timelines for projects
Gloria Kenny, Montefiore VP of Human Resources	Montefiore VP of Human Resources	Input on training activities
Nicole Hollingsworth, AVP Community & Population Health	Montefiore cultural competency lead	Planning and input on cultural competency strategy and training
Cultural Competency Sub-Committee and workgroups	Collaborative design of strategy to asses and spread best practice	Responsible for providing subject matter expertise, investigating and planning for the distribution of tools/training to increase competency
CBOs in network	Partner organizations	Input on cultural competency strategy
NKI	Vendor	Input on cultural competency strategy
Joan Chaya, Director of Workforce and Cultural competency	Montefiore HVC cultural competency lead	Planning and input on cultural competency strategy and training
External Stakeholders		
MHVC patients	Exact forums for patient engagement on the design of cultural competency and other initiatives are to be defined in conjunction with Hudson Valley PHIP and provider partners.	Feedback and engagement on developing cultural competency and health literacy initiatives as needed.
Non-partner providers and CBOs / FBOs	Local resource	Consultation on cultural competency strategy, as needed

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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.

Using IT as a communications channel to support the adoption of cultural competency/health literacy standards is most effective when delivered via a widely used, commercially available application that meets regulatory requirements. The IT performance management platform will facilitate partner progress toward cultural competency and health literacy goals, while enabling the PPS to monitor progress. We will select and implement the platform in time to meet the target dates presented in this plan to support implementation. In addition, the use of a standardized care plan across our network will give us the ability to share with the providers where necessary patients' cultural and religious preferences, thus giving us the ability to deliver culturally appropriate services.

IPQR Module 4.8 - Progress Reporting

Instructions :

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

The success of the Cultural Competency/Health Literacy strategy implementation over the five DSRIP Years will be evaluated as follows:
(1) MHVC will measure the adoption of cultural competency / health literacy standards or protocols amongst network providers (e.g. CLAS standards)
(2) MHVC will investigate options for partnering with an outside agency to develop and track measurements of: (a) the improvements in health outcomes amongst member populations that are key targets for cultural competency / health literacy initiatives; and (b) patient engagement.

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).	Completed	Detailed IT current state assessment. Relevant QEs (RHIOs/HIEs) should be involved in performing this assessment.	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	NO
Task 2. Create Cross PPS HIT/HIE committee for sharing and learning opportunities	Completed	Create Cross PPS HIT/HIE committee for sharing and learning opportunities	04/01/2015	05/01/2015	04/01/2015	05/01/2015	06/30/2015	DY1 Q1	
Task 1. Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance	Completed	Establish IT Governance Structure with appropriate representation of Montefiore IT leadership and align with overall PPS governance	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 5. Categorize results by provider type and project selection; Inventory current capabilities.	On Hold	Categorize results by provider type and project selection; Inventory current capabilities.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Conduct IT assessment Survey using standardized assessment tools (structured interviews and email survey methods) and analyze survey results	Completed	Conduct IT assessment Survey using standardized assessment tools (structured interviews and email survey methods) and analyze survey results	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment.	Completed	Evaluate vendor supported approach for IT assessment and finalize strategy to complete assessment.	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	On Hold	Explore with Partners other supporting technologies (non	04/01/2016	06/30/2016	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
16. Explore with Partners other supporting technologies (non clinical).		clinical).							
Task 15. Create a CBO IT Infrastructure transformation work group.	On Hold	Create a CBO IT Infrastructure transformation work group.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 14. Finalize plan with MHVC Steering Committee.	On Hold	Finalize plan with MHVC Steering Committee.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 13. Review plan with CFO and Executive Director to establish alignment of budgets with funds flow mode as well as requested capital funding.	On Hold	Review plan with CFO and Executive Director to establish alignment of budgets with funds flow mode as well as requested capital funding.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 12. Validation of plan with IT sub committee and Montefiore IT leadership. Collaborate on plan of communication PPS wide.	On Hold	Validation of plan with IT sub committee and Montefiore IT leadership. Collaborate on plan of communication PPS wide.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 11. Finalize DSRIP IT Strategy through collaboration with Partners and project implementation plans Areas of system concentration are: EHR, HIE, Quality Measures, Clinical Decision support and performance management.	Completed	Finalize DSRIP IT Strategy through collaboration with Partners and project implementation plans Areas of system concentration are: EHR, HIE, Quality Measures, Clinical Decision support and performance management.	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Engage and collaborate with Local extension Center (eHealthCollaborative) and RHIO to create outreach plan based on GAP analysis and IT Infrastructure Transformation work group input.	Completed	Engage and collaborate with Local extension Center (eHealthCollaborative) and RHIO to create outreach plan based on GAP analysis and IT Infrastructure Transformation work group input.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Create education curriculum on project technologies with the IT infrastructure transformation work group.	Completed	Create education curriculum on project technologies with the IT infrastructure transformation work group.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Collaborate with Local RHIO on survey results	On Hold	Collaborate with Local RHIO on survey results	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Share results of assessment and validate GAP	On Hold	Share results of assessment and validate GAP analysis with Montefiore IT SME leadership	04/01/2016	06/30/2016	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
analysis with Montefiore IT SME leadership									
Task 6. Organize, review and assess survey to create GAP analysis of project requirements and partner capabilities; Prioritize GAPs to be addressed and analyze interoperability points in consultation with IT sub Committee	Completed	Organize, review and assess survey to create GAP analysis of project requirements and partner capabilities; Prioritize GAPs to be addressed and analyze interoperability points in consultation with IT sub Committee	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
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	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task 7. Establish a Change Management monitoring and reporting strategy to status process with MHVC Steering Committee.	Not Started	Establish a Change Management monitoring and reporting strategy to status process with MHVC Steering Committee.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Educate affected partners on IT Change Management approved procedures, align with QE education curriculum as appropriate.	Not Started	Educate affected partners on IT Change Management approved procedures align with QE education curriculum as appropriate.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Present to MHVC Steering Committee for recommendations and validation.	Not Started	Present to MHVC Steering Committee for recommendations and validation.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Create training/communication plan for PPS partners, which identifies escalation to the Montefiore IT Change Advisory Board. Include QE in the communication plan.	Not Started	Create training/communication plan for PPS partners, which identifies escalation to the Montefiore IT Change Advisory Board. Include QE in the communication plan.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Validate change management procedure with IT sub committee	Not Started	Validate change management procedure with IT sub committee	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 2. Integrate DSRIP technologies to existing	In Progress	Integrate DSRIP technologies to existing Montefiore IT change management policy that outlines roles&	01/01/2016	12/31/2016	01/01/2016	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	AV
Montefiore IT change management policy that outlines roles& responsibilities, documentation standards, communication requirements and testing & approval processes.		responsibilities, documentation standards, communication requirements and testing & approval processes.							
Task 1. Create RACI Matrix outlining the individuals responsible, accountable, consulted or informed by actual technology deployed to partners. Align approach with strategic direction of QE.	In Progress	Create RACI Matrix outlining the individuals responsible, accountable, consulted or informed by actual technology deployed to partners. Align approach with strategic direction of QE.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #3 Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	In Progress	Roadmap document, including current state assessment and workplan to achieve effective clinical data sharing and interoperable systems where required. The roadmap should include: -- A governance framework with overarching rules of the road for interoperability and clinical data sharing; -- A training plan to support the successful implementation of new platforms and processes; and -- Technical standards and implementation guidance for sharing and using a common clinical data set -- Detailed plans for establishing data exchange agreements between all providers within the PPS, including care management records (completed subcontractor DEAAs with all Medicaid providers within the PPS; contracts with all relevant CBOs including a BAA documenting the level of PHI to be shared and the purpose of this sharing).	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1. Execute DEAA for PHI data with DOH.	Completed	Execute DEAA for PHI data with DOH.	04/01/2015	04/01/2015	04/01/2015	04/01/2015	06/30/2015	DY1 Q1	
Task 8. Create data usage & tool standards for training plan with contribution from IT work groups where needed.	Not Started	Create data usage & tool standards for training plan with contribution from IT work groups where needed.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Finalize clinical data sharing and interoperability plan. Present for approval to Compliance Officer and MHVC steering Committee.	Not Started	Finalize clinical data sharing and interoperability plan. Present for approval to Compliance Officer and MHVC steering Committee.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Leveraging current established Montefiore	Not Started	Leveraging current established Montefiore Health System policy and procedures to design ongoing monitoring reporting	04/01/2016	12/31/2016	07/01/2016	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	AV
Health System policy and procedures to design ongoing monitoring reporting that will be aligned with agreements in place.		that will be aligned with agreements in place.							
Task 5. Collaborate with QE in alignment with strategic direction to optimize partner data contribution and finalize migration plan from paper to EHR for those providers involved.	Not Started	Collaborate with QE in alignment with strategic direction to optimize partner data contribution and finalize migration plan from paper to EHR for those providers involved.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Inform governance with data exchange agreement requirements into Data Sharing Consent Agreements and Consent Change Protocols , including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs as monitored by compliance Officer.	In Progress	Inform governance with data exchange agreement requirements into Data Sharing Consent Agreements and Consent Change Protocols , including subcontractor DEAAs with all providers within the PPS; contracts with all relevant CBOs as monitored by compliance Officer.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Create data matrix based on Partner project selection and level of participation. This will inform and define the data needs, security requirements and governance standards. Validate with IT Sub Committee , local QE and PPS stakeholders.	Not Started	Create data matrix based on Partner project selection and level of participation. This will inform and define the data needs, security requirements and governance standards. Validate with IT Sub Committee , local QE and PPS stakeholders.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 2. Map current state assessment and interoperability requirements (HIE) with data exchange and privacy requirements of Montefiore Health System as monitored by Compliance Officer.	Not Started	Map current state assessment and interoperability requirements (HIE) with data exchange and privacy requirements of Montefiore Health System as monitored by Compliance Officer.	04/01/2016	12/31/2016	07/01/2016	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.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task 6. Identify and assess options for communication channels to be used to enhance patient engagement.	Not Started	Identify and assess options for communication channels to be used to enhance patient engagement.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task	Not Started	Create educational curriculum to communicate patient portal	04/01/2016	12/31/2016	07/01/2016	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	AV
5. Create educational curriculum to communicate patient portal best practices coordinated with the PPS leads in the region.		best practices coordinated with the PPS leads in the region.							
Task 4. Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers.	Not Started	Align and coordinate consent design with input from Cultural Competency work stream lead for the participating providers.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO.	Completed	Engage RHIO to plan for DSRIP consent management and educate providers/partners on Patient portal capabilities of RHIO.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 2. Evaluate in current assessment of care management application member identification and outreach functionality/requirements.	In Progress	Evaluate in current assessment of care management application member identification and outreach functionality/requirements.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 1. Address consent requirements in partners agreement responsibilities.	In Progress	Address consent requirements in partners agreement responsibilities.	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task 6. Create usage competency requirements that will influence the ongoing training and security monitoring procedures with partners.	On Hold	Create usage competency requirements that will influence the ongoing training and security monitoring procedures with partners.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Create usage competency requirements that will influence the ongoing training and security monitoring procedures.	On Hold	Create usage competency requirements that will influence the ongoing training and security monitoring procedures.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 4. Communicate access procedures and requirements with Transformation work group to information needed training plan for the Partners.	On Hold	Communicate access procedures and requirements with Transformation work group to information needed training plan for the Partners.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 3. Present to MHVC Steering Committee and	On Hold	Present to MHVC Steering Committee and compliance Officer for recommendations and validation.	04/01/2016	06/30/2016	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
compliance Officer for recommendations and validation.									
Task 2. Enhance Montefiore Health System User Access Procedures to address DSRIP governance.	On Hold	Enhance Montefiore Health System User Access Procedures to address DSRIP governance.	04/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. Analyze Data Matrix developed in data exchange and create risk mitigation plan. Incorporate standards for clinical connectivity into partner contracts	On Hold	Analyze Data Matrix developed in data exchange and create risk mitigation plan. Incorporate standards for clinical connectivity into partner contracts	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 1. Create and submit security workbooks for System Security Plan Overview, Access Controls (AC), Configuration Management (CM), Identification and Authorization (IA), System and Communications Protection (SC)	Completed	Create and submit security workbooks for System Security Plan Overview, Access Controls (AC), Configuration Management (CM), Identification and Authorization (IA), System and Communications Protection (SC)			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Create and submit security workbooks for Awareness and Training (AT), Audit and Accountability (AU), Incident Response (IR), Physical and Environmental Protection (PE), Personnel Security (PS	Completed	Create and submit security workbooks for Awareness and Training (AT), Audit and Accountability (AU), Incident Response (IR), Physical and Environmental Protection (PE), Personnel Security (PS			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Create and submit security workbooks for Security Assessment and Authorization (CA), Risk Assessment (RA), System and Information Integrity (SI), Media Protection (MP)	Completed	Create and submit security workbooks for Security Assessment and Authorization (CA), Risk Assessment (RA), System and Information Integrity (SI), Media Protection (MP)			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Create and submit security workbooks for Planning (PL), Program Management (PM), System and Services Acquisition (SA), Contingency Planning (CP), Maintenance (MA	Completed	Create and submit security workbooks for Planning (PL), Program Management (PM), System and Services Acquisition (SA), Contingency Planning (CP), Maintenance (MA			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	

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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
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).	pdamrow	Templates	19_DY2Q1_IT_MDL51_PRES1_TEMPL_MHVC_IT_Meeting_Template_DY2Q1_5383.pdf	MHVC_IT_Meeting_Template_DY2Q1	08/04/2016 01:44 PM
	pdamrow	Templates	19_DY2Q1_IT_MDL51_PRES1_TEMPL_MHVC_IT_Committee_Template_DY2_Q1_5382.pdf	MHVC_IT_Committee_Template_DY2_Q1	08/04/2016 01:44 PM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES1_OTH_MHVC_ITCurrentStateAssessment_Final_Version_5380.pdf	MHVC_ITCurrentStateAssessment_Final Version	08/04/2016 01:42 PM
Develop a data security and confidentiality plan.	cham15	Policies/Procedures	19_DY2Q1_IT_MDL51_PRES5_P&P_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SA_Family)_5941.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (SA Family)	09/19/2016 09:31 AM
	cham15	Policies/Procedures	19_DY2Q1_IT_MDL51_PRES5_P&P_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MA_Family)_5940.docx	OHIP DOS System Security Plan (SSP) Moderate Plus Workbook (MA Family)	09/19/2016 09:29 AM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PM_Family)_Part_2_5274.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PM_Family)_Part_2 File was too large, had to be split into two documents in order to be uploaded.	08/04/2016 09:35 AM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PM_Family)_Part_1_5268.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PM_Family)_Part_1 File was too large, had to be split into two documents in order to be uploaded.	08/04/2016 09:31 AM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SA_Family)_5258.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(SA_Family)	08/04/2016 09:17 AM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PL_Family)_5256.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(PL_Family)	08/04/2016 09:15 AM
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MA_Family)_5255.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(MA_Family)	08/04/2016 09:07 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
	pdamrow	Other	19_DY2Q1_IT_MDL51_PRES5_OTH_OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(CP_Family)_5254.docx	OHIP_DOS_System_Security_Plan_(SSP)_Moderate_Plus_Workbook_(CP_Family)	08/04/2016 09:05 AM

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).	Narrative for Milestone 1 – IT Current State Assessment MHVC has completed the IT Current State Assessment, identifying both capabilities and gaps across our network, including readiness for data sharing and the implementation of inter-operable IT platform(s). The MHVC IT Current State Assessment included questions related to core systems in use including assessment of EHR, MU and PCMH status (where applicable) hardware and software infrastructure, staffing, connectivity, security and confidentiality, and inter-connectivity with the RHIO. Additionally, the assessments collected data on our partner's ability to meet project specific requirements such as capability of reporting on PHQ-2 and PHQ-9, asthma action plans, and utilization of registries. To strengthen the information needed to give a solid overview of where MHVC's network stands in relation to IT capabilities, we worked collaboratively with the MHVC IT Subcommittee, the local Hudson Valley QE, HealthlinkNY, and our neighboring PPS's. This allowed us to evaluate the best direction to take with the assessment and at times informed additional areas of focus. The results of the assessment have given MHVC critical knowledge of the network and clear next steps for IT integration. These elements will be key to MHVC's ability to properly rollout a Population Health Roadmap and a Clinical Integration Strategy in the coming months. As our network grows and develops, MHVC will continue to mature assessments to meet the needs of the growing integrated delivery system. MHVC will also be focusing efforts to expand on our knowledge of key network CBO's IT capabilities. In order to achieve our PPS goals of an Integrated Delivery System, we will continue to work closely with our Steering Committee and governance subcommittees, the IT Subcommittee, Clinical Quality Subcommittee, Workforce Subcommittee and Compliance Subcommittee, to develop the best methods available.
Develop an IT Change Management Strategy.	
Develop roadmap to achieving clinical data sharing and interoperable systems across PPS network	
Develop a specific plan for engaging attributed members in Qualifying Entities	
Develop a data security and confidentiality plan.	Milestone 5: Develop a data security and confidentiality plan. Narrative: The data security and confidentiality plan has been fully mapped out and articulated in the System Security Plan (SSP) Workbooks. Consequently, the PPS has

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	put the originally defined tasks of this milestone "On Hold" (tasks 1-6) and replaced them with steps describing the completion of the SSP Workbooks (steps 7-10). MHVC has completed all 18 SSP workbooks directly tied to the completion of Milestone 5.

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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

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 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.

As has been outlined and indicated in survey results the capabilities of our Partners varies greatly. They have communicated that the usual barriers to acquiring technology are affecting their progress in adoption. The most significant are financial and technical expertise.

Risk A - Managing technology by provider type can add complexity to implementing a truly integrated IT model. We will try to address this by grouping parthttps://commerce.health.state.ny.us/mapp/ntwk/projimpl/orgsec/ipqrSection07.jsfners by the technology and partner type. These groupings will create additional workgroup teams so that there is appropriate input to the needed implementation thus supporting adoption.
Risk B - There are multiple PPS leads in the Hudson Valley and one QE, HealthlinkNY. The demand on the QE will impact the ability to deliver the connectivity to the QE on a timely basis. In conjunction with the QE we have coordinated the three PPS Leads so that we optimize the efforts for both the QE and our shared partners.

Risk C - There is a large number of partners utilizing paper-based records – in the interim we will leverage an EMR agnostic/Non EMR approach to assisting in the care management of the attributed lives. We will prioritize the providers who will need to meet the multiple requirements to deliver the projects and care. We will also leverage the technology groups identified in Risk A.
Risk D -Data Security Measures may not be in place or the proposed requirements might be beyond the capabilities of the partner. Although we are confident that our partners who have or will be signing data agreements will continue to ensure data security measures are in place, in order to mitigate data security risks, we will work with our partners to identify areas where they need support and also limit the data as identified in Data matrix to the minimum requirements needed to implement and achieve the project requirements. We will implement dual authentication to access data as needed by Partner

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.)

As is described throughout this implementation plan, the development of new and / or improved IT infrastructure technology is an important factor in many other workstreams. In particular, clinical integration, population health management and performance reporting. However, without the right business and financial support, it will not be possible to drive the technological infrastructure development program to ensure the success of these workstreams. The interaction between the IT resources and the PPS's leads will be vital to ensure that the IT infrastructure that we develop meets the needs of the whole PPS network. DSRIP capital funding will be a critical factor as well as securing the appropriate resources. The Finance workstream is in a support role to fulfill this requirement along with the workforce strategy team. To this end there will be cross representation of IT resources on each of the work stream teams.

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IPQR Module 5.5 - Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director	Allison McGuire/ MHVC	Lead DSRIP office on IT systems and processes strategy.
Associate Director of IT Transformation	Susan Seltzer-Green/MHVC	Partner IT transformation support and coordination of IT services in conjunction with MIT operations, Performance reporting management
Chief Information Officer	Jack Wolf/ Montefiore Health System	IT Governance, Change Management, IT Architecture and Operations
Montefiore Data and infrastructure	J. Albert, B. Hoch, A. Banchu/ Montefiore Health System	Data security and confidentiality plan, Data Exchange Plan in conjunction with MIT Operations
Montefiore IT Security Officer	A. Banchu/ Montefiore Health System	Data security and confidentiality plan, Data Exchange Plan in conjunction with MIT Operations. Adherance to HIPPA
IT Infrastructure Transformation work group	TBD	Input on IT strategy
Medical Director	Damara Gutnick/ MHVC	Alignment with Clinical objectives and goals
Chief Compliance Officer	Deborah Brown, Esq/MHVC	Compliance and Privacy oversight
IT Project Specialist	Cara Sceppaquercia/ MHVC	Responsible for coordinating project workgroups, creating and operationalizing project plans, and supporting IT strategy implementation.

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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		
Partner project leads	Project leads	Partner with DSRIP IT director on meeting IT project requirements
MHVC project specialists	Central project coordination	Input on IT transformation strategy to help partners meet IT project requirements
MHVC Steering Committee, IT Sub Committee and workgroups	Project and DSRIP goverance	Provide advisory services to meet DSRIP goals and Objective in conjuction with MHVC and Montefiore Health System Leadership
External Stakeholders		
Local QE - HealthLinkNY	Supporter	Collaboration with MHVC IT director to help partners meet HIE project requirements
Local extension Center (eHealthCollaborative)	Supporter	Collaboration with DSRIP IT director on outreach to partners
PPS HIT/HIE Workgroup	Partners in regional collaborations with RHIO(s) and on IT initiatives	Collaboration or input as needed on the design of regional IT initiatives that recognize partners may be in multiple PPSs and top assist with prioritization

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IPQR Module 5.7 - Progress Reporting

Instructions :

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

Success of the IT systems and processes workstream will be defined as progress toward establishing a fully integrated IT infrastructure. This will involve tracking the process milestones defined above (i.e., current state assessment, change management strategy, clinical data sharing roadmap, plan for engaging members in qualifying entities, and data security and confidentiality plan) and outlined below as some ongoing performance reports. The MHVC IT director will track progress toward these milestones, together with the project management team and the director of research and evaluation. We will closely monitor the progress of our partners' transition to effective, interoperable EHR systems with appropriate certifications. This will include using surveys, outreach, and a performance / project management tool to track EHR adoption, HIE connectivity, and progress toward PCMH certifications as relevant. Partner agreements will establish the expectations with all partners to supply key artifacts and monthly reports on key performance metrics. These will be necessary to ensure continuing progress against our IT change management strategy. This will be accomplished in conjunction with the Regional Managers who will be responsible for the ongoing relationship and monitoring of performance.
Performance reports currently identified:
1. Annual Gap Assessment Report – Partner adoption of IT infrastructure, enablement of clinical workflows, and application of population analytics
2. Annual Data Security Monitoring
3. Monthly workforce training compliance report
4. Monthly HIE usage report

IT Transformation work group will assist in conducting quarterly survey of IT stakeholders (in particular the users of new infrastructure / systems) to derive qualitative assessments of user satisfaction.

IPQR Module 5.8 - IA Monitoring

Instructions :

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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	01/01/2016	09/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2	NO
Task 6. Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts).	Completed	Develop dashboards for different audiences (e.g., PPS leadership; partner leads; data analysts).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 5. Establish data collection processes for key metrics at relevant participating PPS sites.	Completed	Establish data collection processes for key metrics at relevant participating PPS sites.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Identify individuals within partner organizations with responsibility for clinical and financial outcomes related to projects, who will report to MHVC Clinical Sub-Committee	Completed	Identify individuals within partner organizations with responsibility for clinical and financial outcomes related to projects, who will report to MHVC clinical committees	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 3. Confirm performance reporting system(s) to be used across MHVC, including data collection and analytical tool/capability or IT systems.	Not Started	Confirm performance reporting system(s) to be used across MHVC, including data collection and analytical tool/capability or IT systems.	04/01/2016	09/30/2016	07/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Establish set of required metrics and milestones, relevant data and requirements, and dates for collecting all required metrics to be	Completed	Establish set of required metrics and milestones, relevant data and requirements, and dates for collecting all required metrics to be collected at relevant participating PPS sites. MHVC will develop data collection and analytical capabilities	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
collected at relevant participating PPS sites. MHVC will develop data collection and analytical capabilities that will identify key opportunities for performance improvement.		that will identify key opportunities for performance improvement.							
Task 1. Establish performance reporting governance structure within the Clinical Quality Sub Committee	Completed	Establish performance reporting governance structure within the Clinical Quality Sub Committee	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 8. Incorporate partner feedback to finalize dashboards and performance reporting strategy and establish process and lines of two-way communication for reporting results of analyses of metrics.	In Progress	Incorporate partner feedback to finalize dashboards and performance reporting strategy and establish process and lines of two-way communication for reporting results of analyses of metrics.	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Hold meetings with partners and include professional group representation, particularly those with expertise in each area to drive transformation of the culture, to get feedback and suggestions for improving performance reporting strategy and pilot dashboards.	Completed	Hold meetings with partners and include professional group representation, particularly those with expertise in each area to drive transformation of the culture, to get feedback and suggestions for improving performance reporting strategy and pilot dashboards.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	In Progress	Finalized performance reporting training program.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	NO
Task 5. Establish process for incorporating evaluation feedback and updating training as needed. Include the validating of respective updates with appropriate governing body for approval.	In Progress	Establish process for incorporating evaluation feedback and updating training as needed. Include the validating of respective updates with appropriate governing body for approval.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Develop plan for monitoring the uptake and training outcomes for those undertaking performance reporting training. Including a process via survey to capture attendee evaluation feedback.	In Progress	Develop plan for monitoring the uptake and training outcomes for those undertaking performance reporting training. Including a process via survey to capture attendee evaluation feedback.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 3. Develop plan for delivery of training to	In Progress	Develop plan for delivery of training to organizations and individual providers in the MHVC network and present to	01/01/2016	06/30/2016	04/01/2016	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	AV
organizations and individual providers in the MHVC network and present to MHVC Steering Committee for review and recommendations.		MHVC Steering Committee for review and recommendations.							
Task 2. Develop training materials and programs that incorporate the core elements of MHVC performance reporting structures and processes (e.g. ongoing self-assessment and critical evaluation, dashboards and reduced potentially preventable spending metrics).	In Progress	Develop training materials and programs that incorporate the core elements of MHVC performance reporting structures and processes (e.g. ongoing self-assessment and critical evaluation, dashboards and reduced potentially preventable spending metrics).	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 1. Identify training objectives and vision based on performance reporting structures and processes defined above.	In Progress	Identify training objectives and vision based on performance reporting structures and processes defined above.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish reporting structure for PPS-wide performance reporting and communication.	
Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting.	Performance Reporting Milestone 2 Develop training program for organizations and individuals throughout the network, focused on clinical quality and performance reporting Because of the delay in the receipt of claims data and the phased roll-out of the NY State managed resources portal, Medicaid Analytics Performance Portal

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	(MAPP), we pushed out the completion of this Milestone to 9/30/2016. Consequently, this delay has impacted Milestone 2 and now has a completion date targeted for December 31, 2016. While stakeholder involvement continues to address performance reporting requirements, MHVC is concurrently completing the development of overarching formal training strategies this quarter that will include clinical quality and performance reporting needs. Upon completion, these will be presented to the appropriate governance committees for review and approval. Following their formal review, training will then be designed based on the approved strategy. Stakeholder involvement includes: Data Analytics SMEs - Internally MHVC has established a multi-disciplinary group with representation from Montefiore Medical Center, inclusive of Montefiore Care Management Organization, (CMO) Montefiore Information Technology (MIT) Montefiore Data Analytics and Reporting (DAR) and Montefiore Strategic Planning. The group has reviewed the clinical performance measures that will be evaluated by DOH throughout DSRIP and MAPP Dashboards provided by DOH. The charge of the group is to evaluate to what extent MHVC can leverage existing Montefiore Performance Management Tools and what additional build is necessary. IT and Clinical Quality Sub-Committees - MHVC has engaged both the Clinical Quality and IT Subcommittees, comprised of MHVC, partners, representatives from key stakeholders (Hospitals, Behavioral Health, Skilled Nursing Facilities, etc.) and our 7-county geography, with responsibility of clinical outcomes to provide governance oversight of performance reporting, including identifying metrics for inclusion. MHVC is planning to provide Performance reports at the organizational level, broken down to NPI number and to CIN. The reports that MHVC has discussed would be specific to each provider type and will also provide summary level data at the organization level. These reports have been presented to both Metric Workgroup and Clinical Quality Subcommittee for feedback. The goal, of course, is to create reports that are intuitive, and actionable. Based on consultation with these groups, MHVC has reviewed the NYSDOH performance metrics and has selected an initial set of measures, as appropriate, for each provider type. Measure selection has been approved internally and by Clinical Quality Sub-committee.

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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

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 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.

Achieving the DSRIP performance metrics will depend on partner support and training to standardize quality and accuracy across sites. The use of a single PMO platform, accessible by partners throughout the network, will facilitate data collection and analysis, as well as reporting to the state and to the PPS partners using dashboards.
There are a number of risks to achievement of high performance on required DOH metrics.
First, there is variable performance on a number of metrics across different provider types and sites within our network. This creates a challenge in terms of the adoption of standardized metrics. This is complicated by the risk that some of our partners may not have the appropriate capabilities to ensure high performance on these system transformation metrics. To mitigate this risk, we will use dashboards to drive peer comparison and performance improvement across sites.
Second, we face a challenge in terms of the IT required for data collection and reporting - a large proportion of providers are, for example, recording data in paper-based charts. As referenced in the IT Systems & Processes section, a number of our partners face financial and technical challenges in acquiring and utilizing the required IT. This risk and our approach to mitigating it are described in more detail in the IT Systems and Processes section. This includes our clinical data sharing and interoperability plan.
Third, there may be resistance by stakeholders to transformation of the health care management system and therefore to the collection of performance measures. A robust change management strategy with plans for two way communication and training will be developed. Data collection expectations will be included and articulated in the provider agreements, which will be monitored/managed and which will include provisions and penalties for non-compliance.

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.)

In order to provide high quality care that is successfully measured, the system must remain financially sustainable through building value-based/shared savings arrangements. This workstream is therefore dependent upon the financial sustainability workstream. The PMO system that MHVC has procured and will adopt will be the tool that we use to ensure complete quality data collection tied to the performance measures, monitored via appropriate dashboards. Our performance reporting is therefore dependent on our effective implementation and use of this tool. Our performance reporting workstream also relies upon our provider partners being engaged and motivated and having the technology and capability to use dashboards to improve performance in real-time. Working closely with the IT Systems and Processes workstream will therefore be crucial for the success of the performance reporting workstream.

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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
Executive Director	Allison McGuire/ MHVC	Lead DSRIP office on Performance Reporting strategy.
Medical Director	Damara Gutnick, MD/ MHVC	Alignment with Clinical reporting requirements to monitor partner performance
Associate Director of IT Transformation	Susan Seltzer-Green/MHVC	IT strategy to support performance reporting
Director of Quality and Innovation	Natalee Hill/MHVC	Responsible for engaging partners around quality improvement initiatives, and development and execution of strategy to support development of QI skills at provider organizations including strategy to provide PDSA technical assistance to CBO's. Responsible for ongoing review of quality data and developing and managing MHVC approach to rapid cycle evaluation.
Compliance Lead	Deborah Brown, JD/MHVC	DSRIP lead on compliance activities, e.g. financial compliance and contracts
Montefiore Strategic Planning Analytics Department	Adam Block / Driector of Strategic Analytics/ Montefiore Health System	Support of partner data analysis ,PPS key indicator identification, inform performance thresholds and making reporting recommendations

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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		
Performance reporting support ,strategy and area subject matter expert	Project leads	Tracking progress across project milestones and requirements
MHVC Steering Committee, IT Sub Committee and workgroups	Project and DSRIP governance	Provide advisory services to meet DSRIP goals and Objective in conjunction with MHVC and Montefiore Health System Leadership
All MHVC Partners	Provide input as needed for specific decisions	Implementing projects, performance leadership, reporting
MHVC project specialists	Central project coordination	Input on performance reporting strategy to help partners meet reporting requirements
External Stakeholders		
County Health Departments	Provide input as needed for specific decisions	Input and support as needed
MCOs	Provide input as needed for specific decisions	Input and support as needed
Performance Logic Cross PPS Workgroup	Vendor platform and coordination	Learning collaborative for best practices sharing
MHVC Clinical Quality Sub-committee	Subject matter experts from partnering organizations including clinicians, quality professionals and appropriate healthcare executives serving in an advisory role to the MHVC Steering Committee	Input to performance reporting requirements
ACOs and Health Homes	ACOs and Health Homes will manage their respective provider networks and act as administrators on their behalf.	Adequate IT/EHR infrastructure supported by DSRIP funds

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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.

We will be leveraging our IT infrastructure and processes to perform the necessary reporting to properly monitor the performance of our PPS. It will also be necessary to coordinate with the various work stream leads to achieve the appropriate vehicle that will measure, monitor and report accurately. The end product has to be a useable tool that will provide value and our training tasks will be critical in accomplishing this goal.

Initially, performance reporting will be a matter of manually collecting data points as necessary. This approach will support us in meeting performance reporting deadlines as the IT infrastructure is established and resources are trained. Our approach to this infrastructure and training, as is described in the IT Systems & Processes section of this implementation plan, will prioritize those providers who will be integral to the delivery of the DSRIP projects and improvements in system transformation metrics. A PPS wide tool will be established by leveraging existing infrastructure enhanced by capital expenditures and resource acquisition. We anticipate our Enterprise data warehouse will accommodate data transferred from the state's MAPP tool and Salient's SIM tool, to implement a robust system. It will require the ability to collect data from multiple sources, perform the necessary analytics, monitor project and partner performance and finally visualize the data in a format that will assist various audiences in monitoring performance and making informed decisions.

IPQR Module 6.8 - Progress Reporting

Instructions :

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

We will be leveraging our IT infrastructure and processes to perform the necessary reporting to properly monitor the performance of our PPS. It will also be necessary to coordinate with the various work stream leads to achieve the appropriate vehicle that will measure, monitor and report accurately. The end product has to be a useable tool that will provide value and our training tasks will be critical in accomplishing this goal.

Initially, performance reporting will be a matter of manually collecting data points as necessary. This approach will support us in meeting performance reporting deadlines as the IT infrastructure is established and resources are trained. Our approach to this infrastructure and training, as is described in the IT Systems & Processes section of this implementation plan, will prioritize those providers who will be integral to the delivery of the DSRIP projects and improvements in system transformation metrics. A PPS wide tool will be established by leveraging existing infrastructure enhanced by capital expenditures and resource acquisition. We anticipate our Enterprise data warehouse will accommodate data transferred from the state's MAPP tool and Salient's SIM tool, to implement a robust system. It will require the ability to collect data from multiple sources, perform the necessary analytics, monitor project and partner performance and finally visualize the data in a format that will assist various audiences in monitoring performance and making informed decisions.

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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.	Completed	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	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. Initiate collaboration with other PPSs in the Hudson valley (Refuah and WMC) to develop engagement strategies for Local Government Units	Completed	Initiate collaboration with other PPSs in the Hudson valley (Refuah and WMC) to develop engagement strategies for Local Government Units	04/01/2015	06/15/2015	04/01/2015	06/15/2015	06/30/2015	DY1 Q1	
Task 2. Identify professional groups to engage on strategy for practitioner engagement including, but not limited to, government agencies, professional groups, and social services group.	Completed	Identify professional groups to engage on strategy for practitioner engagement including, but not limited to, government agencies, professional groups, and social services group.	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Initiate discussions with other PPSs in the Hudson Valley (Refuah and WMC) about opportunities and strategy for collaborative efforts to facilitate alignment of reporting and transformation as well as sharing clinical protocols for common partners.	Completed	Initiate discussions with other PPSs in the Hudson Valley (Refuah and WMC) about opportunities and strategy for collaborative efforts to facilitate	07/15/2015	09/30/2015	07/15/2015	09/30/2015	09/30/2015	DY1 Q2	
Task	Completed	4. Begin discussions with providers to identify best practices	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
4. Begin discussions with providers to identify best practices and opportunities of economies of scale)e.g. investments, training curriculum, etc).		and opportunities of economies of scale)e.g. investments, training curriculum, etc).							
Task 5. Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums).	Completed	Establish channels for connectivity among professional groups, (e.g., email distribution lists, online forums).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 6.Work with Performance Reporting group to design performance reports, keeping in mind practitioner audiences.	Completed	Work with Performance Reporting group to design performance reports, keeping in mind practitioner audiences.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process.	Completed	Develop plan to share reports with professional group leaders and receive / incorporate feedback into the reporting process.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Identify representatives from professional communities for MHVC committees and work groups.	Completed	Identify representatives from professional communities for MHVC committees and work groups.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Develop training / education plan targeting practioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.	In Progress	Practitioner training / education plan.	07/01/2015	12/31/2016	07/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 1.Design a standard DSRIP training program for practitioners including: DSRIP basics, overview of PPS projects, quality improvement, population health strategies, care transitions, patient centered communication strategies and cultural competency, as well as design targeted training needs to specific providers involved in certain projects (e.g. motivational interviewing and health literacy).	In Progress	Design a standard DSRIP training program for practitioners including: DSRIP basics, overview of PPS projects, quality improvement, population health strategies, care transitions, patient centered communication strategies and cultural competency, as well as design targeted training needs to specific providers involved in certain projects (e.g. motivational interviewing and health literacy).	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 2.Identify each professional group impacted by projects; Identify opportunities for each	In Progress	Identify each professional group impacted by projects; Identify opportunities for each professional group to participate in training.	01/01/2016	12/31/2016	04/01/2016	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	AV
professional group to participate in training.									
Task 3. Identify which groups of providers/practitioner require the specific training needs (e.g. practitioners in medical village who need regulatory waiver training ,etc.) and distribute educational materials to providers participating in the PPS accordingly.	In Progress	Identify which groups of providers/practitioner require the specific training needs (e.g. practitioners in medical village who need regulatory waiver training ,etc.) and distribute educational materials to providers participating in the PPS accordingly.	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy	In Progress	Develop skill-specific physician training, such as patient centered communication skills, motivational interviewing, cultural competency and health literacy	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Develop training strategy and establish a plan to periodically review training strategy and revise as necessary.	In Progress	Develop training strategy and establish a plan to periodically review training strategy and revise as necessary.	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Collect and monitor post-training evaluations and adjust training curriculum, delivery style and content to meet learners needs and project objectives.	Not Started	Collect and monitor post-training evaluations and adjust training curriculum, delivery style and content to meet learners needs and project objectives.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	

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
Develop Practitioners communication and engagement plan.	pdamrow	Other	19_DY2Q1_PRCENG_MDL71_PRES1_OTH_Practitioner_Engagement_-_Meeting_Schedule_Template_5392.pdf	Practitioner_Engagement_-_Meeting_Schedule_Template	08/04/2016 02:00 PM
	pdamrow	Other	19_DY2Q1_PRCENG_MDL71_PRES1_OTH_MHVC_Practioner_Communication_Engagement_Plan_	MHVC_Practioner_Communication_Engagement_Plan_final	08/04/2016 01:57 PM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
			final_5391.pdf		

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop Practitioners communication and engagement plan.	Milestone 1- Practitioner Communication and Engagement Plan At MHVC we are committed to our patients, to our partners and to developing strong communities of care. Our team recognizes that each stakeholder group has the potential to become a critical piece of our network. As we mature our network and plan for the transition to Value Based Payment (VBP) arrangements, building a culture of transparency, accountability, and shared decision-making is a core strategy of our MHVC partner engagement plans. Our team has worked hard to develop processes that ensure diverse stakeholders and geographies are represented within our governing body (steering committee and subcommittees and workgroups). We also continuously strive to incorporate various stakeholder perspectives and strengths into our planning and project design. Our team regularly elicits and incorporates partner feedback into our work as part of our shared decision making strategy for project design, funds flow strategies and even development of contracting metrics. And that work is regularly reported back to the network as part of MHVC's rigorous formal reporting structure. All of these efforts have put MHVC and its partners on a path to sustainability built on better care delivered by an integrated system of providers, better health for the people of the Hudson Valley and lower costs for providers, plans and the State.
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.	

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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

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 7.3 - Major Risks to Implementation & Risk Mitigation Strategies

Instructions :

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

The practitioner community is currently engaged in the DSRIP program through regular newsletter distributions, postings to the Montefiore Hudson Valley Collaborative Website and Regional Meetings.

There are several risks associated with practitioner engagement:

First, not every provider will be completely satisfied with the manner in which DSRIP projects are implemented, as the Hudson Valley Collaborative represents a network of providers spread over a significant geography. To address these risk, we have organized a governance structure that allows all providers to be heard in the planning process. Further, we have divided our network into regional areas to allow local concerns to be highlighted. In general, we are committed to effective and ongoing communications, which is one of the obligations of managing programs over such a diverse network.

In addition, some providers may see their current business model threatened by changes brought about by DSRIP.
For example, The ED care triage and medical village projects may present a perceived threat to community hospitals that are not prepared for the transition from inpatient to ambulatory services. To address these concerns, we will work with these providers to find other opportunities within the new care delivery system.

There is a risk created by providers/practitioners that are included in multiple PPSs. These practitioners may face conflicting information, demands, and expectations. This creates a risk they will not be able to commit sufficient energy and resources to MHVC initiatives. To mitigate this, the 3 PPS's in the Hudson valley (MHVC, WMC and Refuah) have agreed to collaborate to ease implementation complexity for shared partners, align community wide messaging, leverage meaningful economies of scale where appropriate and ensure prudent resource utilization.

Further, we must ensure work group membership includes stakeholder groups which represent MHVC's entire geography in order to support the representation of local concerns. MHVC is revising its geographic approach to engagement and communication - in conjunction with the PHIP and provider partners - in order to align more closely with the ideal participation model for stakeholders.

Lastly we are actively recruiting a Director of Partner Support to facilitate relationship building and trust with partners and support contracting efforts. We have hired a communications manager and community liaison to support provider and community engagement activities and are exploring buy vs build, and will obtain temporary help or purchase services as needed.

IPQR Module 7.4 - 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.)

Practitioner Engagement is dependent on Performance Reporting. Practitioners will need to regularly receive updates on their performance as well as network performance to effectively deliver outcomes.
Clinical Integration is an interdependent work stream. The participating practitioners provide the resources for delivering the goals of the clinical programs.
IT Systems and Process is dependent on Practitioner Engagement. Participating providers must understand the functionality of the new IT systems and know how to integrate these systems into their clinical operation. Targeted training will be provided, as needed to practitioners on new healthcare IT systems.
Funds Flow will be of great interest to the participating practitioners. Clear transparency is essential in this work stream.
Governance is an important dependency. Participating providers will need to understand how the PPS is managed and how they may get involved to voice their opinions.

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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
Executive Director	Allison McGuire / MHVC	Lead DSRIP office on Practitioner Engagement strategy.
Medical Director	Damara Gutnick, MD / MHVC	Responsible for leading development of clinical programs to support project implementation. Engaging diverse stakeholder groups. Oversee development and execution of practitioner communication and engagement strategy in partnership with Network Development role once hired.
Associate Director of IT Transformation	Susan Seltzer-Green / MHVC	Network IT assessment, planning for infrastructure development, development and implementation of IT strategy.
Director, Network Development Partner Support	Marlene Ripa/MHVC	Responsible for creating partner communications strategy and management of partner connection with DSRIP office, in terms of contracting, project reporting and shared services. Manage partner relations and communications staff.
Communications Manager	Chelsea-Lyn Rudder / MHVC	"Responsible for operationalizing partner communication strategy through newsletter, partner portal, website, social media, and planning regional meetings and other communications forums.
Platform Administrator	Victoria Kolonikina / MHVC	Responsible for configuring and managing IT platforms including Salesforce partner portal and performance logic systems
Community Engagement Manager	Rachel Evans / MHVC	Responsible for Community Based Organization engagement strategy
Montefiore Strategic Planning & Analytics Department	Adam Block, Director Strategic Analytics & Yoon Yang, Analyst	Support of partner data analysis, PPS key indicator identification, inform performance thresholds and make recommendations.
Project Management Office	Pat Damrow, PMP	Responsible for providing project management support
Project Specialists	Antonia Barba, Cara Sceppaqercia, Emily Thorsen & Marilyn Wolff Diamond / MHVC	Responsible for coordinating project workgroups, creating and operationalizing project plans, and coordinating IT strategy implementation
Director of Practice Transformation	Tawana Howard-Eddings / MHVC	Responsible for PCMH engagement strategy and execution for Primary Care Practices within the MHVC network , network analysis, PCMH vendor management, facilitation of PCMH readiness assessments, and identification of training needs around PCMH certification.
Director of Quality & innovation	Natalee Hill / MHVC	Responsible for engaging partners around quality improvement

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
		initiatives, and development and execution of strategy to support development of QI skills at provider organizations including strategy to provide PDSA technical assistance to CBO's. Responsible for ongoing review of quality data and developing and managing MHVC approach to rapid cycle evaluation.
Provider Engagement Support	Andrew Loose, Montefiore, Director of Corporate and Foundation Relations Montefiore, Director, Public Policy Office of Government Relations CMO, Montefiore Care Management	Responsible for identifying and making connections to foundation and grant funding opportunities that can potentially fund CBO programming that does not directly support PPS projects.

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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		
MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups	Project and DSRIP governance	Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership
External Stakeholders		
Professional groups (JHMCA, CBHS)	Membership drawn from practitioner groups at provider partners.	Provide input on PPS activities / issues that affect the group
Medical Societies of the Hudson Valley	Provide discussion and feedback on clinical changes.	Provide input as needed on protocols . Help to engage provider partners in transformation (PCMH)
Hudson Region DSRIP Public Health Council	Cross PPS Collaboration with DSRIP staff representation from MHVC, Refuah and WMC, as well as multiple CBO partners and LGUs	Cross PPS collaboration to engage multiple stakeholders and Local Government Units
Hudson Region DSRIP Clinical Council	Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council	Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience.
PHIP – Public Health Implementation Program	Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings	Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings
Local Government Units (LGUs)	Supporting organization	Participate in partner engagement strategy, provide regional guidance to align with organizational strategic objectives

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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 practitioner engagement workstream depends upon a centralized repository of practitioner data that is well managed and readily accessible. This is required to support effective communication with practitioners through multiple channels, as well performance reporting across partners. The technology solutions for communication and performance reporting will need to be aligned with DSRIP requirements and goals. Practitioners will need to adopt these solutions, although we recognize the need for sensitivity to the various levels of IT readiness across partners.

IPQR Module 7.8 - Progress Reporting

Instructions :

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

Success in this workstream will be defined as progress towards establishing full practitioner engagement and education. We will closely monitor the groups, progress reports, and educational outcomes in line with the milestones outlined above. The PPS will encourage engaging participation of CBOs and professional organizations and track improvement in participation. Enhanced practitioner engagement will be monitored closely in parallel with success on scale and speed performance metrics.

IPQR Module 7.9 - IA Monitoring

Instructions :

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Section 08 – Population Health Management

IPQR Module 8.1 - Prescribed Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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	06/30/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 12. Access and plan for cross PPS registry functionality with local QE.	In Progress	12. Access and plan for cross PPS registry functionality with local QE.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 13. Establish expectation for two-way communication for multidisciplinary care team members to facilitate seamless clinical information transfer at point of care and deliver a consistent patient centered approach to care. (e.g. health homes ,etc.).	In Progress	13. Establish expectation for two-way communication for multidisciplinary care team members to facilitate seamless clinical information transfer at point of care and deliver a consistent patient centered approach to care. (e.g. health homes ,etc.).	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 1. Collaborate with neighboring PPSs (Refuah and WMC) to convene the Hudson Valley DSRIP Public Health Council. This council will collaboratively address Domain 4 Projects (Tobacco, cancer prevention) and engaging LGU's across 7 counties.	Completed	1. Collaborate with neighboring PPSs (Refuah and WMC) to convene the Hudson Valley DSRIP Public Health Council. This council will collaboratively address Domain 4 Projects (Tobacco, cancer prevention) and engaging LGU's across 7 counties.	04/01/2015	05/30/2015	04/01/2015	05/30/2015	06/30/2015	DY1 Q1	
Task 2. Convene the Cross PPS HRD BH Crisis	Completed	2. Convene the Cross PPS HRD BH Crisis Leadership Group (3 PPSs agree to collaborate around coordinating crisis	04/01/2015	07/13/2015	04/01/2015	07/13/2015	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
Leadership Group (3 PPSs agree to collaborate around coordinating crisis intervention and prevention services across the Hudson Region.)		intervention and prevention services across the Hudson Region.)							
Task 3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected.	In Progress	3. Determine which baseline data, goals for improvement and actions to achieve improvement must be collected.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 4. Utilizing partner assessment create strategic plan to support phased strategy of PCMH adoption in relevant provider organizations; including assessment, gap analysis, and coaching support and ongoing monitoring of certification requirements.	In Progress	4. Utilizing partner assessment create strategic plan to support phased strategy of PCMH adoption in relevant provider organizations; including assessment, gap analysis, and coaching support and ongoing monitoring of certification requirements.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Establish APC/PCMH Certification workgroup to finalize PPS wide roadmap for achieving level 3 certification for relevant providers	Completed	5. Establish APC/PCMH Certification workgroup to finalize PPS wide roadmap for achieving level 3 certification for relevant providers	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools).	In Progress	6. Identify IT infrastructure required to meet population health requirements (including provider EHR and HIE connectivity; analytic tools).	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Finalize phased strategy and timelines to achieve 2014 Level 3 NCQA PCMH and present for approval to MHVC Steering Committee. (practices on track (Wave 1) with timeline extending out to DY3Q4 for practices that require additional support (Wave 2).	In Progress	7. Finalize phased strategy and timelines to achieve 2014 Level 3 NCQA PCMH and present for approval to MHVC Steering Committee. (practices on track (Wave 1) with timeline extending out to DY3Q4 for practices that require additional support (Wave 2).	02/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 8. Analyze the Community Needs Assessment and further refine to identify key target patient populations for projects and identify gaps of the partners involved.	In Progress	8. Analyze the Community Needs Assessment and further refine to identify key target patient populations for projects and identify gaps of the partners involved.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 9. Determine PPS-wide approach for care management services (e.g., what will be	In Progress	9. Determine PPS-wide approach for care management services (e.g., what will be centralized v. standardized v. local).	01/01/2016	06/30/2016	04/01/2016	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	AV
centralized v. standardized v. local).									
Task 10. Determine methodology to identify members within target populations (e.g., performing risk stratification using claims data on member population), drawing on current care management capabilities within the network.	In Progress	10. Determine methodology to identify members within target populations (e.g., performing risk stratification using claims data on member population), drawing on current care management capabilities within the network.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 11. Develop plan to build central IT capabilities (e.g., care management tool) and help providers develop individual capabilities.	In Progress	11. Develop plan to build central IT capabilities (e.g., care management tool) and help providers develop individual capabilities.	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Milestone #2 Finalize PPS-wide bed reduction plan.	In Progress	PPS Bed Reduction plan, signed off by PPS Board. This should set out your plan for bed reductions across your network, including behavioral health units/facilities, in line with planned reductions in avoidable admissions and the shift of activity from inpatient to outpatient settings.	10/01/2015	03/31/2018	10/01/2015	03/31/2018	03/31/2018	DY3 Q4	NO
Task 1. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization	Completed	1. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization	01/01/2016	01/31/2016	01/01/2016	01/31/2016	03/31/2016	DY1 Q4	
Task 2. Pilot the template and refine as needed in 1-2 practice sites	In Progress	2. Pilot the template and refine as needed in 1-2 practice sites	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 3. Create standardized tool kit for project planning at each medical village site.	Completed	3. Create standardized tool kit for project planning at each medical village site.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. Include revenue loss as a component of funds flow to ease transition	Not Started	4. Include revenue loss as a component of funds flow to ease transition	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 5. Model financial implications of bed reduction scenarios to inform sustainability plan.	Not Started	5. Model financial implications of bed reduction scenarios to inform sustainability plan.	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 6. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other	In Progress	6. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 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
delivery system transformation programs.									
Task 7. Initiate standardized process to spread strategy across planned medical village projects	In Progress	7. Initiate standardized process to spread strategy across planned medical village projects	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 8. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets.	Not Started	8. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets.	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 9. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy.	Not Started	9. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy.	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4	
Task 10. Finalize bed reduction plan, reviewed by the MHVC Steering Committee.	In Progress	10. Finalize bed reduction plan, reviewed by the MHVC Steering Committee.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4	

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

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Develop population health management roadmap.	Milestone 1- Population Health Management Roadmap MHVC will be moving the Population Health Management Roadmap milestone from DY2 Q1 submission to DY2 Q3 submission. The strategy is interdependent on the work streams noted below and those deliverables are scheduled for completion in DY2, Q3. This narrative describes the progress to date: MHVC's vision for Population Health Management is to be able to identify patient groups (super users, low users, non-users, high-risk, etc.), hot spots, provider

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	groups, etc. to monitor our networks performance with a specific focus on reducing inappropriate inpatient admissions and Emergency Department visits. The Population Health Management system will ultimately deliver actionable data to healthcare providers, navigators, and care coordinators in order to implement successful health management strategies to redirect care towards the most cost-effective setting or mode. The roadmap towards this goal will reflect current data and IT systems capabilities and the clinical data strategy to address the identified needs. Over the past several months the MHVC Project Workgroups have been working to define the future state for each DSRIP project and clearly defining the role/s of each stakeholder type in the Integrated Delivery System. Workgroups engage in meetings and process mapping sessions. These meetings serve as the foundation for the creation of each DSRIP project and for identifying the role of providers in those projects. At the same time our Population Health Workgroup, made up of network partners and Montefiore Subject Matter Experts, has met often to begin to vet potential shared/centralized services. The output of these workgroups will help define the data elements required to be shared to achieve our future state of clinical integration. At the same time, MHVC has completed the IT Current State Assessment, identifying both capabilities and gaps across our network, including readiness for data sharing and the implementation of interoperable IT platform(s). These elements will be key to MHVC's ability to properly rollout a Population Health Roadmap. The clinical integration strategy, including the sharing of clinical and performance data, is also a foundational aspect of the MHVC population health strategy. The ability to collect and share these data elements will vary with the existing IT infrastructure at partner sites. Without appropriate information to manage the patient as a whole, rather than in silos, the MHVC network will not be able to achieve the desired population health outcomes. The MHVC Clinical Integration Strategy is scheduled to be completed by 12/31/16. Practitioners are fully engaged in the development of the population health management strategy and implementation. Further, the practitioner engagement training strategy will include key components of the population health roadmap including understanding the IT infrastructure approach to population health, and MHVC's approach and timeline for meeting PCMH 2014 Level 3 across participating providers. In addition, MHVC is currently vetting IT infrastructure to support this goal as well as leveraging the work products and decisions that come from our workgroups.
Finalize PPS-wide bed reduction plan.	

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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

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 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.

Key risks and associated mitigation strategies for population health management include:
1) IT infrastructure development: Approximately 40% of our PPS members are connected to the local RHIO and 30% receive meaningful use incentives. Conducting a needs assessment and developing our technology strategy becomes a core foundation for DSRIP, and we have already begun these activities. One of our earlier implementation milestones is the development of this program.
2) PCMH Level 3: Only about 20% of the primary care providers in our PPS have achieved Level 3 certification in 2014, compared to 25% statewide. We need to rapidly identify ways to mitigate this and will have a plan in place by DY1, Q3.
3) Timing and content of claims data from the DOH: Claims data is critical for our PPS's ability to identify target populations and perform risk stratification. A delay in receiving this information, (such as the delay expected due to the Opt-Out process) will set us behind, seeing as it will take significant time to analyze the data once we have it. Further, if the data doesn't have what we need to do member identification properly (e.g., cost data), this could compromise our population health efforts. In addition if a significant number of our attributed population do opt out of data sharing this would represent a risk. To mitigate these risks, we encourage the DOH for expedient delivery of the data that includes cost data, as well as consider other potential data sources to use in lieu of claims data. We will also educate our partners about the opt-out process so that they will be able to help educate their patients about the benefits of data sharing.
4) Adequate workforce: may be insufficient workforce initially to staff medical villages. To mitigate, will need to integrate carefully with workforce plan so that hiring will lead staffing needs. Training program will need to prepare workforce to be flexible to meet changing operational structure.
5) Patient engagement: inadequate patient engagement with this new model is a risk. To mitigate, will need to develop patient communications to be delivered via medical villages to help patients adapt to this new model of care and associated referral/medical team patterns

The specific risks around bed reduction are detailed in the medical village section of this plan.

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.)

IT Systems and Processes: Core foundation for population health management
Clinical Integration: Development of care coordination shared services and training programs to be done based on definition of the target population
Cultural competency and workforce: will ensure medical village staff is prepared to adapt to new referral patterns and patient types
Project 2.a.iv: Bed reduction will be driven partly by medical village development, with shared activities related to planning and stakeholder management

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Projects 2.a.i, 2.a.iii, and 2.b.iii: Care management of high-risk populations will be critical to the success of these domain 2 projects
Governance: Structure needs to enable accountability for IT and PCMH standards, as well as to align on the bed reduction plan.
Financial Sustainability: Financial assessment is a key input and sustainability a key output for population health management - with a need for financial modeling of bed reduction impact and gains from value-based arrangements. We have built this into our implementation plan and expect to complete it in the first half of DY1.

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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
Executive Director	Allison McGuire/MHVC	Lead DSRIP office on development and implementation of Population Health Management strategy including long term post DSRIP sustainability planning. (Hudson Valley IPA strategy)
Associate Director of IT Transformation	Susan Seltzer-Green/MHVC	Network IT assessment, planning for infrastructure development, development and implementation of IT strategy.
Medical Director	Damara Gutnick, MD/MHVC	Facilitate Population Health Management Workgroup. Engage diverse stakeholder groups in strategic discussion around shared service needs and population health initiatives.
Director of Quality Improvement , Montefiore CMO, Montefiore Pioneer ACO, Senior Director, CMO-Network Care Management	Vanessa Guzman John Williford	Provide subject matter expertise to inform DSRIP population health management strategy including, network development, contributing to PCMH vendor selection process, and sharing successful population health management initiatives utilized by the Montefiore CMO and Pioneer ACO.
Associate Director, External Operations	Adam Goldstein	Responsible for facilitating discussions with diverse stakeholder groups around Population Health Management Strategy and need for shared services. (COPE)
Director of Practice Transformation	Tawana Howard-Eddings	Responsible for PCMH engagement strategy and execution for Primary Care Practices within the MHVC network , network analysis, PCMH vendor management, facilitation of PCMH readiness assessments, and identification of training needs around PCMH certification.
Director of Quality & innovation	Natalee Hill	Responsible for engaging partners around quality improvement initiatives, and development and execution of strategy to support development of QI skills at provider organizations including strategy to provide PDSA technical assistance to CBO's.
Montefiore Strategic Planning & Analytics Department	Adam Block, Director Strategic Analytics & Yoon Yang, Analyst	Responsible for partner segmentation using analytics
Project Management Office	Pat Damrow, PMP	Responsible for providing project management support
Communications Manager	Chelsea-Lyn Rudder/MHVC	Responsible for operationalizing partner communication strategy through newsletter, website, social media, and planning regional meetings and other communications forums.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Community Engagement Manager	Rachel Evans	Responsible for Community Based Organization engagement strategy

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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		
MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups	Project and DSRIP governance	Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership
Partner Health Homes	Will be critical to development and execution of population health strategy	Input into population health and care management strategy
Montefiore Care Management Organization	Will be critical to development and execution of population health strategy	Planning and implementation of care management strategy across network
Montefiore IT department	Needed to support central analytics and data management	Needs assessment and strategy development
Director of Quality Improvement , Montefiore CMO Montefiore Pioneer ACO, Senior Director, CMO-Network Care Management	Vanessa Guzman John Williford	Provide subject matter expertise to inform DSRIP population health management strategy including, network development, contributing to PCMH vendor selection process, and sharing successful population health management initiatives utilized by the Montefiore CMO and Pioneer ACO.
External Stakeholders		
HealthLinkNY (Local RHIO)	Supporter	Enhancing uptake of connectivity among PPS providers
DOH	Data source	Provide data required to identify members in target populations at assess risk level
Local Government Units (County)	Supporting organizations	Participate in prevention and smoking cessation agenda and in crisis stabilization planning, offer insights toward population health management strategy
Medical Societies of the Hudson Valley	Provide discussion and feedback on clinical changes.	Provide input on PPS activities / issues that affect the group
Neighboring PPS Networks	Potential collaboration on project guidance and implementation	Input into project guidance / joint communications to practitioners.
Hudson Region DSRIP Public Health Council	Cross PPS Collaboration with DSRIP staff representation from MHVC, Refuah and WMC, as well as multiple CBO partners and LGUs	Cross PPS collaboration to engage multiple stakeholders and Local Government Units
Hudson Region DSRIP Clinical Council	Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council	Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience.
PHIP – Public Health Implementation Program	Convene stakeholders and establish neutral forums for identifying,	Facilitate cross PPS collaboration on Public and Population health

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Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
	sharing, disseminating and helping implement best practices to reach the triple AIM. Convene cross PPS Clinical Council meetings	initiatives
Professional groups	Membership drawn from practitioner groups at provider partners.	Provide input on PPS activities / issues that affect the group
NCQA	PCMH accrediting body	Resource for PCMH certification process, as needed

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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.

We are in the process of selecting new IT infrastructure, in conjunction with the Bronx PPS that will build on the experience of the Montefiore Care Management Organization to develop a robust approach to population health. The selection process is being performed by a cross-functional team with clinical, operational, and technology subject matter experts. We are considering three vendors who have completed self-assessments and three days of application demonstration.

We will also work with our local RHIO(s) and PPS leads in the Hudson Valley and leadership to require all partners to connect with the RHIO to service our attributed population. This will give us the ability to gather robust data to inform the success of population management.

IPQR Module 8.8 - Progress Reporting

Instructions :

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

Success in this workstream will be defined as progress towards establishing improved population health. We will closely monitor our partners' transition to improved clinical care within the integrated value based system in order to meet the milestones outlined above.

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	12/31/2016	04/01/2015	12/31/2016	12/31/2016	DY2 Q3	NO
Task 8. Use Community Needs Assessment data to identify existing shared access points, interfaces for clinical integration, and mechanisms to drive further clinical integration.	In Progress	Use Community Needs Assessment data to identify existing shared access points, interfaces for clinical integration, and mechanisms to drive further clinical integration.	06/01/2015	12/31/2016	06/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 7. Develop a plan to fill gaps.	In Progress	Develop a plan to fill gaps.	10/01/2015	12/31/2016	10/01/2015	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Identify central capabilities needed to achieve clinical integration future state (e.g., care management infrastructure).	In Progress	Identify central capabilities needed to achieve clinical integration future state (e.g., care management infrastructure).	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 5. Perform gap analysis. Identify partner needs to achieve clinical integration future state, by provider type (e.g., EHR and HIE capabilities; access to central care management infrastructure) and specific population (i.e. SUD)	In Progress	Perform gap analysis. Identify partner needs to achieve clinical integration future state, by provider type (e.g., EHR and HIE capabilities; access to central care management infrastructure) and specific population (i.e. SUD)	10/01/2015	12/31/2016	10/01/2015	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	AV
Task 4. Assess current state clinical integration for partnering providers.	In Progress	Assess current state clinical integration for partnering providers.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Define clinical integration "future state" aligned with requirements for project 2.a.i and IT systems and processes including reference to relevant project requirements.	In Progress	Define clinical integration "future state" aligned with requirements for project 2.a.i and IT systems and processes including reference to relevant project requirements.	10/01/2015	09/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 2. Validate final strategy with all appropriate governing bodies	Not Started	Validate final strategy with all appropriate governing bodies	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 1. Identify key data elements that support clinical integration strategy in alignment with enterprise data warehouse and reporting strategy	Completed	Identify key data elements that support clinical integration strategy in alignment with enterprise data warehouse and reporting strategy	10/01/2015	06/30/2016	10/01/2015	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Clinical integration 'needs assessment' document, signed off by the Clinical Quality Sub-committee.	Not Started	Clinical integration 'needs assessment' document, signed off by the Clinical Quality Sub-committee.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
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 4. Create plan to build central infrastructure needed approach for data sharing future state.	In Progress	Create plan to build central infrastructure needed approach for data sharing future state.	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 3. Convene clinical work group to develop care transitions strategy (e.g. virtual or in person	In Progress	Convene clinical work group to develop care transitions strategy (e.g. virtual or in person "warm handoffs") across provider types.	10/01/2015	06/30/2016	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	AV
"warm handoffs") across provider types.									
Task 2. Establish expectation for two-way communications for multidisciplinary care teams that interact and treat patients, to ensure seamless clinical information transfer at point of care and consistent patient centered approach to care. (e.g. health homes ,etc.).	In Progress	Establish expectation for two-way communications for multidisciplinary care teams that interact and treat patients, to ensure seamless clinical information transfer at point of care and consistent patient centered approach to care. (e.g. health homes ,etc.).	06/01/2015	06/30/2016	06/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 1. Work with IT Sub-committee to define data sharing "future state" across the PPS and identify the IT systems and processes used for clinical information sharing.	In Progress	Work with IT Sub-committee to define data sharing "future state" across the PPS and identify the IT systems and processes used for clinical information sharing.	10/01/2015	06/30/2016	10/01/2015	09/30/2016	09/30/2016	DY2 Q2	
Task 7. Decide on training options for providers on behavioral health assessments to identify unmet needs of patients.	Not Started	Decide on training options for providers on behavioral health assessments to identify unmet needs of patients.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 6. Identify and decide on options for training for administrative and operations staff. Training would cover care coordination skills, patient centered communication skills and the use of care coordination tools.	Not Started	Identify and decide on options for training for administrative and operations staff. Training would cover care coordination skills, patient centered communication skills and the use of care coordination tools.	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3	
Task 5. Identify and decide on options for patient centered communication skills training, for providers across clinical settings. (e.g., potentially utilizing Montefiore CMO training center).	Not Started	Identify and decide on options for patient centered communication skills training, for providers across clinical settings. (e.g., potentially utilizing Montefiore CMO training center).	04/01/2016	12/31/2016	07/01/2016	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
Perform a clinical integration 'needs assessment'.	
Develop a Clinical Integration strategy.	

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IPQR Module 9.2 - PPS Defined Milestones

Instructions :

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

Milestone/Task Name	Status	Description	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 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.

We foresee two major risks to clinical integration and have developed mitigation strategies to address them:
1) IT integration: Only 40% of our partners are connected to the local RHIO and ~30% receive Meaningful Use incentives. Focus groups with staff and peers of partner organizations show that there is a gap in systems for sharing treatment plans and EHR across provider sites. To address these technology gaps, we have launched a partner technology and capability survey to rapidly assess partner needs and plan against them, such that the PPS is ready for performance milestones beginning in DY2.
2) Ensuring best practice care coordination and management of care transitions: Given the heterogeneity in member needs and in provider and CBO structures across the 7 counties, we need to strike a balance between standardization and regional tailoring. In the system design for care coordination, MHVC will work with our partners to identify activities that are to be deployed centrally, ones that will be standardized and those that will be tailored/customized locally. Our planned regional learning collaboratives will allow partners to share best practices for implementation. Finally, we would like to finalize training programs by the end of DY2, such that they can be rolled out to staff in time for the start of the performance period.

IPQR Module 9.4 - Major Dependencies on Organizational Workstreams

Instructions :

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

IT Systems and Processes: Core foundation for clinical integration
Practitioner Engagement: Training modules need to ensure best practice adoption together with appropriate regional training, and be developed and rolled out in time for the performance period.
Governance: Structure needs to enable accountability for clinical integration standards, with appropriate degree of central management and regional autonomy.

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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
Executive Director	Allison McGuire/ MHVC	Lead DSRIP office on development and implementation of Population Health Management strategy including long term post DSRIP sustainability planning. (Hudson Valley IPA strategy)
Associate Director of IT Transformation	Susan Seltzer-Green/MHVC	Network IT assessment, planning for infrastructure development, development and implementation of IT strategy.
Medical Director	Damara Gutnick, MD/ MHVC	Facilitate Population Health Management Workgroup. Engage diverse stakeholder groups in strategic discussion around shared service needs and population health initiatives.
Director of Quality Improvement , Montefiore CMO, Montefiore Pioneer ACO, Senior Director, CMO-Network Care Management	Vanessa Guzman John Williford	Provide subject matter expertise to inform DSRIP population health management strategy including, network development, contributing to PCMH vendor selection process, and sharing successful population health management initiatives utilized by the Montefiore CMO and Pioneer ACO.
Associate Director, External Operations	Adam Goldstein	Responsible for facilitating discussions with diverse stakeholder groups around Population Health Management Strategy and need for shared services. (COPE)
Director of Practice Transformation	Tawana Howard-Eddings	Responsible for PCMH engagement strategy and execution for Primary Care Practices within the MHVC network , network analysis, PCMH vendor management, facilitation of PCMH readiness assessments, and identification of training needs around PCMH certification.
Director of Quality & Innovation	Natalee Hill	Responsible for engaging partners around quality improvement initiatives, and development and execution of strategy to support development of QI skills at provider organizations including strategy to provide PDSA technical assistance to CBO's.
Montefiore Strategic Planning & Analytics Department	Adam Block, Director Strategic Analytics & Yoon Yang, Analyst	Responsible for partner segmentation using analytics
Project Management Office	Pat Damrow, PMP	Responsible for providing project management support
Communications Manager	Chelsea-Lyn Rudder/MHVC	Responsible for operationalizing partner communication strategy through newsletter, website, social media, and planning regional meetings and other communications forums.

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Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Community Engagement Manager	Rachel Evans	Responsible for Community Based Organization engagement strategy

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IPQR Module 9.6 - Key Stakeholders

Instructions :

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

Key stakeholders	Role in relation to this organizational workstream	Key deliverables / responsibilities
Internal Stakeholders		
MHVC Steering Committee, IT Sub-Committee, Workforce Sub-committee, Clinical Quality Sub-committee and workgroups	Project and DSRIP governance	Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership
Partner Health Homes	Will be critical to development and execution of population health strategy	Input into care management strategy
Director of Quality Improvement , Montefiore CMO Montefiore Pioneer ACO, Senior Director, CMO-Network Care Management	Vanessa Guzman John Williford	Provide subject matter expertise to inform DSRIP population health management strategy including, network development, contributing to PCMH vendor selection process, and sharing successful population health management initiatives utilized by the Montefiore CMO and Pioneer ACO.
External Stakeholders		
Local RHIO	Supporter	Enhancing uptake of connectivity among PPS providers
DOH	Data source	Provide data required to identify members in target populations at assess risk level
Medical Societies of the Hudson Valley	Provide discussion and feedback on clinical changes.	Provide input as needed on protocols. Help to engage provider partners in transformation (PCMH)
Hudson Region DSRIP Clinical Council	Cross PPS Collaboration: The medical directors from the 3 PPSs will co-chair this council with representation from clinical partners across the region. PHIP will convene the council	Responsible for aligning reporting and transformation strategies for providers in multiple PPSs, also focusing on market and policy issues external to PPS goals that impact provider experience.
PHIP - Public Health Implementation Program	Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings	Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings
Professional groups	Membership drawn from practitioner groups at provider partners.	Provide input on PPS activities / issues that affect the group
CBHC	CBO – BH IPA	Provide input on PPS activities / issues that affect the group
Addiction and Recovery Based Providers (Arms Acres, Lexington Center for Recovery	CBO- Addiction and Recovery Based Programming	Provide input on PPS activities / issues that affect the group
NCQA	PCMH accrediting body	Resource for PCMH certification process, as needed

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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.

Shared IT infrastructure will be critical to achieving clinical integration across providers. The IT transformation team will work with the clinical teams to (1) identify IT requirements needed to achieve clinical integration and data sharing goals (including EHR adoption, access to the RHIO, and access to a Care Management platform); (2) integrate these requirements into the final IT strategy; and (3) implement and support the strategy.

IPQR Module 9.8 - Progress Reporting

Instructions :

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

Success in this workstream will be defined as progress from DY1 Q2 through the end of DY 5 towards establishing the achievement of clinical integration by provider type to grow the value-based arrangements. We will closely monitor our contracts with MCOs and our partners' transition to an integrated value based system fully staffed with educated providers in order to meet the milestones outlined above with positive clinical outcomes evidenced by high achievement on the metrics that drive DSRIP incentive-base payments by DOH to the PPS.

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.

Throughout the implementation planning period, we have worked with our partners to ensure they understand DOH requirements for participation and begun identifying which providers will participate in each project over the five year timeframe. Partners will opt in to projects via the execution of cooperating partner agreements, which will include addendums that outline project participation requirement including, performance reporting.

We are also working to develop a comprehensive set of shared services that will support common elements across projects and assist providers in design and implementation of projects, for example care management services. We expect these services to ensure successful development and implementation of all projects across the PPS. This approach ensures that elements that are common to multiple projects will only be done once, and that the PPS can benefit from standardization and /or centralization of common elements where appropriate.

Project implementation will be supported by a partner support team, together with partner project leads. The partner support team will be responsible for tracking project progress and ensure that partners are able to meet project requirements in keeping with speed and scale commitments.

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.

There are extensive interdependencies between projects within our portfolio. Many project requirements apply to multiple projects, particularly IT requirements. For example, the success of our projects relies on the ability of partners to meet EHR and data sharing requirements. There are also many synergies between projects. For example, the patient care navigators that are central to the ED care triage project will also contribute to the success of domain 3 projects, such as behavioral health crisis stabilization and asthma management. Care management and care coordination will also be critical for multiple projects.

Further, there are interdependencies between all organizational workstreams and the projects they support. For example, workforce changes will be a direct result of project implementation, and adequately trained staff will be critical to the success of projects. Project specilaists and the workforce team will work closely together to determine the workforce needs of each project.

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IPQR Module 10.3 - Project Roles and Responsibilities

Instructions :

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

Role	Name of person / organization (if known at this stage)	Key deliverables / responsibilities
Executive Director	Allison McGuire / MHVC	Oversight of DSRIP implementation
Medical Director	Damara Gutnick, MD / MHVC	Planning and design of clinical project elements
Associate Director of IT Transformation	Susan Seltzer-Green / MHVC	Partner IT transformation support and coordination of IT services in conjunction with MIT operations, Performance reporting management
Director of Workforce & Training	Joan Chaya, MHVC	Lead - workforce transformation activities; accountable for all milestones and reporting requirements above
Finance Manager	Richard, Ng/MHVC	Monitor progress towards DSRIP budget, funds flow, and financial sustainability (including some reporting requirements); oversee PPS accounting and cash management functions (including treasury/banking)
Montefiore Strategic Planning Analytics Department	Adam Block / Driector of Strategic Analytics/ Montefiore Health System	Support of partner data analysis ,PPS key indicator identification, inform performance thresholds and make reporting recommendations
Project Management Office	Patricia Damrow/MHVC	Responsible for overseeing DSRIP project implementation efforts and providing project management support
Reporting Specialist	Christina Hamilton / MHVC	Responsible for facilitating PPS and Partner reporting activities
Project Specialists	Marilyn Wolf Diamond, Antonia Barba / MHVC	Central project coordination-support the implementation of DSRIP initiatives through provider engagement, training
Platform Administrator	Victoria Kolonikina, / MHVC	Responsible for the configuration of DSRIP reporting platform

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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		
MHVC Steering Committee, Sub-Committees and Workgroups	Project and DSRIP governance	Provide advisory services to meet DSRIP goals and objectives, in conjunction with MHVC and Montefiore Health System leadership
External Stakeholders		
Labor unions	Union leaders / representatives	Collaboration on workforce transformation efforts, which will continue to evolve throughout project implementation
OASAS & OMH	Inform planning and implementation decisions	Insight into best practices, particularly for 3.a.i and 3.a.ii
Universities	Support education and training	Insight into best practices for training required to meet project requirements and outcomes
Hudson Regional DSRIP (HRD) Council	Regional Clinical Quality Council and Regional Public Health Council	Collaboration on select clinical topics, such as clinical methods and protocols
PHIP - Public Health Implementation Program	Convene stakeholders and establish neutral forums for identifying, sharing, disseminating and helping implement best practices to reach the triple aim. Convene Cross PPS collaborative (HR DSRIP Clinical Council) meetings	Facilitate provider engagement, facilitate cross PPS collaboration, convene meetings
DOH	Data Source	Provide data required to identify members in target populations and assess risk level
MCOs	Provide input as needed for specific decisions	Input and support as needed

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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.

As a PPS we are developing a strategy for design and implementation of IT infrastructure across four major categories:
1)Data collection, analytics and reporting -- we are building a shared capability to collect data from multiple sources (e.g., DOH, PPS partners, RHIO), perform analytics to support project implementation and monitor performance overtime and to generate reports to share progress and performance back with key stakeholders (e.g., DOH, PPS committees and PPS partners)
2) EHR adoption -- we are working with our partners to understand how many partners are in need of a Meaningful Use compliant EHR system and to develop a plan to facilitate implementation
3) HIE connectivity -- we have been working closely with the local RHIO to understand current level of connectivity and develop a plan to increase use of direct secure messaging and increase data exchange across the PPS and across the region
4) Care management platform -- we are in the process of assessing potential care management platforms and solutions that can enable care plan development and sharing across PPS partners
Note: We are facilitating communication between regional extension center and partners around EHR adoption and RHIO connectivity

IPQR Module 10.6 - Performance Monitoring

Instructions :

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

The overall success of the projects will be defined as progress toward establishing value-based, integrated system with successful performance reporting and improved outcomes over the five years of DSRIP. The DSRIP projects are critical to our performance reporting system (as described in the performance reporting section of this plan), which will track progress toward meeting the project requirements as well as the relevant outcomes. The MHVC office, project team, director of research and evaluation, and clinical committees will work closely with partners to track and support project success, which will include partners' transition to a value based system in keeping with project milestones.

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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.

MHVC's overall approach to community engagement is described in more detail in the Governance section of this implementation plan. We will define MHVC' s approach to engagement and communication with providers throughout the network and confirm regional structures to support this, leveraging MHVC's active participation in the Hudson Valley Population Health Improvement Program (PHIP) and through a series of stakeholder engagement events scheduled in the first half of DY1. Two of the key aspects of our plan for community engagement will be:

1. The role of CBOs in MHVC's initiatives and DSRIP projects
2. Our approach to cultural competency

Our approach to ensuring that CBOs play an active role in the MHVC DSRIP Program - and therefore that they help to foster strong community engagement in the DSRIP projects - will be based on the following steps. First, we would identify key CBO stakeholders through communication and engagement with MHVC Steering Committee members. We will then include these key CBOs within project planning workgroups (as well as other organizational work groups as applicable). We will then develop opportunities for CBO involvement and participation in the MHVC governance structure. Finally, we will identify communication channels for sharing information and resources with CBOs. This will include materials and updates on the DSRIP projects, made available through the weekly PPS newsletter and DSRIP website.

MHVC is revisiting its geographic approach to engagement and communication in conjunction with provider partners, as well as requesting feedback from regional coalitions such as the PHIP, in order to align more closely with the ideal participation model for stakeholders. This process will allow us to develop a model that supports effective community engagement in the DSRIP projects.

The cultural competency section of this Implementation Plan describes in more detail our approach to the development and implementation of a cultural competency strategy that will focus on priority groups from within the communities served by MHVC.

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										
	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)($)	DY5(Q3/Q4($)	Total Spending($)
Retraining	0.00	50,000.00	746,341.00	746,341.00	1,058,341.00	1,058,341.00	927,475.00	927,475.00	850,603.50	850,603.50	7,215,521.00
Redeployment	0.00	0.00	110,941.50	110,941.50	110,941.50	110,941.50	28,225.00	28,225.00	96,829.00	96,829.00	693,874.00
New Hires	60,000.00	50,000.00	28,225.00	28,225.00	28,225.00	28,225.00	29,423.75	29,423.75	14,112.50	14,112.50	309,972.50
Other	394,600.00	652,592.50	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	126,750.00	62,875.00	62,875.00	1,933,442.50
Total Expenditures	**454,600.00**	**752,592.50**	**1,012,257.50**	**1,012,257.50**	**1,324,257.50**	**1,324,257.50**	**1,111,873.75**	**1,111,873.75**	**1,024,420.00**	**1,024,420.00**	**10,152,810.00**

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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

DSRIP Implementation Plan Project

Montefiore Medical Center (PPS ID:19)

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).	Completed	Finalized PPS target workforce state, signed off by PPS workforce governance body.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	NO
Task 1. Hire MHVC director of workforce development and management, who will identify the needed project resources and who will take the lead responsibility for defining the target workforce state.	Completed	1. Hire MHVC director of workforce development and management, who will identify the needed project resources and who will take the lead responsibility for defining the target workforce state.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2	
Task 2. Establish a workforce sub-committee with PPS partner workforce leads that will be co-chaired by PPS partners and advise on workforce development and management strategy.	Completed	2. Establish a workforce sub-committee with PPS partner workforce leads that will be co-chaired by PPS partners and advise on workforce development and management strategy.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 3. Director of Workforce Development & Management and project leads and partners who are involved with the initial wave of projects*will work together to understand the timing and scope of projects selected by PPS Partners. This will include an assessment of requirements and services involved, recognizing that project design and scope will evolve. * i.e. those projects set to begin implementation first	Completed	3. Director of Workforce Development & Management and project leads and partners who are involved with the initial wave of projects*will work together to understand the timing and scope of projects selected by PPS Partners. This will include an assessment of requirements and services involved, recognizing that project design and scope will evolve. * i.e. those projects set to begin implementation first	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 4. The Director of Workforce Development & Management will partner with project leads and partners to identify the needed resources for	Completed	4. The Director of Workforce Development & Management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competecy models, training	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
projects including but not limited to: data collection, critical staffing roles, competecy models, training curriculum, and staffing models for projects (with identification of project overlap)		curriculum, and staffing models for projects (with identification of project overlap)							
Task 5. Identify means of workforce survey and assessment. Determine if MHVC will use a third party or build a survey in-house.	Completed	5. Identify means of workforce survey and assessment. Determine if MHVC will use a third party or build a survey in-house.	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 6. Distribute workforce survey to partners to determine baseline for planning target workforce state	Completed	6. Distribute workforce survey to partners to determine baseline for planning target workforce state	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3	
Task 7."Meet with stakeholders to understand their expectations for future state workforce including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Acute care clinical staff (Inpatient/ED) will be affected by an acceleration in already declining volumes in these care settings and if these staff members will need support moving to new care settings, and training to prepare them for new roles.: ■ Physicians/PAs/NPs/APRNs ■ Nurses (e.g. RNs, LPNs,) ■ Non-professional patient care (e.g., NAs, PCTs) ■ Patient Navigators ■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, social workers)"	Completed	7."Meet with stakeholders to understand their expectations for future state workforce including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Acute care clinical staff (Inpatient/ED) will be affected by an acceleration in already declining volumes in these care settings and if these staff members will need support moving to new care settings, and training to prepare them for new roles.: ■ Physicians/PAs/NPs/APRNs ■ Nurses (e.g. RNs, LPNs,) ■ Non-professional patient care (e.g., NAs, PCTs) ■ Patient Navigators ■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, social workers)"	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 8."Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for	Completed	"Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed. and confirm through survey of PPS partners if	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
MHVC projects; adjust target state as needed. and confirm through survey of PPS partners if following Ambulatory care staff (Medical and behavioral health) will see an increase in volume, and will require an expansion in workforce, ■ Physicians/PAs/NPs/APRNs ■ Nurses (e.g., RNs, LPNs) ■ Non-professional patient care (e.g., NA, PCTs) ■ Chronic Care RNs ■ Referral Coordinators ■ Patient Service Reps ■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, Dental technicians) ■ Dentists ■ Mental health specialists, psychologists, MD psychiatrists, Psychiatric NPs ■ Population Management experts ■ Case managers ■ Social Workers ■ Home health workers ■ Nutritionists ■ Healthcare Counselors ■ Paramedics and Emergency technicians ■ Ambulatory Care practice managers "		following Ambulatory care staff (Medical and behavioral health) will see an increase in volume, and will require an expansion in workforce, ■ Physicians/PAs/NPs/APRNs ■ Nurses (e.g., RNs, LPNs) ■ Non-professional patient care (e.g., NA, PCTs) ■ Chronic Care RNs ■ Referral Coordinators ■ Patient Service Reps ■ Allied Health professionals (e.g. Physical therapists, respiratory therapists, nutritionists, Dental technicians) ■ Dentists ■ Mental health specialists, psychologists, MD psychiatrists, Psychiatric NPs ■ Population Management experts ■ Case managers ■ Social Workers ■ Home health workers ■ Nutritionists ■ Healthcare Counselors ■ Paramedics and Emergency technicians ■ Ambulatory Care practice managers "							
Task 9. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Community-based care delivery staff wil see an increase in volume, and will require an expansion in workforce	Completed	"Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Community-based care delivery staff wil see an increase in volume, and will require an expansion in workforce ■ Visiting nurses/Home health aides	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
■ Visiting nurses/Home health aides ■ Patient educators/community health workers ■ Peer coaches/ Peer support staff ■ Crisis intervention professionals "		■ Patient educators/community health workers ■ Peer coaches/ Peer support staff ■ Crisis intervention professionals "							
Task 10. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Healthcare-related administrative and supporting staff will experience a change in the nature of care they are supporting, as care increasingly shifts to outpatient and community settings, and becomes more integrated, with a greater focus on coordination: ■ Data analysts and statisticians ■ Human Resources Professionals ■ Training and development staff ■ Registration clerks ■ Financial counseling staff ■ Translators/foreign language speakers ■ Communications and media experts ■ Marketing professionals ■ Managers/Supervisors ■ Ancillary workers ■ IT staff"	Completed	10. "Meet with stakeholders to understand their expectations for future state workforce, including union expectations and share staffing models for MHVC projects; adjust target state as needed and confirm through survey of PPS partners if following Healthcare-related administrative and supporting staff will experience a change in the nature of care they are supporting, as care increasingly shifts to outpatient and community settings, and becomes more integrated, with a greater focus on coordination: ■ Data analysts and statisticians ■ Human Resources Professionals ■ Training and development staff ■ Registration clerks ■ Financial counseling staff ■ Translators/foreign language speakers ■ Communications and media experts ■ Marketing professionals ■ Managers/Supervisors ■ Ancillary workers ■ IT staff"	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 11. Using staffing models for MHVC projects work with MHVC Workforce subcommittee to define competencies and skills required for roles associated with project implementation	Completed	11. Using staffing models for MHVC projects work with MHVC Workforce subcommittee to define competencies and skills required for roles associated with project implementation	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 12. Using staffing models for MHVC projects,	Completed	12. Using staffing models for MHVC projects, competency and skill requirements for roles, and survey results confirm	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 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
competency and skill requirements for roles, and survey results confirm which roles will be filled through retraining or new hires. Training will be required to increase familiarity with community-based care integration and coordination, and the implications the transition to value- based payment models.		which roles will be filled through retraining or new hires. Training will be required to increase familiarity with community-based care integration and coordination, and the implications the transition to value- based payment models.							
Task 13. Define target workforce state for project implementation for early stage projects set to begin implementation first, recognizing it will evolve over the course of project implementation. (Workforce target state for later implementation project dates will be revised at a later date and on an ongoing basis).	Completed	13. Define target workforce state for project implementation for early stage projects set to begin implementation first, recognizing it will evolve over the course of project implementation. (Workforce target state for later implementation project dates will be revised at a later date and on an ongoing basis).	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Task 14. The MHVC director of workforce development & management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competency models, and training curriculum.	Completed	14. The MHVC director of workforce development & management will partner with project leads and partners to identify the needed resources for projects including but not limited to: data collection, critical staffing roles, competency models, and training curriculum.	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4	
Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Completed	Completed workforce transition roadmap, signed off by PPS workforce governance body.	01/01/2016	09/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The MHVC director of workforce development and management, who has the lead responsibility for creating a transition roadmap, will work with workforce subcommittee members, labor unions, and other stakeholders, to identify infrastructure needed to transform the workforce, including IT solutions (e.g., job board, and data collection tools).	Completed	1. The MHVC director of workforce development and management, who has the lead responsibility for creating a transition roapmap, will work with workforce subcommittee members, labor unions, and other stakeholders, to identify infrastructure needed to transform the workforce, including IT solutions (e.g., job board, and data collection tools).	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Engage organized labor in development of the workforce transformation strategy, as needed.	Completed	2. Engage organized labor in development of the workforce transformation strategy, as needed.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	3. Analyze root cause of potential shortages for key priority	01/01/2016	09/30/2016	04/01/2016	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
3. Analyze root cause of potential shortages for key priority positions, using data from the Center for Health Workforce studies to identify professional shortage areas that will affect implementation of MHVC projects.		positions, using data from the Center for Health Workforce studies to identify professional shortage areas that will affect implementation of MHVC projects.							
Task 4. "Using research data from DSRIP application regarding community based resource shortages, and working with workforce subcommittee, determine strategy for fortifying key roles including peer staff for coaching and crisis intervention, mobile crisis teams, and respite facilities staff. "	Completed	4. "Using research data from DSRIP application regarding community based resource shortages, and working with workforce subcommittee, determine strategy for fortifying key roles including peer staff for coaching and crisis intervention, mobile crisis teams, and respite facilities staff. "	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Conduct gap analysis between current and target workforce state (milestone #3), and identify potential shortages.	Completed	5. Conduct gap analysis between current and target workforce state (milestone #3), and identify potential shortages.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Perform cross tabulation of survey results and assess for accuracy .	Completed	6. Perform cross tabulation of survey results and assess for accuracy .	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Develop strategy to transform workforce to achieve target workforce state, which may include plans for: infrastructure, community partnerships, employee assistance programs and services, non-deployable staff strategy, partnerships with existing state programs, framework to collaborate with other PPS's, assessment of potential vendors, change management, and risk mitigation.	Completed	7. Develop strategy to transform workforce to achieve target workforce state, which may include plans for: infrastructure, community partnerships, employee assistance programs and services, non-deployable staff strategy, partnerships with existing state programs, framework to collaborate with other PPS's, assessment of potential vendors, change management, and risk mitigation.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Develop DSRIP Workforce Metrics to track progress of workforce transformation strategy (e.g., EEO Stats, hours trained, number of associates displaced, reductions, upgraded, promotions, failed probations, new jobs added, training spend per organization, training spend	Completed	8. Develop DSRIP Workforce Metrics to track progress of workforce transformation strategy (e.g., EEO Stats, hours trained, number of associates displaced, reductions, upgraded, promotions, failed probations, new jobs added, training spend per organization, training spend per effected employee, cross PPS placement, county unemployment levels, turnover, expenses, relocations, job refusals, FT to PT	01/01/2016	09/30/2016	04/01/2016	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
per effected employee, cross PPS placement, county unemployment levels, turnover, expenses, relocations, job refusals, FT to PT placement).		placement).							
Task 9. Finalize workforce transformation strategy with workforce workgroup.	Completed	9. Finalize workforce transformation strategy with workforce workgroup.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Completed	Current state assessment report & gap analysis, signed off by PPS workforce governance body.	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The MHVC director of workforce development and management, who has the lead responsibility for conducting a detailed gap analysis will conduct a current state assessment of PPS partners through the survey described in milestone #1, by project, including: (1) assessment of current employees' skills and potential for redeployment; (2) partner current capabilities and structures (e.g., training capabilities, HR capabilities, current vendor usage, change management structure).	Completed	1. The MHVC director of workforce development and management, who has the lead responsibility for conducting a detailed gap analysis will conduct a current state assessment of PPS partners through the survey described in milestone #1, by project, including: (1) assessment of current employees' skills and potential for redeployment; (2) partner current capabilities and structures (e.g., training capabilities, HR capabilities, current vendor usage, change management structure).	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Compare current state assessment to target state (#1 Milestone), and assess gap in resource needs (redeployment, retraining, and hiring needs).	Completed	2. Compare current state assessment to target state (#1 Milestone), and assess gap in resource needs (redeployment, retraining, and hiring needs).	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Using staffing models defined by projects and roles outlined in milestone #1, confirm staff eligible for redeployment given project selection, staffing models, and DSRIP goals, and review esisting HR policies and labor agreements.	Completed	3. Using staffing models defined by projects and roles outlined in milestone #1, confirm staff eligible for redeployment given project selection, staffing models, and DSRIP goals, and review esisting HR policies and labor agreements.	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Identify positions that are in short supply that will not be filled through redeployment	Completed	4. Identify positions that are in short supply that will not be filled through redeployment	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task	Completed	5. Identify workforce gap closing strategies including training,	01/01/2016	12/31/2016	04/01/2016	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
5. Identify workforce gap closing strategies including training, shared services, career ladders, tiered staffing, telemedicine, subcontracting, joint appointments, etc.		shared services, career ladders, tiered staffing, telemedicine, subcontracting, joint appointments, etc.							
Task 6. Develop a MHVC job board and identify other sites for job posting.	Completed	6. Develop a MHVC job board and identify other sites for job posting.	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Create recruitment plans for new hires	Completed	7. Create recruitment plans for new hires	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Implement strategy to fill positions in short supply and that are difficult to retain, recruit, and train	Completed	8. Implement strategy to fill positions in short supply and that are difficult to retain, recruit, and train	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Complete workforce budget analysis to establish revised workforce budget, for duration of DSRIP.	Completed	9. Complete workforce budget analysis to establish revised workforce budget, for duration of DSRIP.	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Finalize current state assessment and obtain PPS governance approval.	Completed	10. Finalize current state assessment and obtain PPS governance approval.	01/01/2016	12/31/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
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.	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	YES
Task 1. The MHVC director of workforce development and management, who has the lead responsibility for producing a compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #3 milestone, and compensation and HR policy results from partner survey described in milestone #1, including compensation and benefits.	On Hold	1. The MHVC director of workforce development and management, who has the lead responsibility for producing a compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #3 milestone, and compensation and HR policy results from partner survey described in milestone #1, including compensation and benefits.	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task	Completed	2. Define the skills, competencies, education requirements,	01/01/2016	06/30/2016	04/01/2016	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. Define the skills, competencies, education requirements, and license and certification requirements of newly required roles in target future state (as defined in #1 milestone); compare with current roles.		and license and certification requirements of newly required roles in target future state (as defined in #1 milestone); compare with current roles.							
Task 3. Work with PPS partners and unions to review benchmark data needed to establish pay scales and benefits by geographical location for newly required roles; include special compensation considerations such as relocation, geography, skill scarcity, license and certification requirements, commutation, retention bonuses, and job sharing.	Completed	3. Work with PPS partners and unions to review benchmark data needed to establish pay scales and benefits by geographical location for newly required roles; include special compensation considerations such as relocation, geography, skill scarcity, license and certification requirements, commutation, retention bonuses, and job sharing.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 4. Define policies/guidelines on: pay practices, bonuses, job sharing, recall rights, redeployment refusals, and partial redeployments. Work with partners to review processes for redeployment and share best practices associated with staffing changes.	On Hold	Define policies/guidelines on: pay practices, bonuses, job sharing, recall rights, redeployment refusals, and partial redeployments. Work with partners to review processes for redeployment and share best practices associated with staffing changes.	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 5. Using data from partner survey and ongoing reporting from partner on staffing, complete a cross tabulation of data to determine compensation impact on fully and partially placed staff, and review data for accuracy with labor groups and other stakeholders.	On Hold	5. Using data from partner survey and ongoing reporting from partner on staffing, complete a cross tabulation of data to determine compensation impact on fully and partially placed staff, and review data for accuracy with labor groups and other stakeholders.	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 6. Finalize compensation analysis and policies with workforce workgroup, based on input from partners, labor unions, and other stakeholders.	On Hold	Finalize compensation analysis and policies with workforce workgroup, based on input from partners, labor unions, and other stakeholders.	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4	
Task 7. Finalize compensation and benefits analysis and obtain PPS governance approval	Completed	7. Finalize compensation and benefits analysis and obtain PPS governance approval	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 1. The MHVC director of workforce development	Completed	The MHVC director of workforce development and management, who has the lead responsibility for producing a			04/01/2016	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
and management, who has the lead responsibility for producing a compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #1 milestone, and data from compensation and benefits survey.		compensation and benefit analysis will work with the workforce subcommittee to understand the current roles of staff who could be retrained or redeployed, using current state assessment in #1 milestone, and data from compensation and benefits survey.							
Task 6. Finalize compensation analysis with workforce workgroup, based on input from partners, labor unions, and other stakeholders.	Completed	Finalize compensation analysis with workforce workgroup, based on input from partners, labor unions, and other stakeholders.			04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Milestone #5 Develop training strategy.	Completed	Finalized training strategy, signed off by PPS workforce governance body.	01/01/2016	09/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1	NO
Task 1. The MHVC director of workforce development and management, who has the lead responsibility for developing the training strategy will work with the workforce subcommittee and key stakeholders to identify training resources at PPS partner organizations, including subject matter experts.	Completed	1. The MHVC director of workforce development and management, who has the lead responsibility for developing the training strategy will work with the workforce subcommittee and key stakeholders to identify training resources at PPS partner organizations, including subject matter experts.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 2. Identify any early stage training needs and develop strategy to address the requirements. Focus on building training resources to support training of peer coaches and peer support staff. Peer coaches and peer support staff are critical care team members drawn from local communities who can fully engage members in their care plans, and who will also serve critical roles in behavioral health crisis stabilization units.	Completed	2. Identify any early stage training needs and develop strategy to address the requirements. Focus on building training resources to support training of peer coaches and peer support staff. Peer coaches and peer support staff are critical care team members drawn from local communities who can fully engage members in their care plans, and who will also serve critical roles in behavioral health crisis stabilization units.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 3. Conduct a training needs assessment by organization and selected projects (based on target state and staffing models outlined in mileston #1; and gap analysis in milestone #3), to identify the skills and certifications needed for staff who will be retrained, redeployed, or newly	Completed	Conduct a training needs assessment by organization and selected projects (based on target state and staffing models outlined in mileston #1; and gap analysis in milestone #3), to identify the skills and certifications needed for staff who will be retrained, redeployed, or newly hired.	01/01/2016	06/30/2016	04/01/2016	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
hired.									
Task 4. Collaborate with local stakeholders (e.g., unions, schools / universities) on identifying resources to support PPS workforce training.	Completed	Collaborate with local stakeholders (e.g., unions, schools / universities) on identifying resources to support PPS workforce training.	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 5. Review training options and engage in contracts and or agreements with Montefiore CMO, 1199 TEF, and Montefiore Learning Network; and review other vendors to close gaps on training needs e.g., GNYHA, CCMI, and NKI.	Completed	5. Review training options and engage in contracts and or agreements with Montefiore CMO, 1199 TEF, and Montefiore Learning Network; and review other vendors to close gaps on training needs e.g., GNYHA, CCMI, and NKI.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 6. Identify training programs with respect to meaningful use of electronic health records	Completed	6. Identify training programs with respect to meaningful use of electronic health records	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 7. Partner with Community Colleges to identify opportunity to have college credits or certifications associated with training.	Completed	Partner with Community Colleges to identify opportunity to have college credits or certifications associated with training.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 8. Develop training strategy, including plan to onboard newly hired, redeployed, and retrained DSRIP employees and plan for nurse practitioner residency program.	Completed	Develop training strategy, including plan to onboard newly hired, redeployed, and retrained DSRIP employees and plan for nurse practitioner residency program.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 9. Finalize plan to implement training strategy, including blended delivery approach (e.g., classroom training, on the job training, e-learning), length of trainings, and process for vendor selection.	Completed	9. Finalize plan to implement training strategy, including blended delivery approach (e.g., classroom training, on the job training, e-learning), length of trainings, and process for vendor selection.	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 10. Determine how the effectiveness of training programs will be evaluated and how such evaluations will be used to improve training programs. Include pre- and post-tests to assess knowledge gained	Completed	10. Determine how the effectiveness of training programs will be evaluated and how such evaluations will be used to improve training programs. Include pre- and post-tests to assess knowledge gained	01/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1	
Task 11. Adjust budget allocated to redeployment and retraining, to reflect needs by organization and	Completed	11. Adjust budget allocated to redeployment and retraining, to reflect needs by organization and project.	01/01/2016	09/30/2016	04/01/2016	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
project.									

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
Define target workforce state (in line with DSRIP program's goals).	pdamrow	Templates	19_DY2Q1_WF_MDL112_PRES1_TEMPL_WF_Meeting_Schedule_Template_6.30.16_5344.pdf	Workforce Meeting Schedule Template 6.30.16	08/04/2016 12:16 PM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES1_OTH_MHVC_Transition_Roadmap_Final_5343.pdf	Workforce MHVC Transition Roadmap_Final	08/04/2016 12:14 PM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES1_OTH_Workforce_Milestone_1_Target_State_Narrative_Update_6.30.16_5342.pdf	Workforce_Milestone_1_Target_State_Narrative_Update_6.30.16	08/04/2016 12:12 PM
Create a workforce transition roadmap for achieving defined target workforce state.	pdamrow	Meeting Materials	19_DY2Q1_WF_MDL112_PRES2_MM_WF_Meeting_Schedule_Template_6.30.16_5306.pdf	Workforce Meeting Schedule Template 6.30.16	08/04/2016 11:23 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES2_OTH_2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes_5303.pdf	Attestation of Milestone Approval by Workforce Governance Body	08/04/2016 11:16 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES2_OTH_MHVC_Transition_Roadmap_Final_5299.pdf	Workforce Milestone 2: MHVC_Transition_Roadmap_Final	08/04/2016 11:10 AM
Perform detailed gap analysis between current state assessment of workforce and projected future state.	pdamrow	Meeting Materials	19_DY2Q1_WF_MDL112_PRES3_MM_WF_Meeting_Schedule_Template_6.30.16_5313.pdf	Workforce Meeting Schedule Template 6.30.16	08/04/2016 11:36 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES3_OTH_2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes_5311.pdf	Attestation Workforce Governance Committee Approval	08/04/2016 11:35 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES3_OTH_MHVC_Current_State_Assessment_Gap_Anlysis_final.pptx_5309.pdf	Workforce Milestone 3: MHVC_Current_State_Assessment_Gap_Analysis_final	08/04/2016 11:33 AM
Produce a compensation and benefit analysis, covering impacts on both retrained and redeployed staff, as well as new hires,	pdamrow	Meeting Materials	19_DY2Q1_WF_MDL112_PRES4_MM_WF_Meeting_Schedule_Template_6.30.16_5323.pdf	Workforce Meeting Schedule Template 6.30.16	08/04/2016 11:49 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES4_OTH_2016-06-	Attestation Workforce Governance Committee	08/04/2016 11:47 AM

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Type	File Name	Description	Upload Date
particularly focusing on full and partial placements.			28_MHVC_Workforce_Subcommittee_Meeting-Minutes_5322.pdf	Approval 2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes	
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES4_OTH_2016_DSRIP_Survey_Report-Montefiore-Participant_5320.pdf	Workforce 016 DSRIP Survey Report-Montefiore-Participant (document 4 out of 4)	08/04/2016 11:46 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES4_OTH_2016_DSRIP_Survey_Report-Montefiore_5319.pdf	Workforce 2016_DSRIP_Survey_Report-Montefiore (document 3 of 4)	08/04/2016 11:44 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES4_OTH_2016_DSRIP_Survey_Report-All[1]_5318.pdf	Workforce 2016_DSRIP_Survey_Report-All[1] (document 2 of 4)	08/04/2016 11:43 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES4_OTH_Compensation_&_Benefits_Executive_Summary_Final_5316.pdf	Workforce Compensation & Benefits Executive Summary Final (document 1 of 4)	08/04/2016 11:41 AM
Develop training strategy.	pdamrow	Templates	19_DY2Q1_WF_MDL112_PRES5_TEMPL_WF_Training_Materials_Template_6_30_16_5336.pdf	Workforce Training_Materials_Template_6_30_16	08/04/2016 12:04 PM
	pdamrow	Templates	19_DY2Q1_WF_MDL112_PRES5_TEMPL_WF_Training_Schedule_Template_6_30_16_5335.pdf	Workforce Training Schedule Template 6 30 16	08/04/2016 12:03 PM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES5_OTH_WF_Meeting_Schedule_Template_6.30.16_5329.pdf	Workforce_Meeting_Schedule_Template_6.30.16	08/04/2016 11:58 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES5_OTH_2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes_5327.pdf	Attestation Workforce Governance Committee Approval 2016-06-28_MHVC_Workforce_Subcommittee_Meeting-Minutes	08/04/2016 11:55 AM
	pdamrow	Other	19_DY2Q1_WF_MDL112_PRES5_OTH_Montefiore_Training_Strategy_6.30.16_5326.pdf	Workforce Milestone 5: Montefiore_Training_Strategy_6.30.16	08/04/2016 11:54 AM

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Define target workforce state (in line with DSRIP program's goals).	
Create a workforce transition roadmap for achieving defined target workforce state.	Workforce, Milestone 2: Workforce Transition Roadmap Create a Workforce Transition Roadmap for achieving your defined target workforce state. Over the past year we have worked with our Workforce Transformation Subcommittee and our network partners to define the Workforce Transition Roadmap. The objective of our Workforce Transition Roadmap is to assess, understand, and act on the implications of strategic change for the future workforce for our

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	network partners. We began this effort by conducting a current workforce state assessment and gap analysis to identify and analyze both quantitative and qualitative gaps within our workforce. In addition, we held a series of workforce planning sessions with our key network partners to discuss the workforce gaps and asked our partners to provide projections for New Hires, Redeployments, Retraining, and Other approaches they are planning to leverage to close the identified gaps. Utilizing the data received from our partners, we were able to describe priority strategies and activities that we are initiating to help achieve gap closure in the following essential workforce areas: Training and Education, Recruitment and Retention, Retraining & Redeployment, and Organizational Development. Our Transition Roadmap for achieving our defined target workforce state includes the following key elements: • Detailed plans to address the recruitment, training and deployment needs of MHVC on an ongoing basis • A projected timeline with realistic target dates for accomplishing all steps to close workforce gaps • Defined Goals, Objectives and Strategies outlining the ways in which we plan to close identified gaps so as to meet the needs of MHVC and our network partners These are indicated in our attached Transition Roadmap documents. We currently are working with our Workforce Transformation Subcommittee to implement our gap closing strategies and Transition Roadmap for each MHVC project. On June 28, 2016, our workforce subcommittee/governance body approved our proposed Transition Roadmap. The minutes serve as an attestation for our workforce governance approval and were uploaded with required supporting documentation for this milestone.
Perform detailed gap analysis between current state assessment of workforce and projected future state.	Workforce, Milestone 3: Workforce Gap Analysis Perform a detailed gap analysis between current state assessment of workforce and projected state. Over the past year we have worked with our Workforce Transformation Subcommittee and our network partners to define the workforce current state and gap analysis. We began this effort by conducting a comprehensive workforce survey of our network providers. In addition to specific workforce data, the survey included questions on PCMH readiness, IT transformation, and quality improvement, training and training capacity, MHVC conducted a series of focus groups with our network providers/ partners, being sure to include representatives from the various stakeholders/facility types involved in our DSRIP projects, to identify skills, competencies, licensure requirements, and redeployment and training opportunities. These are indicated in our attached current state and gap analysis documents. Our findings have provided us with an understanding of both qualitative and quantitative gaps, identified which gaps represent potential risks to our network partners, what actions need to be taken to close the gaps and therefore mitigate any associated risks. Qualitative gaps were identified by analyzing the skills and competencies currently possessed by the network partners' workforce and those needed in the future state to support MHVC projects. Qualitative gaps were evaluated using the five focus areas: clinical care, technology, process/workflow, protocol/policies, and credentials. Our analysis also included a review of current supply versus future demand for the top 5 workforce job categories: non-licensed care coordinators, behavioral health, nursing care/case managers, physicians, and nursing. We currently are working with our Workforce Transformation Subcommittee to implement our gap closing strategies and Transition Roadmap for each MHVC project.

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	On June 28, 2016, our workforce subcommittee/governance body approved our proposed current state assessment and gap analysis. The minutes serve as an attestation for our workforce governance approval and were uploaded with required supporting documentation for this milestone.
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.	Milestone 4: Compensation and Benefits Analysis Narrative The Director of Workforce Development and Management participated in the Department of Health (DOH) Compensation and Benefits workgroup, led by Peggy Chan, to provide input to the reporting requirements and to better understand how MHVC network partners will be able to use the results from the compensation and benefits analysis report. The activities of the DOH workgroup were shared with our workforce transformation subcommittee, and our internal MHVC workforce team reviewed vendors that could assist with this reporting requirement, and safeguard the data to prevent any potential antitrust violations. The workforce transformation subcommittee determined that a joint approach with Westchester Medical Center MHVC for the compensation and benefits survey would reduce the survey completion requirements for our shared partners and allow for richer data collection. Gallagher Integrated was selected as the vendor for the compensation and benefits analysis survey. The workforce subcommittee and our workforce compensation and benefits workgroup reviewed the requirements for the analysis and provided input into the survey tool. The survey was administered in April 2016 and reflects data as of December 2015. We received a response rate of 81%. The results from the survey were presented to the workforce subcommittee/governance body on June 28, 2016 and were approved by the subcommittee. The minutes serve as an attestation for our workforce governance approval and were uploaded with required supporting documentation for this milestone. The members from the subcommittee and compensation and benefits workgroup have already begun to use the data for reviewing and setting salaries within their organizations. They shared with us that the data is valuable to them, since it is specific to the Hudson Valley and does not include New York City salaries. They also requested a specific cut of the data to show Westchester only and all other counties when possible. Three separate compensation and benefits reports were completed by Gallagher Integrated on behalf of MHVC including: 1. 2016 DSRIP Survey Report – All (report includes MHVC and Westchester Medical Center network partner data) 2. 2016 DSRIP Survey Report – Montefiore (report includes MHVC network partner data) 3. 2016 DSRIP Survey Report – Montefiore Participant (report includes only Montefiore network partner data and is designed to be shared with partners who completed the survey) Network Partners who completed the compensation and benefits survey will receive the Montefiore participant summary report.
Develop training strategy.	Workforce Milestone 5 Narrative Workforce Training Strategy The Montefiore Hudson Valley Collaborative (MHVC) and its network partners prepared to embark on a workforce training effort to support the Integrated Delivery System (IDS) projects through the development of the Workforce Training Strategy. The overarching goal of this strategy is to enhance and introduce learning concepts to its network partners in topics which include: population health, value-based healthcare, care management and cost-effective care coordination that meets or exceed defined quality standards. Under the leadership of the MHVC Workforce Transformation Subcommittee and input from MHVC network partners, the Workforce Training Strategy was created to address training needs for identified staff impacted by the IDS initiative. The Workforce Training Strategy includes: clinical staff training related to population and care management, non-clinical staff training required supporting skills needed to support the new care model, and opportunities to leverage

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
	learning institutions /educational programs and existing partner learning practices to fulfill its overarching goal. The development of the training strategy was a collaborative effort of network partners (represented via committees), MHVC leadership, PMO staff, and consulting support (xG Health Solutions, and Health Literacy Partners). The strategy consists of the current state (based on data collected from MHVC partners via a workforce survey conducted in December 2015) and future state (collected from project applications, project requirements, and implementation plans) of training. Current state findings influential to the development of the training strategy were to: • Leverage MHVC partners that have training in place to address training needs. • Address training gaps in areas of behavioral change, self-management support, patient-centered communication skills training /engagement. • Develop a robust training for new positions in the outpatient setting that focus on care navigation and coordination. • Address budget constraints by partners who expressed challenges in certain staff training topics. The Workforce Training Strategy framework consists of the four following components: • Who needs to be trained? - Identify new positions and existing clinical / operational staff needing training. • What are the top training areas? - Identify general, project specific, and foundational / cross-project topics that need to be included in development of training. • How should the training operating model look? - Identify the need to coordinate the oversight of training programs and utilize existing network partners or vendors for training. • When should training be rolled out? - Identify the time-frame for "when" training should occur. During DY2 Q1, the MHVC Workforce Transformation Subcommittee created a Workforce Training Strategy Workgroup to support the ongoing development and implementation outlined in this strategy. On June 28, 2016, our workforce subcommittee/governance body approved this strategy. The minutes serve as an attestation for our workforce training strategy approval and were uploaded with required supporting documentation for this milestone.

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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

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.

Several risks could interfere with our PPS's ability to achieve workforce milestones on time. First, there is the risk that regulatory waivers will be delayed or not approved, which will affect our ability to meet our milestones. To mitigate this risk, we will continue to work closely with the state on regulatory relief and advocate for faster timelines or reconsiderations as needed. Second, there is the risk that capital requests will not be approved, which will affect our ability to develop the infrastructure needed (e.g., online job boards) for the workforce transformation. In the event that this happens, we will explore alternative funding options, as well as alternative infrastructure solutions such as collaboration with other PPS's. Third, there is the risk that unanticipated lay-offs within the network could make it difficult to achieve our target workforce state. In the event that this happens, we will work with union leadership and internal and external stakeholders to minimize the impact of unanticipated lay-offs. Fourth there is a risk that partner organizations may not be able to mitigate regional wage disparities. To address this we will work closely with our partners to understand their compensation structures and capability to mitigate wage disparities, and ensure this is incorporated into our workforce transformation strategy. Fifth, there is a risk that labor strikes will impact our ability to conduct trainings according to planned timelines. In this case we will need to increase the number of trainings delivered once labor issues are resolved. Sixth, there may be resistance to change among staff, which we will address with a robust change management and engagement strategy. Finally, we will address potential workforce shortages by exploring possible incentives to work in underserved areas.

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.)

The workforce workstream is interdependent with several other areas:

First, the workforce team will work closely with the cultural competency workstream on trainings. This will include using some of the same vendors / channels / resources for cultural competency training as for other workforce training, as well as incorporating cultural competency elements into staff training. In addition, analysis around underserved populations will inform the workforce needs assessment.

Second, the workforce team will work closely with the Partner Support and the Communications teams on general DSRIP education for practitioners, as well as overall workforce communications.

Third, the workforce team will work closely with the IT workstream and the performance reporting workstream on tools to track the retraining, redeployment, and hiring of new staff, as well as on job board and eLearning functions.

Finally, the workforce workstream will collaborate extensively with the Partner Support team and the MHVC Project Specialists (as well as the project leads at each partner) to identify the workforce needs of each project for each provider.

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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
MHVC Executive Director	Allison McGuire	Lead DSRIP office on workforce activities; manage DSRIP team
MHVC Director, Workforce and Training	Joan Chaya	Lead - workforce transformation activities; accountable for all milestones and reporting requirements above
MHVC Workforce Team	Maria Gerena, Workforce Development Manager; Adyna Gaboa, Jasmine Cruz, Training Specialist; Jasmine Cruz Sr HR Specialist	Execute all workforce transformation activities, and deliver milestones and reporting requirements above and training
Workforce Workgroup	Partner organization representatives	Input on workforce transformation strategy and Training
MHVC Project Specialists	Antonia Barba and Marilyn Wolff-Diamond	Input on workforce transformation strategy; support in identifying workforce needs of projects and training
Co-Chair Workforce Committee	Kathy Pandekakes and Daniel Bengyak	Collaborate in creating meeting agendas, lead committee members in making decisions, monitor and approve workgroup tasks.

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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		
Partner project leads	Project leads	Partner with MHVC workforce Director and Project Specialists on workforce and training needs and timelines for projects
Gloria Kenny, Montefiore VP of Human Resources	Montefiore VP of Human Resources	Planning and input on workforce transformation
Susan Roti, Montefiore Senior Director, Organization Development	Montefiore Senior Director Organization Development	Planning and input on workforce transformation
External Stakeholders		
External vendors	Provide services, including IT and training	Contracted services, including training, as needed
Labor groups	Labor / union representation	Collaborate on workforce strategy, including management and development of impacted union employees
CMO and Learning Network	Training and workforce strategy resource	Collaborate on workforce and training strategy

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.

Our workforce transformation requires an IT platform that optimizes accessibility, robust application capabilities, and ease of use. This is because the workforce effort will have the broadest range of users with varying skill levels and needs (e.g., leaders of partner organizations; staff). Learning management and job board functionality will need to communicate information at appropriate levels to specified users. Alignment with the IT workstream will be integral to deliver on these needs. Using a tool based on 'software as a service' will address the accessibility issues. At a minimum, we will explore using IT infrastructure to track staff movement across the PPS, in order to account for redeployment as well as net new hires.

IPQR Module 11.9 - Progress Reporting

Instructions :

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

Success in this workstream will be defined as progress towards delivering a workforce that is suited to meeting the needs of a value-based integrated health care delivery system. Developing and delivering the MHVC workforce strategy by the end of DY 5 (12/31/2019) will be the primary tool for achieving this and we will use the milestones outlined above to monitor progress towards this. Responsible stakeholders will be identified, and a collaborative data collection tool will be used that allows for real time reporting and performance scorecards. This system will collect and aggregate data for analysis and will be tailored to operationalizing and assessing the approved workforce strategy on an ongoing basis.

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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
csceppaq	Other	19_DY2Q1_WF_MDL1110_OTH_Workforce__Staff_Impact_and_New_Hire_Analysis_Narrative_Update_6_30_16_5675.pdf	MHVC Workforce _Staff Impact and New Hire Analysis Narrative Update 6 30 16	08/05/2016 01:32 PM

Narrative Text :

Workforce- Model 11. 10
Per DOH updated guidance sent July 12, 2016, PPSs will not have to submit baseline projections for DY 2, Q 1 quarterly reports.

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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)	3,231,707.50

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	47,593.00	3.09%
Redeployment	0.00	0.00	0.00	0.00%
New Hires	0.00	0.00	104,532.00	62.80%
Other	0.00	0.00	944,895.00	72.65%
Total Expenditures	**0.00**	**0.00**	**1,097,020.00**	**33.95%**

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 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: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms.

Mitigation: Expand the IT platforms of health homes in the region and leverage the experience of our partners innovating in this realm to develop practical IT solutions for our partner organizations in the early stages of IT development. The IT survey will provide current state assessment which will feed into mitigating this risk

Risk: Financial and/or Cultural readiness of partners for the shift to value-based payment models and risk-based arrangements.

Mitigation strategies include: a) Leverage the experience of Montefiore and other partners with value based payment models and practice transformation b) Engage in regular outreach and communication with partners, focused on aligning them to shifting payment models.

Risk: MHVC applied for regulatory relief in a number of areas as part of its Organizational Application.

Mitigation: Pursue the potential alternatives to regulatory waivers detailed in the application.

Further, the PPS will need to address the challenges of engaging members, especially considering 20-30% of respondents to our CNA said they were not aware of how to access healthcare services. This current lack of awareness poses significant risk to meeting speed and scale goals. We will do this through active outreach to community organizations and local health departments to educate patients about our PPSs projects, as well as a public facing website to help engage the community in our efforts. We will track efforts to reaching patient engagement targets, and escalate accordingly (e.g. if we are behind on care plan speed and scale targets, we will escalate outreach and communications support through CBOs).

Risk: Receipt of timely claims data provided by the state, and opt out sharing this would represent a risk.

Mitigation strategies include: a) Encourage the DOH for expedient delivery of the data that includes cost data, as well as consider other potential data sources to use in lieu of claims data. b) Educate our partners about the opt-out process so that they will be able to help educate their patients about the benefits of data sharing.

Risk: Impact of ICD-10 rollout on providers resources, workflow and project timelines.

Mitigation: Survey partners to access if they anticipate that ICD-10 will negatively impact work and timelines. If so, we will develop strategies or adjust timelines to to address these risks.

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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.	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 includes continuum of providers in IDS, including medical, behavioral health, post-acute, long-term care, and community-based providers.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Develop a list of elements that will need to be part of each provider agreement /contract to develop draft contract		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Prepare a draft Coordinating Provider Agreement (CPA) and present to MHVC Steering Committee		Project		Completed	06/01/2015	07/09/2015	06/01/2015	07/09/2015	09/30/2015	DY1 Q2
Task 3. Finalize CPA in collaboration with MHVC Steering Committee		Project		Completed	07/09/2015	08/13/2015	07/09/2015	08/13/2015	09/30/2015	DY1 Q2
Task 4. Distribute the form of agreement and educational materials to PPS participants.		Project		Completed	04/01/2015	12/31/2015	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 5. Perform survey by type of provider and services offered, to understand providers' readiness to participate in IDS, and determine scope and nature of participation		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6. Request letter of intent from partners regarding project participation		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Identify list of partners per project		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Develop plan to outreach to partners that have not been actively engaged or that have asked for additional information		Project		Completed	01/01/2016	03/31/2018	01/01/2016	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
Task 9. Develop plan to monitor and support bring less experienced providers		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 10. Commence outreach to partners to include CBOs and FBOs and develop refined plan for engaging partners over next 4 years		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 11. Create process that tracks provider performance compared to contract terms/requirements, including corrective action		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 12. Commence outreach to create alignment with payers and social service organizations		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 13. Establish plan to monitor PPS provider performance periodically and report to the PPS governance, with corrective action and performance improvement initiatives, as needed		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Milestone #2 Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	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 produces a list of participating HHs and ACOs.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	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	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 collaborative care practices and integrated service delivery.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Commence routine working meetings with regional Health Homes		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Leverage IT capability survey to inventory HH partners and ACO population health management system		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Define proposed workflows for review and discussion with Health Home partners		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Create and execute proposal for which capabilities or services		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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
HH partners can deliver within the PPS to achieve project goal; define strategy for integrating existing systems and offerings										
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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has process for tracking care outside of hospitals to ensure that all critical follow-up services and appointment reminders are followed.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS trains staff on IDS protocols and processes.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Conduct population profile of attributed patients to understand current utilization patterns and identify opportunities for improvement.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify appropriate projects and care management services for specific patient segments		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop plan to integrate Community Based Organizations (CBOs) into IDS by identifying specific opportunities for their involvement (e.g. Patient engagement by CHWs, FBO, housing assistance, etc.)		Project		Completed	01/01/2016	03/31/2017	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Evaluate baseline performance on relevant Domain 2, 3 and 4 indicators and design feedback proces to empower Provider QI efforts. Performance against these indicators will continue to be monitored on an ongoing basis.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify patients at risk of not receiving appropriate services and provide PPS partners with periodic reports to inform outreach efforts.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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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6. Identify most appropriate channels for direct outreach to patients and begin outreach to ensure they are aware of resources available in a manner that is culturally competent.										
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	01/01/2016	03/31/2018	01/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1

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5. Initiate outreach to organizations that have not begun process of sharing information with RHIO										
Task 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #5 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	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 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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Define scope and assess eligible participating partners		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Assess current level of connectivity and EHR usage by provider site across PPS		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #6 Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	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 identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	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
1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements										
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #7 Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR Meaningful Use standards by the end of DY 3.	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 Primary care capacity increases improved access for patients seeking services - particularly in high-need areas.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet 2014 NCQA Level 3 PCMH and/or APCM		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	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
standards.										
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	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners)		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Assess risks and benefits of various strategies of support for PCMH. i.e. (Vendors vs build)		Project		Completed	03/31/2016	03/31/2016	03/31/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk)		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Contract with Medicaid Managed Care Organizations and other payers, as appropriate, as an integrated system and establish value-based payment arrangements.	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 Medicaid Managed Care contract(s) are in place that include value-based payments.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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1. Build on baseline assessment to identify and engage key PPS partners and MCOs that will drive transition to value-based payments.										
Task 2. Define MHVC objectives for MCO contracts via case based business models that align with DSRIP objectives.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Review criteria for MCO contracting with Finance Sub-Committee and workgroups		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Draft MCO contract elements for review leveraging Montefiore's experience with existing VBP contracts and methodologies		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Develop contracting guidance to support partners in their efforts to contract with MCOs		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Develop and finalize IPA structure		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Develop detailed plan for transition to value-based-payments as well as for overall PPS financial sustainability.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Communicate and collect feedback on plan with governing bodies.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Communicate final plan with all PPS partners		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 10. First value-based arrangements in place		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Establish monthly meetings with Medicaid MCOs to discuss utilization trends, performance issues, and payment reform.	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 holds monthly meetings with Medicaid Managed Care plans to evaluate utilization trends and performance issues and ensure payment reforms are instituted.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 1. Identify MCOs currently engaging majority of PPS attributed lives		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Hold regular meetings with MCOs, including proposed agenda, structure, and choices for meeting cadence.		Project		Completed	04/01/2016	03/31/2017	04/01/2016	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
Task 3. Bring information to appropriate governing bodies for integration into project development		Project		Completed	04/01/2016	03/31/2017	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Milestone #10 Re-enforce the transition towards value-based payment reform by aligning provider compensation to patient outcomes.	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 submitted a growth plan outlining the strategy to evolve provider compensation model to incentive-based compensation		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Providers receive incentive-based compensation consistent with DSRIP goals and objectives.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Perform outreach to largest partners to understand models that partners are currently using to align provider compensation		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Develop set of potential models to create incentives and align compensation for providers		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Collaborate with partners in selecting from this set of potential models developed above		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Engage patients in the integrated delivery system through outreach and navigation activities, leveraging community health workers, peers, and culturally competent community-based organizations, as appropriate.	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 health workers and community-based organizations utilized in IDS for outreach and navigation activities.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Conduct population profile utilizing data available on attributed population to identify patient segments that will benefit from DSRIP projects (e.g. geographic, socioeconomic, disease state, etc.)		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Survey partners regarding use of and interest in expanding navigation services and use of cultural competency techniques.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Provide data to partners to enable outreach in accordance with data privacy laws.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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4. Profile CBOS with best practices to serve as model of best practice.										
Task 5. Based on survey, create expansion plan including training.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 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
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.	
Utilize partnering HH and ACO population health management systems and capabilities to implement the PPS' strategy towards evolving into an IDS.	
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services.	
Ensure that all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including directed exchange (secure messaging), alerts and patient record look up, by the end of Demonstration Year (DY) 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Achieve 2014 Level 3 PCMH primary care certification and/or meet state-determined criteria for Advanced Primary Care Models for all participating PCPs, expand access to primary care providers, and meet EHR	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
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.	

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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			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	csceppaq	Other	19_DY2Q1_PROJ2ai_MDL2ai3_PPS1462_OTH_MHVC_2aiNarrative_2016.08.05_(2)_5736.pdf	MHVC_2aiNarrative_2016.08.05	08/05/2016 03:55 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-Point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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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.

Risk: Delay in claims data has prevented our ability to risk stratify the population and identify the at risk population

Mitigation: HH at Risk workgroup has discussed leveraging partners internal capacity to identify members with targeted chronic conditions for initial program focus.

Risk: IT readiness of partners for integrated care plans and interactions / transitions among partners.

Mitigation: a) Ensure easily implementable integration strategies are in place, such as increasing EHR and RHIO adoption; and b) focus on longer-term solutions, including building a more uniform and sustainable IT infrastructure with a common IT platform and common care-management tools.

Risk: Strain on central resources due to ambitious speed and scale targets

Mitigation: Consistently encourage advance planning through provider communications and supply additional support as needed before deadlines.

Risk: Enrolling members in care management will be difficult if contact information is either out of date or unavailable.

Mitigation: Leverage IT infrastructure to enable our partners to quickly share data and access member contact information, often available through inpatient discharge paperwork, community signup sheets, etc.

Risk: Ability to scale the care management model from the smaller models in existence today, while gaining partner alignment across the network.

Mitigation: Train the workforce in best-in-class practices throughout the region

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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**
DY2,Q4	40,352

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	8,071	16,141	28,247	40,352
	Quarterly Update	56	0	0	0
	Percent(%) of Commitment	0.69%	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 (56) does not meet your committed amount (8,071) for 'DY2,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
pdamrow	Report(s)	19_DY2Q1_PROJ2aiii_MDL2aiii2_PES_RPT_Project_2.a.iii_5293.xlsx	Actively Engaged Patient Reporting File Project 2.a.iii	08/04/2016 10:57 AM

Narrative Text :

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

The delay in the receipt of claims data and the phased roll-out of the NY State managed resources portal, Medicaid Analytics Performance Portal (MAPP) continues to hinder our ability to stratify our population and identify targeted patients for this project. As articulated in the previous quarter, MHVC's commitments for this project assumed real time access to claims data. This data has not yet been made available. Therefore we are contingent upon the capacity of our partner systems, many of which do not have population health management embedded.

MHVC continues to participate in regional initiatives to standardize the data elements for a care plan and to support interoperability.

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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	01/01/2016	03/31/2017	04/01/2016	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	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish the HH at Risk Workgroup (including at a minimum: HHs, PCPs, Hospitals, CBOs), sitting under Clinical Sub-committee.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. In consultation with HH at Risk workgroup and Montefiore CMO define HH at Risk population		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Define the services to be provided to HH at Risk population. (Assessment, creation of Care plan, etc)		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. In consultation with HH at Risk Workgroup and Montefiore CMO co- create standardized assessment and referral workflow for HH at risk members deemed HH eligible		Project		Completed	02/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5. Define interim mechanism of communicating patients identified as HH at risk members to partners		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Co-create a provider level tool kit to include a standard comprehensive care plan and assessments		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Assess partner capability/desire to provide CM services		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Develop partner approach to CM - centralized vs. localized depending on assessment results, and clearly define roles of all		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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parties (HHs, PCMH/APC and PCPs)										
Task 9. Access existing and develop proposed workflows at partner sites to support implementation of CM approach		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. In consultation with Workforce Lead complete assessment of CM staffing needs at each participating site		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. In consultation with Workforce Lead and Cultural Competency Lead create training curriculum		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 12. Present HH at Risk model and co-created toolkit to Clinical Quality Sub-Committee and Workforce Sub-Committee for review and comment.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
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	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and APCM standards		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1.Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners)		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build)		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Identify practices on track (Phase 1) for Level 3 NCQA PCMH transformation vs. those requiring active support (Phase 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation.		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers.										
Task 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk)		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	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
Task 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Implement a process of addressing continuous improvement and training utilizing learning collaboratives		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	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	01/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1.Define scope and assess eligible participating partners		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Assess current level of connectivity and EHR usage by provider site across PPS on results from Feb 2015 IT survey of partners)		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task PPS identifies targeted patients through patient registries and is able to track actively engaged patients for project milestone		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 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
reporting.										
Task 1. Assess current level of connectivity across PPS (refresh of survey completed in Feb. 2015)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 3. Utilize data available on attributed population to begin creating relevant patient registries		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Utilize data available on attributed population to begin creating relevant patient registries		Project		On Hold	04/01/2016	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 5. Establish data analytics function to support registries. Reporting will be enhanced as more data becomes available and IT platforms are implemented.		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 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	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task Procedures to engage at-risk patients with care management plan instituted.		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Convene HH at Risk Workgroup to participate in the development of standardized assessment and care plan elements		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Access current systems in use by Health Homes, CBOs and Primary Care Sites. (ability to identify patients needing services, ability generate alerts based on evidence based guidelines, ability to communicate with HIE)		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Develop reports and plan to implement alerting functionality to identify members that would benefit from care management		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Develop policies and procedures detailing protocols for initiating outreach, assessments used, and for interoperability		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 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
5. Define mechanism for partners to report to PPS at risk members not identified in stratification for inclusion in HH at risk denominator										
Task 6. Establish regular reporting based on agreed upon standards to monitor HH @ risk engagement report and patients not yet engaged		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 7. Define, in conjunction with HH at Risk Workgroup and Workforce Sub-Committee, training curriculum for PPS provider staff		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 8. Design ongoing analysis and communications process utilizing claims data to track progress of engaged patients and to monitor for new patient at risk identification.		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 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	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Each identified PCP establish partnerships with the local Health Home for care management services.		Provider	Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	03/31/2017	07/01/2016	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	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. HH At Risk Workgroup in consultation with the CMO to create a resource repository describing the full range of tools and resources available to support PCP's in the CM process		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. PCP training curriculum will include policies and procedures to guide use of resource repository and referrals for Care Management		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Establish communication links between PCP and health homes (e.g. community forum)		Project		Not Started	04/01/2016	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	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	04/01/2016	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
departments).										
Task PPS has established partnerships to medical, behavioral health, and social services.		Provider	Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	03/31/2017	07/01/2016	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	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS uses EHRs and HIE system to facilitate and document partnerships with needed services.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1.Review CHNA to assess shortages of community resources i.e. (transportation providers, peer resources, transitional housing)		Project		Completed	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Survey LGUs to identify scope of current services and identify gaps to foster alignment and improve the continuum of care		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. HH at Risk Work Group in consultation with the CMO to create a resource repository describing the full range of tools and resources available		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Establish communication links between PCP and behavioral health providers/social services (e.g. community forum, formal networks)		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Assess existing collaborations in the community (between primary care and behavioral health/social services/LGUs)		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Assess current partner EMR capability to track referrals to HH, behavioral, and social services		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. HH at Risk workgroup to develop protocols for documentation and referral, including use of resource repository		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Training curriculum will include policies and procedures to guide use of resource repository to facilitate referral to Behavioral Health or Social Services, as needed.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2017	04/01/2016	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
cultural and linguistic needs of the population.										
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	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative evidence-based care practices.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has included social services agencies in development of risk reduction and care practice guidelines.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. HH at Risk Workgroup (to include social services agencies) establishes regularly scheduled formal meetings		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. HH at Risk workgroup identifies patient populations for which evidence based guidelines are needed		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3. Health Home at Risk group works in collaboration with Clinical Quality Sub-committee to review existing and establish new evidence based guidelines drawing on latest best practice		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. Health Home at Risk Training curriculum, described above, includes use of evidence based guidelines		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Clinical Quality Sub-committee signs off on updates and changes, as needed		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. HH at Risk training curriculum, developed in consultation with and reviewed by Workforce and Cultural Competency Lead reflects use of evidence based guidelines		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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
Develop a Health Home At-Risk Intervention Program, utilizing participating HHs as well as PCMH/APC PCPs in care coordination within the program.	
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.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM.	
Perform population health management by actively using EHRs and other IT platforms, including use of targeted patient registries, for all participating safety net providers.	
Develop a comprehensive care management plan for each patient to engage him/her in care and to reduce patient risk factors.	
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.	
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).	
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.	

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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			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	cham15	Other	19_DY2Q1_PROJ2aiii_MDL2aiii4_PPS1463_OTH_2aiii_HH_at_Risk_FINAL_Mid-Point_Narrative_20160805_v5_(2)_5767.pdf	2.a.iii Health Home at Risk Mid-Point Assessment Project Narrative	08/05/2016 05:53 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the Mid-Point Assessment requirement.

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

Instructions :

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

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

Instructions :

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

Risk: Partners may not receive CRFP funding to support required transformation

Mitigation: Projects for Medical Villages that do not receive capital funding will be scaled appropriately and HVC will explore "virtual" medical villages to include use of tele-health and/or diversion to nearby Primary Care or Behavioral Health services as indicated in the ED Care Triage project

Risk: Participating partners may not be able to transition their planning to reflect value-based concepts

Mitigation: Provide continued planning services to partner boards and executive teams. Through it's Care Management Office (CMO) and in partnership with the HVC, Montefiore will expand its efforts to implement population health services to include all payers thus allowing for consistent planning that can be applied to all patients.

Risk: Legal risk, associated with anti-trust issues.

Mitigation: The DSRIP framework and constraints will help manage this risk in relation to the Medicaid population. For other lines of business, care will be taken to develop policies, procedures, and governance to protect consumers' access to high quality care at reasonable costs.

Risk: Increased financial strain on the host Medical Village community hospitals due to reduction of staffed beds without corresponding replacement of revenue.

Mitigation strategies include: a) Engaging stakeholder to co-design the medical villages and allow for phased reductions of staffed beds and phased transformation of the unused space. b) Utilizing Montefiore's experience in managing risk to implement and offer population health services to the Medicaid MCOs active in the Medical Village service areas, with a goal of entering into shared savings and risk bearing contracts prior to the end of the DSRIP period. The shared savings and risk bearing operating margins have the potential to offset lost inpatient and emergency room revenue. Coupled with the DSRIP program, the phased approach will reduce negative financial impact. c) Implementing and offering shared savings and risk bearing contracts to other types of payers active in the service area d)evaluate this risk as part of VAPAP financial sustainability analysis

Risk: As the transition to VBP evolves there will be more reductions in staffed beds and increased need for remodeled space. There is a risk that that capital will not be available for future renovations.

Mitigation: Develop a focused and collaborative effort to raise capital for Medical Villages

Risk: Medical Villages may have multiple cultures operating within one physical structure, due to varying approaches to value-based reimbursement for different lines of business.

Mitigation: Convert to value-based care for all payers in the most efficient manner possible, leveraging the experience of Montefiore's CMO.

Risk: Ability to retrain and hire staff in a timeframe consistent with transformation timetables for the Medical Villages.

Mitigation: Leverage the experience of Montefiore CMO and partnership with 1199 in designing curriculum for retraining of the current workforce and training new healthcare workers.

Risk: The physical space and the governance structure of the Medical Villages may not be designed appropriately.

Mitigation: HVC will design the medical village governance and business structures to reflect the interests of all parties and the desired objectives of a) phased reductions of staffed beds; b) repurposing of under-utilized space in a manner that improves the health status for the populations served; c) lowering costs for all payers.

Risk: Obtaining the necessary permits and the associate risk of potential construction cost overruns.

Mitigation: Ongoing monitoring of project including budget and process, escalate potential issues with appropriate governing body.Leverage the decades of experience in managing construction projects each Medi

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IPQR Module 2.a.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**
DY3,Q4	11,136

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	835	1,670	3,758	5,846
	Quarterly Update	2,006	0	0	0
	Percent(%) of Commitment	240.24%	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
pdamrow	Report(s)	19_DY2Q1_PROJ2aiv_MDL2aiv2_PES_RPT_Project_2.a.iv_5294.xlsx	Actively Engaged Patient Reporting Project 2.a.iv	08/04/2016 11:04 AM

Narrative Text :

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

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IPQR Module 2.a.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 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	DY4 Q2	Project	N/A	In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task A strategic plan is in place which includes, at a minimum: - Definition of services to be provided in medical village and justification based on CNA - Plan for transition of inpatient capacity - Description of process to engage community stakeholders - Description of any required capital improvements and physical location of the medical village - Plan for marketing and promotion of the medical village and consumer education regarding access to medical village services		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task Project must reflect community involvement in the development and the specific activities that will be undertaken during the project term.		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 1. Engage partner hospitals to discuss the co-creation of the future state vision.		Project		Completed	04/01/2015	06/01/2016	04/01/2015	06/01/2016	06/30/2016	DY2 Q1
Task 2. Conduct preliminary facility surveys to assess suitability of space for potential uses and estimated required capital.		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task 3. Conduct preliminary partner baseline financial evaluation		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task 4. Support partners in submitting requests for CRFP funding.		Project		Completed	04/01/2015	06/01/2015	04/01/2015	06/01/2015	06/30/2015	DY1 Q1
Task 5. Coordinate with VAPAP facilities to develop VAPAP plans that are supported by and leverage DSRIP programatic initiatives. Monitor throughout DSRIP project.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task		Project		Completed	01/01/2016	06/30/2016	01/01/2016	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
6. Develop strategic program plan including population projections, partner opportunities, readiness assessments, community need, etc.) for projects.										
Task 7. Create analytics template to define inappropriate utilization patterns including a review of ACS (Ambulatory Care Sensitive) conditions related to avoidable hospital admissions and ER utilization		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 8. Identify pilot sites and project champions for each site and establish regularly scheduled meetings.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 9. Develop standardized approach for planning at each medical village site, develop future state of program for facilities; to include transition of inpatient capacity and programs that migrate to another setting		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 10. Establish community engagement workgroups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, & CBOs		Project		Not Started	04/01/2016	09/30/2018	07/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 11. Finalize strategic plan .		Project		In Progress	01/01/2016	09/30/2018	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 12. Create site specific facility plan, and construction plan.		Project		Not Started	04/01/2016	09/30/2018	07/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 13. In consultation with Cultural Competency Lead and Communications Manager create consumer education regarding medical village services		Project		In Progress	04/01/2016	09/30/2018	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 14. Develop communications plan to engage media and create community awareness		Project		Not Started	04/01/2016	09/30/2018	07/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 15. Collect and assess feedback from pilot sites and modify the plan as appropriate		Project		Not Started	04/01/2016	09/30/2018	07/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 16. Replicate steps with next wave/s of Medical Village sites		Project		Not Started	04/01/2016	09/30/2018	07/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	DY2 Q4	Project	N/A	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task PPS has bed reduction timeline and implementation plan in place with achievable targeted reduction in "staffed" beds.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Model financial implications of bed reduction scenarios to inform sustainability plan.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop bed reduction toolkit based on (1) expected market trends for inpatient utilization and (2) impact of DSRIP projects and other delivery system transformation programs.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Initiate standardized process to spread strategy across planned medical village projects		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Work with partners and community stakeholders to refine scenarios based on regional context and align on preliminary targets.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Work with partners to refine targets and develop roadmap, including implementation of medical villages and workforce strategy.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Finalize bed reduction plan, reviewed by the MHVC Steering Committee.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	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 All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving level 3 certification for all relevant providers		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess PCMH readiness and certification, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners)		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Identify practices on track (Wave 1) for Level 3 NCQA PCMH		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2018	03/31/2018	DY3 Q4

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transformation vs. those requiring active support (Wave 2) and establish two pathways for phased implementation and support for Level 3 PCMH transformation.										
Task 4. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH Level 3 standards, including multiple levels of support and timelines to account for different levels of readiness amongst providers.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	DY4 Q2	Project	N/A	In Progress	01/01/2016	03/31/2020	01/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 1. Identify provider data sharing requirements and assess partner and QE data sharing capabilities and current HIE participation (refresh of February survey)		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task		Project		Completed	04/01/2016	03/31/2020	04/01/2016	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
3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan										
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1.Establish requirements to track actively engaged patients and align with population health objectives. Requirements will include performance measures.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	DY4 Q2	Project	N/A	In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
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	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 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 1.Define scope and assess eligible participating partners		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 2.Assess current level of connectivity and EHR usage by provider site across PPS		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 3.Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness.		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 4. Support partner EHR Implementations and PCMH standards adoption		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Task 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	09/30/2018	09/30/2018	DY4 Q2
Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	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 Strategy developed for migration of any services to different setting or location (clinic, hospitals, etc.).		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review CNA to identify deficiencies in services		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Establish community engagement work groups by geographic area to identify community resources, & build awareness of the availability of services. Workgroups will include patients, CBOs and LGUs.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. In consultation with Cultural Competency lead and Communication Manager create consumer education regarding access to Medical Village services.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop communications plan to engage media and create community awareness		Project		Not Started	04/01/2016	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
Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	
Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	
Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	
Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	
Use EHRs and other technical platforms to track all patients engaged in the project.	
Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	
Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	

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IPQR Module 2.a.iv.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			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	csceppaq	Other	19_DY2Q1_PROJ2aiv_MDL2aiv4_PPS1464_OTH_2a_iv_-_Medical_Village_Mid-Point_Assessment_Project_Narrative_FINAL_5673.pdf	MHVC_2a_iv_-_Medical_Village_Mid-Point_Assessment_Project_Narrative	08/05/2016 01:26 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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IPQR Module 2.a.iv.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.

Risk: Regulatory restrictions on paramedics will prevent diversion away from the ER.

Mitigation strategies include: HVC has applied for regulatory relief to enable the necessary diversion away from the ER for non-emergency patient needs. Further, we will recruit supervising ER physicians to aid in diversion and support services (both for the EMT as well as for the member's primary care provider)

Risk: Difficulty shifting the culture of physicians away from sending patients to the ER as a default and toward shifting members to outpatient settings.

Mitigation strategies include: a) Dedicate efforts to engaging physicians and helping them understand not only the transition to value-based payments but also the financial incentives in meeting outcome metrics b) Improve connectivity and access to member care plans so that physicians can make appropriate decisions for members c) Emphasize the positive benefits to receiving coordinated care

Risk: ED Care Triage will cause a change in staffing requirements and skills: Patient Navigators, additional PCP's and reduction in the ED staffing levels.

Mitigation: Early engagement of partners in the project design process of workforce subcommittee and associated workgroups.

Risk: Some providers may be unable to meet EHR and HIE requirements in early years, including the need for alerts/secure messaging and ER navigator access to PSYCKES and may encounter insufficient funding for HIE connections given the high prices vendors may charge to migrate data or create interfaces

Mitigation strategies include : a)Work with IT workstream to provide tech assistance, in partnership with local CBOs or relevant organizations, and develop workarounds until practices have adopted EHRs b) Explore leveraging scale to get volume based discounts and variable pricing d)Encourage providers to leverage funding from NYS Data Incentive program and Medicaid Meaningful Use program e)Conduct population profile to identify at risk patients, coordinate care and establish alerts

Risk: Financial implication on hospitals based on the diversion of patients to primary care

Mitigation Strategies include: a) Hospitals will be primary in our funds flow design for this project. In addition we will evaluate this risk as part of VAPAP financial sustainability analysis. Overlap in ED Care Triage and Medical Village b) PPS will work with ER operations staff to help identify areas of operational improvement to assist in the offset of revenue reduction. c) Encourage the organization to create Hospital based primary care

services to divert patient visits to, which aligns with our medical village project.

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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	5,057

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	631	1,262	2,019	2,776
	Quarterly Update	737	0	0	0
	Percent(%) of Commitment	116.80%	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
pdamrow	Report(s)	19_DY2Q1_PROJ2biii_MDL2biii2_PES_RPT_Project_2.b.iii_5425.xlsx	Actively Engaged Patient Reporting Project 2.b.iii	08/04/2016 02:45 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 Q2	Project	N/A	In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Stand up program based on project requirements		Project		In Progress	01/01/2016	09/30/2017	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. Analyze member claims data to identify ED utilization patterns and to identify hotspots		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Review partner survey data to identify Hospital and PCPs capability for open access scheduling		Project		Completed	04/01/2015	09/30/2015	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Define key roles for ED Care Triage Workgroup participation and recruit to identify appropriate representation of partners to include clinical champions (Hospitals, PCPs, CBOs, LGU, Paramedics)		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Conduct ED partner site visits to identify existing program in place and assess readiness for changes		Project		Not Started	04/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Convene ED Care Triage Workgroup (Hospitals, PCPs, HHs, CBOs, CMO)		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 6. Based on review of site visits, identify Pilot site/s to implement project.		Project		In Progress	03/01/2016	09/30/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Access existing workflows and navigator like roles at pilot site/s, identify opportunities for improvement and share best practice		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Create ED Care Triage future state vision, program description and materials to orient other staff on the project's goals, scope and activities as well as the implementation schedule		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 9. In consultation with ED Care Triage workgroup and Montefiore		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2017	09/30/2017	DY3 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
CMO create guidelines and assessment templates and establish referral protocols for connecting members with PCP and/or Health Home services.										
Task 10 Create a template for care transition record to share with PCP (or provider that patient must follow up with), health home care manager and community-based organizations identified as referral sources		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 11. Create a staffing plan including job descriptions and role-specific competencies for care transition staff and suggested staffing ratios		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 12. In consultation with Workforce lead, create a curriculum for care transition staff training		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 13. In consultation with MCOs, CBOs and Cultural Competency lead co-create culturally competent member educational materials that can be distributed at hospitals and PCP offices identifying urgent care facilities and PCPs offering open access scheduling.		Project		In Progress	04/01/2016	09/30/2017	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 14. In consultation with Director of Workforce and Training and Medical Director establish training to support the use of MI based strategies to change patient utilization patterns.		Project		Not Started	04/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 15. Establish guidelines on how to collect and report care transition metrics for DSRIP reporting purposes		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 16. Roll out ED Care Triage model at pilot sites		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 17. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change.		Project		In Progress	03/01/2016	12/31/2016	03/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 18. Convene learning collaboratives to collect feedback and modify tools/workflows as necessary		Project		Not Started	04/01/2016	09/30/2017	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
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.	DY3 Q2	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 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
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										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
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	04/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Encounter Notification Service (ENS) is installed in all PCP offices and EDs		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 1. Establish PCMH/APA Certification Working Group to finalize PPS wide roadmap for achieving 2014 Level 3 certification for all relevant providers		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Assess PCMH readiness and certification, using a phased strategy, look at those currently in PCMH and assess gap to 2014 standards (building on results from Feb 2015 IT survey of partners)		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 3. Assess risks and benefits of various strategies of support for PCMH. Ie. (Vendors vs build)		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Identify practices on track for Level 3 NCQA PCMH transformation vs. those requiring active support and establish two pathways for phased implementation and support for Level 3 PCMH transformation.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Develop plan to increase adoption of EHR and achievement of Meaningful Use / PCMH 2014 Level 3 standards, including		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2

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multiple levels of support and timelines to account for different levels of readiness amongst providers.										
Task 6. Develop strategy to align NCQA 2014 PCMH attainment goals with project requirements (i.e. Cardiovascular project crosswalk)		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Assess current progress toward meaningful use/PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	01/01/2016	03/31/2018	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 9. Coordinate with local QE and Cross PPS workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 10. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 11. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 12. Initiate outreach to organizations that have not begun process of sharing information with RHIO		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 13. Implement a process of addressing continuous improvement and training leveraging learning collaborative		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
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 Q2	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 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
A defined process for triage of patients from patient navigators to non-emergency PCP and needed community support resources is in place.										
Task 1. ED Care Triage Work Group in consultation with Montefiore CMO drafts assessment and triage protocols for diversion of patients with non-emergent needs (to be included in the project toolkit)		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 2. Present toolkit to the Clinical Quality Sub-Committee for comment		Project		Completed	04/01/2016	03/31/2018	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 3.Disseminate toolkits to Pilot sites to include; guidance for; the pre-discharge visit, the initial post-discharge call, the second post-discharge call, for a pharmacy review, and documenting care transition activities at the patient level		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 4. Develop in consultation with Workgroup Sub-Committee, job descriptions for patient navigators		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 5. Create training curriculum for navigators and existing staff on ED Care Triage program (to include the use of MI based strategies)		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 6. Disseminate policies and procedures detailing diversion protocols and documentation for reporting purposes, to include ability to support ENS		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 7. Monitor pilot sites compliance with program protocols, policies and procedures		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task 8. Monitor sites ability to utilize ENS and secure messaging		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	09/30/2017	09/30/2017	DY3 Q2
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	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols and operations in place to transport non-acute patients to appropriate care site. (Optional).		Provider	Safety Net Hospital	Not Started	04/01/2016	03/31/2017	07/01/2016	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
Task 1. ED Care Triage Workgroup will develop criteria to identify members that have non emergent conditions (assessments)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. ED Care Triage Workgroup with clinical project champions will document protocols for diversion after initial assessment		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3.Present assessment and diversion protocols to Clinical Quality Sub- Committee for comment		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Identify mechanism/s for transporting patients presenting with non-emergent needs to Primary Care site. Transportation mechanism may differ by ED site. (Some sites may initially divert patients offsite but eventually contain capacity to provider services onsite e.g. Medical Villages)		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Explore the possibility of diverting members presenting with non-emergent needs via EMTs (ambulance)		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Convene meetings with MCOs to discuss diversion and transport. Discuss potential use of MCO funding and/or coordinated Medicaid transportation.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. In consultation with Workforce & Training Lead, develop training to support appropriate assessment and utilization of diversion protocols		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Clinical subcommittee workgroup establishes requirements to track actively engaged patients and aligns it with population health objectives. Requirements will include performance measures.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data		Project		In Progress	03/02/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 3. Develop a plan to implement additional technology identified as well as refining data analytics process for population management activities		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol		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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish ED care triage program for at-risk populations	
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	
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).	

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Prescribed Milestones Narrative Text

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

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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			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	cham15	Other	19_DY2Q1_PROJ2biii_MDL2biii4_PPS1465_OTH_2biii_ED_Care_Triage_FINAL_Mid-Point_Narrative_2016_08_05_v5_5768.pdf	2.b.iii ED Care Triage Mid-Point Assessment Project Narrative	08/05/2016 06:03 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the Mid-Point Assessment requirement.

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IPQR Module 2.b.iii.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.

The Risks and Mitigations for Models 1, 2 and 3 has been uploaded as an attachment based on guidance from KPMG and the IA as mechanism for dealing with the character limitation in MAPP.

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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**
DY3,Q4	80,240

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	8,024	16,048	30,091	44,132
	Quarterly Update	12,142	0	0	0
	Percent(%) of Commitment	151.32%	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
pdamrow	Other	19_DY2Q1_PROJ3ai_MDL3ai2_PES_OTH_Project_3.a.i_5429.xlsx	Actively Engaged Patient Reporting Project 3.a.i	08/04/2016 02:47 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	01/01/2016	03/31/2018	01/01/2016	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	01/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS will assess PCMH readiness and certification of each practice and assess gap to 2014 standards. PPS will initiate outreach to organizations that are not on track and facilitate planning.			Project		In Progress	01/01/2016	06/30/2016	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Practices will complete inventory of available and needed resources to support onsite behavioral health co-location			Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. PPS will assist practices in identifying and compiling a list of available behavioral service providers, including behavioral health organizations willing to establish partnership arrangements.			Project		In Progress	01/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 4. Primary care practices will develop alliances with behavioral health service providers leading to partnership contracts for service co-location.			Project		In Progress	01/01/2016	12/31/2017	04/01/2016	12/31/2017	12/31/2017	DY3 Q3
Task 5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for behavioral			Project		In Progress	01/01/2016	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	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
health providers, including level of licensure and qualifications and tasks specific to co-located care.											
Task 6. PPS will assist Article 28 clinics in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments.			Project		Not Started	04/01/2016	12/31/2016	07/01/2016	12/31/2016	12/31/2016	DY2 Q3
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	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 collaborative care practices.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS will establish a behavioral health integration work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including medication management and care engagement processes. Meetings will occur at regular intervals and ad hoc.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work group will develop a plan for dissemination of evidence-based guidelines and materials along with implementation toolkit to the practices.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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 5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 1	Project	N/A	In Progress	01/01/2016	03/31/2019	01/01/2016	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	04/01/2016	03/31/2019	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 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	01/01/2016	03/31/2018	04/01/2016	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)	Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS will survey practice sites to understand current screening protocols and workflows			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program			Project		In Progress	04/01/2016	03/31/2019	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice.			Project		Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Practices will identify and train personnel who will			Project		In Progress	01/01/2016	03/31/2019	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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administer and document screening.											
Task 5. PPS will provide guidelines for assessing and reporting on screener competency.			Project		Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Practices will report to PPS their capacity for documentation of behavioral health screening measures within the electronic medical record.			Project		Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. PPS will provide opportunities for practices to request assistance on overcoming barriers to electronic documentation of behavioral health screening measures			Project		Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. PPS will develop clinical guidelines for referrals to and communication with behavioral health providers			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. PPS will develop guidance document specifying clinical scenarios which require warm handoff from medical to behavioral provider or vice versa.			Project		Not Started	04/01/2016	03/31/2019	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. PPS will define minimal required elements for			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3

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registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project.											
Task 3. PPS will assess practices capacity to track required clinical and process outcomes over time for actively engaged patients and to report data to PPS on a regular basis			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Co-locate primary care services at behavioral health sites.	DY3 Q4	Model 2	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 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	01/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS will investigate need for relief of PCMH/APCM requirement for MDs not affiliated with a PCMH level 3 practice, who are providing primary care services within a behavioral health practice.			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Behavioral Health clinics will complete inventory of available and needed resources to support onsite primary care co-location services			Project		In Progress	04/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. PPS will assist behavioral health clinics in identifying and compiling a list of available primary care providers, including primary care sites willing to establish			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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
partnership arrangements.											
Task 4. Behavioral health clinics will develop alliances with primary care providers or clinics leading to partnership contracts for service co-location.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for primary care providers, including level of licensure and tasks specific to co-located care.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. PPS will provide guidance to behavioral health clinics, as needed, to outfit clinical space to accommodate medical exams and procedures in accordance with DOH/OMA/OASA regulations and integrated outpatient services requirements			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. PPS will assist Article 31 clinics in obtaining regulatory relief that will allow billing for primary care visits including preventive care delivered within the behavioral health clinic, and on the same day as behavioral health appointments.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 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	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 collaborative care practices.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	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	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS will establish a work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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
for primary care including medication adherence, quality measures, preventive services, and care engagement processes. Meetings will occur at regular intervals and ad hoc.											
Task 2. Work group will develop a plan for the dissemination of primary care quality quidelines and compile implementation toolkits for distribution to behavioral health clinics.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop a repository for best practices and implementation toolkits, and for sharing effective strategies and solutions for overcoming barriers			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	DY3 Q4	Model 2	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	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		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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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 Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.			Provider	Practitioner - Primary Care Provider (PCP)	Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS will survey behavioral health clinics to understand current behavioral health and medical screening protocols and workflows.			Project		In Progress	04/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. PPS will provide behavioral health clinics with guidelines regarding behavioral health and medical screening expectations, along with toolkits for implementing universal behavioral health and medical screening.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Behavioral health clinics will offer evidence-based primary care preventive screenings and regular appointments.			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Behavioral health clinics submit to PPS for review policies, procedures, and plan for educating all staff in the implementation of universal behavioral health and medical screening			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Practices will disseminate to staff the training materials for effective screening, and develop train the trainer capacity within the practice			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Practices will identify and train personnel on the behavioral health and primary care teams who will administer and document screening.			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. PPS will provide guidelines for assessing and reporting on screener competency.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. PPS will establish guidelines for behavioral health and preventive medical screening rates in order to identify unmet needs in the behavioral health clinic population.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Montefiore Medical Center (PPS ID:19)

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
10. Practices will report to PPS their capacity for documentation of behavioral health and medical screening measures within the behavioral health electronic medical record											
Task 11. PPS will provide opportunities for behavioral health clinics to request assistance if needed on overcoming barriers to electronic documentation of behavioral health and medical screening measures			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 12. PPS will develop clinical guidelines for referrals to and communication between primary care and behavioral health clinicians.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 13. PPS will develop guidance document specifying clinical scenarios which require face-to-face warm handoff between medical and behavioral health provider			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Behavioral health clinics will report behavioral health and medical screening yields to PPS for review on a regular basis.			Project		Not Started			07/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Behavioral health practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 2. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Practices will assess the capacity to track required process and clinical outcomes for actively engaged patients over time and to report data to PPS on a regular basis			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers. This process may be dependent on regulatory relief.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Implement IMPACT Model at Primary Care Sites.	DY3 Q4	Model 3	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 implemented IMPACT Model at Primary Care Sites.			Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Practices will complete inventory of available and needed resources to support IMPACT model implementation.			Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. PPS, in conjunction with the workforce subcommittee, will provide guidance regarding required elements of job descriptions for the consulting psychiatrist and depression care manager, including level of licensure, qualifications and tasks specific to the IMPACT model.			Project		In Progress	01/01/2016	06/30/2016	01/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. PPS will assist Article 28 practices in obtaining regulatory relief that will allow behavioral health billing for psychotherapy sessions by licensed mental health practitioners at the primary care site, and on the same day as medical appointments.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. PPS provides information and required training			Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Prescribed Due Date	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
toolkits on the IMPACT model to PCPs, depression care managers and consulting psychiatrists.											
Task 5. PPS will provide guidance to integrated practices regarding the completion of collaborative agreements with outpatient specialty mental health and outpatient specialty substance use treatment providers for patients requiring specialty behavioral health services beyond the scope of the integrated practice.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. PPS will collaborate with OneCityHealth to jointly develop web based training resources for depression collaborative care teams to support project implementation			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 7. PPS will provide guidance in developing a case-based payment model to support implementation of the IMPACT model in primary care, including stepped care, short term counseling and medication management, and will assist in negotiating contracts with Managed Care Organizations in keeping with NYS parity and other insurance laws. Negotiation will include provision of adequate reimbursement for required elements of the model			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Build a region wide learning collaborative to facilitate exchange of inter-practice ideas, solutions to barriers, and ways to maintain high fidelity to models			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Explore collaboration with other PPSs (Albany, SBHC, FFLPs, HHC, WMC) to share best practices, educational materials, training strategies and strategies to overcome project implementation barriers.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Collaborate on the development of statewide repository for best practices and implementation toolkits, for sharing effective strategies and solutions for overcoming barriers			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10	DY2 Q4	Model 3	Project	N/A	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	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
Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.											
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.			Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 1. PPS will establish an IMPACT work group composed of clinical leads including both primary care and behavioral health clinicians. Work group will review and adapt established evidence-based guidelines and protocols for behavioral health integration including stepped treatment, medication management, brief therapy modalities, and care engagement processes. Meetings will occur at regular intervals and ad hoc.			Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. IMPACT integration work group will develop plan for dissemination of evidence-based IMPACT guidelines and materials along with implementation toolkit to the primary care practices.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. PPS will develop training and clinical assessment materials to ensure fidelity with IMPACT model			Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 4. PPS will provide guidance to ensure that integrated practice polices and procedure include description of the consulting psychiatrist role, training in the psychiatrist role for all clinical staff, and process and guidelines for contacting the consulting psychiatrist.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	DY2 Q4	Model 3	Project	N/A	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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
PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.											
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Integrated practices provide PPS with FTE and identities of qualified Depression Care Managers including licensure as identified in Electronic Health Records for each site			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. PPS will provide guidance on development of the Depression Care Manager's unique role, as well as recommendations on determining the appropriate panel size.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Integrated practices to share panel size to FTE ratio's on a regular basis; the frequency will be determined by the PPS Clinical Quality Sub-Committee..			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. PPS will facilitate coaching and training program standards for Depression Care Managers, including train the trainer programs, to ensure maintenance of a skilled behavioral health team over time.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Depression Care Manager will receive training in evidence-based models of brief therapeutic interventions including behavioral activation and coaching, problem solving therapy, CBT, and MI			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. PPS to establish "Community of Practice" peer supervision group for Depression Care Managers to share challenges, success stories, learning and strategies to prevent burnout.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #12	DY2 Q4	Model 3	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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
Designate a Psychiatrist meeting requirements of the IMPACT Model.											
Task All IMPACT participants in PPS have a designated Psychiatrist.			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS will assist Article 28 practices in determining adequate consulting psychiatrist FTE contracts, and will develop a strategy to facilitate sharing of IMPACT model's consulting psychiatrist role FTE between multiple practices as needed			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Integrated practices will provide PPS with identity and % FTE of consulting psychiatrist			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Each psychiatrist will have weekly meetings (on site or through telephonic or videoconferencing) with the depression care manager of each of the teams they support to review registry and discuss clinical cases.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Psychiatrist will be available to primary care providers for case reviews, medication recommendations, and coordination of medical and behavioral health treatment plans for complex patients			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #13 Measure outcomes as required in the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).			Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. PPS will survey primary care practice sites to understand current screening protocols and workflows			Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 2. PPS will provide practice sites with guidelines regarding screening expectations, with toolkits for implementing universal screening and support train the trainer program.			Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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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
3. Practices will identify personnel on the care team who will administer and document screening and will provide training or effective screening, as well as develop train the trainer capacity within the practice											
Task 4. Practices will regularly assess and report on screener competence based on guidelines provided by PPS			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	DY3 Q4	Model 3	Project	N/A	Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. IMPACT work group develops a stepped-care model including suggested timeline of steps and disseminates to primary care practices			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Care Managers meet weekly with supervising psychiatrist to review cases which are not improving as expected, using the registry as a guide and suggest treatment changes if patients are not improving as per the model.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Consulting psychiatrist evaluates any patient who has not improved after 10-12 weeks of care, and discusses with PCP any medical issues affecting the patient's response.			Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	DY2 Q4	Model 3	Project	N/A	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track			Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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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
actively engaged patients for project milestone reporting.											
Task 1. Practices will demonstrate EHR integration of medical and behavioral health clinical information within individual patient records. This step may be dependent on regulatory relief in circumstances involving collaboration between multiple clinical entities.			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. PPS to investigate contracting with the University of Washington to make IMPACT registry available to Model 3 participants.			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 3. PPS will define minimal required elements for registry functionality, develop list of preferred vendors, and review practice registry choices in order to ensure that there is the capacity to adopt and maintain a registry of all patients engaged in the project.			Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Integrated practices will contract with registry vendor or develop their own functional registry with the capacity to track required process and clinical outcomes for patients actively engaged in behavioral health care and to report data to PPS on a regular basis			Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. PPS will evaluate the ability to leverage direct messaging to facilitate communication between providers.			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
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.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all 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 1. PPS will assess practices to identify who currently has colocation or fully integrated BH services.	In Progress	PPS will assess practices to identify who currently has colocation or fully integrated BH services.	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 2. PPS will survey practices to identify which practices will implement each model	In Progress	2. PPS will survey practices to identify which practices will implement each model	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
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	cham15	Other	19_DY2Q1_PROJ3ai_MDL3ai4_PPS1466_OTH_3ai_BH_Integration_FINAL_Mid-Point_Narrative_2016_08_05_FINAL_5766.pdf	3.a.i Behavioral Health Integration Mid-Point Assessment Project Narrative	08/05/2016 05:39 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. PPS will assess practices to identify who currently has colocation or fully integrated BH services.	
2. PPS will survey practices to identify which practices will implement each model	
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the Mid-Point Assessment requirement.

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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.

Risk: Difficulty obtaining urgent BH appts; limited mobile crisis and respite services; absence of ambulatory detoxes services; and shortage of psychiatry staff

Mitigation Strategies include: a) Within project design we will expand opportunities to expand access to walk-in and urgent care appointments. b) Project design will explore use of Psyches to improve care coordination. c) Work with workforce workstream to identify staffing needs to support project design and develop a workforce hiring, redeployment, and training strategy. Access the ability to expand ambulatory detox training and licensure.

Risk: Absence of reimbursement rates for HCBS services

Mitigation: Develop financial model and negotiate with health plans for these services

Risk: Problems with care transitions (ER to inpatient, inpatient to outpatient) and difficulty enrolling patients in Health Homes

Mitigation strategies include: a) Develop Hudson Region DSRIP Behavioral Health Crisis Leadership group to facilitate regional PPSs ER diversion guidelines and protocols b) Utilize patient profile methods to identify high risk patients and ensure they are tracked and design appropriate alerts c) Develop materials to educate providers on HARP eligibility protocols to facilitate referrals.

Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)

Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements

Risk: Some providers may be unable to meet EHR and HIE requirements in early years, including the need for alerts/secure messaging and ER navigator access to PSYCKES and may encounter insufficient funding for HIE connections given the high prices vendors may charge to migrate data or create interfaces

Mitigation: a) Work with IT workstream to provide tech assistance, in partnership with local CBOs or relevant organizations, and develop workarounds until practices have adopted EHRs b) Explore leveraging scale to get volume based discounts and variable pricing d) Encourage providers to leverage funding from NYS Data Incentive program and Medicaid Meaningful Use program e) Conduct population profile to identify at risk patients, coordinate care and establish alerts

Risk: Project will require stakeholder collaboration, including community resources and traditional medical teams

Mitigation: a) Establish unified approach utilizing Cross PSS collaboration to engage LGUs and all partners to design regional approach to Crisis Stabilization leveraging existing infrastructure and experience b) Develop robust change management strategy to ensure all stakeholders understand rationale behind collaboration and the importance of working together effectively c) Bring stakeholders together to develop consensus around care guidelines where possible

Risk: No direct connection between behavioral outcome measures and crisis stabilization project

Mitigation: Consider strategies to collect outcomes information and track progress, along with claims data

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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**
DY2,Q4	10,832

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	1,896	3,791	7,312	10,832
	Quarterly Update	2,077	0	0	0
	Percent(%) of Commitment	109.55%	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
csceppaq	Other	19_DY2Q1_PROJ3aii_MDL3aii2_PES_OTH_Project_3.a.ii_Attestations_5588.pdf	Actively Engaged Patient Reporting Project 3.a.ii Attestations (document 2 of 2)	08/05/2016 10:25 AM
csceppaq	Report(s)	19_DY2Q1_PROJ3aii_MDL3aii2_PES_RPT_Project_3.a.ii_5587.xlsx	Actively Engaged Patient Reporting Project 3.a.ii PHI File (document 1 of 2)	08/05/2016 10:23 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.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established a crisis intervention program that includes outreach, mobile crisis, and intensive crisis services.		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. In collaboration with WMC and Refuah, the MHVC will establish the Hudson Region DSRIP BH Crisis Leadership Group (HRD BH CLG) to collaborate on development of coordinated crisis intervention services and programming in the Hudson Valley Region		Project		Completed	04/01/2015	07/11/2015	04/01/2015	07/11/2015	09/30/2015	DY1 Q2
Task 2. Convene the HRD Crisis Leadership Group		Project		Completed	07/13/2015	07/22/2015	07/13/2015	07/22/2015	09/30/2015	DY1 Q2
Task 3. Agree across PPS on standardized common definitions and terminology to describe various crisis and preventive services.		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Review county and partners crisis services		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 5.Assess existing services to identify gaps		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 6.Using the gap analysis, explore opportunities to leverage local and state funded crisis services		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Develop plan to fill gaps		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Create crosswalks between crisis stabilization(3aii) project plan and other supporting PPS projects plans (i.e. Project 2biii - ED Care triage, Project 2aiv- Medical Village, Project 2ai -IDS.)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 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.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2020	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task PPS has implemented diversion management protocol with PPS Hospitals (specifically Emergency Departments).		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Engage Local Government Units/County Mental Health Departments (7 Counties) in Cross PPS Collaborative effort.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. In collaboration with other PPSs, meet with counties, health homes, partners and hospitals (ER) to review status of existing diversion protocols		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders)		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Agreement reached on protocols		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Plan phased role out of protocols		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Document diversion protocols		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Begin implementation of protocols		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Establish cross PPS partnerships with Albany Med PPS and BPHC to advance a common approach across neighboring regions that will result in seamless, coordinated effort regarding this project and others over the combined regions.		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Convene partners to solicit feedback and refine protocols as necessary,		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 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.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged MCO in negotiating coverage of services under this project and/or MCO provides coverage for services in project.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Develop case based business models to engage MCOs in		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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discussions to support implementation of crisis stabilization and preventive services including care transitions, mobile crisis services and care coordination bridges to follow up with community based organizations and with PCP and BH practices.										
Task 2. Provides guidance in developing a case based payment model to support services including: psychiatric medications, counseling, behavioral activation, problem solving treatment, groups, aligning formularies and promoting expedited authorizations as a bridge to VBP		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Develop written treatment protocols with consensus from participating providers and facilities.	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 Regularly scheduled formal meetings are held to develop consensus on treatment protocols.		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated treatment care protocols are in place.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. 3 PPSs in consultation with providers and facilities will document existing coordinated treatment protocols		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Work with partners and hospitals to determine where protocols need to be refined or developed		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Collaborate with partners to modify protocols and reach agreement on protocols		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Plan phased role out of protocols		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Begin implementation of protocols		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	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 includes at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services in provider network		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS evaluates access to psychiatric services (in terms of		Provider	Safety Net Hospital	In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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community needs assessment, geographic access, wait times, and other measures), identifies improvement areas, and implements improvement steps.										
Task 1. In collaboration with other PPSs in the region, use the community needs assessment to evaluate access to to specialty services and crisis oriented services and identify improvement areas		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. In collaboration with other PPSs in the region, identify a hospital with the capacity and ability to expand access to specialty psychiatric and crisis oriented services.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Identify psychiatric and Addiction Medicine consultation services to the crisis team and establish specific response times consistent with New York State and local regulatory body guidance		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	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 includes hospitals with observation unit or off campus crisis residence locations for crisis monitoring.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 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	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 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	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 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 Mental Health	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Review and analyze Community Needs Assessment and CBO		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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surveys (In flight surveys) to identify PPS hospitals having available observation units or off campus crisis residence.										
Task 2. Review Community Needs Assessment to identify hotspots where there is a need for crisis services access		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3.Develop plan to focus BH crisis interventions pilots in "Hotspots" informed by our Community Needs Assessment (4 hospitals in Westchester and Orange Counties). Expand outpatient and substance abuse treatment and detoxification centers in these hotspot areas.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	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 includes mobile crisis teams to help meet crisis stabilization needs of the community.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols for mobile crisis teams are in place.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify community mobile crisis teams currently available in each of our seven county regions.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 2. Review current evidence based mobile-crisis protocols		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. In collaboration with other PPSs (WMC, Refuah) work with counties, health homes, partners and hospitals to determine where protocols need to be refined or developed to meet community needs (including relationships with first responders)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Obtain agreement on protocols		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Plan phased role out of protocols		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Begin implementation of protocols		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Create a communications plan to engage and inform CBOS, community social service providers, LGUs health centers and patients.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 8. Consider vendor solutions to coordinate crisis services across the region, improving access to same day appointments.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	DY2 Q4	Project	N/A	In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Hospital	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Mental Health	In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Alerts and secure messaging functionality are used to facilitate crisis intervention services.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	01/01/2016	06/30/2016	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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appropriate										
Task 5. Initiate outreach to organizations that have not begun process of sharing information with RHIO		Project		In Progress	01/01/2016	03/31/2018	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #9 Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	DY2 Q4	Project	N/A	In Progress	01/01/2016	12/31/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented central triage service among psychiatrists and behavioral health providers.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify current triage services in the Hudson Valley (including telephonic response, hotlines and warm line)		Project		In Progress	01/01/2016	09/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Conduct gap analysis		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Explore opportunities to address gaps		Project		In Progress	04/01/2016	12/31/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Educate and encourage access and use of NYS PSYKES database for all crisis service providers.		Project		Not Started	04/01/2016	12/31/2016	07/01/2016	03/31/2017	03/31/2017	DY2 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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has created an active quality subcommittee that reports to PPS quality committee that is representative of medical and behavioral health staff and is specifically focused on integration of primary care and behavioral health services within practice sites and other behavioral health project initiatives. Note: Only one quality sub-committee is required for medical and behavioral health integration projects in Domain 3a.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Quality committee identifies opportunities for quality improvement and use of rapid cycle improvement methodologies, develops implementation plans, and evaluates results of quality improvement initiatives.		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4

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PPS evaluates and creates action plans based on key quality metrics, to include applicable metrics listed in Attachment J Domain 3 Behavioral Health Metrics.										
Task PPS quality subcommittee conducts and/or reviews self-audits to ensure compliance with processes and procedures developed for this project.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. PPS creates and convenes a BH Workgroup with focus on integration of primary care and BH services within practice sites and other behavioral health initiatives. The Behavioral Health Workgroup reports to the MHVC Clinical Quality Sub-Committee.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Establish Cross PPS collaborative governance structure to collaboratively facilitate the review and dissemination of evidence based diversion protocols. The HVC Medical Director will report out to the HVC Clinical Quality Sub-Committee and Behavioral Health Workgroup.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Create Cross PPS Quality forum to provide oversight , and to monitor (self audit) compliance with protocols, project milestones, and to share best practices		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Create standard processes to apply rapid cycle evaluation based on outcomes of QI analysis and create process to trigger corrective action plans		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Evaluate qualty metrics and establish a process to capture , analyze and report to Committee and stakeholders		Project		In Progress	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop the procedure to ensure partner adhearance with Committee agreed upon protocols, policies and procedures.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 1. Define requirements for populations management in collaboration with project workgroups to identify clinical data required to track affected populations to meet project requirements		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners		Project		In Progress	01/01/2016	06/30/2016	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4.Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse		Project		On Hold	01/01/2016	06/30/2016	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available		Project		Completed	04/01/2016	03/31/2017	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7.Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented.		Project		In Progress	01/01/2016	09/30/2016	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 a crisis intervention program that, at a minimum, includes outreach, mobile crisis, and intensive crisis services.	
Establish clear linkages with Health Homes, ER and hospital services to develop and implement protocols for diversion of patients from emergency room and inpatient services.	
Establish agreements with the Medicaid Managed Care organizations serving the affected population to provide coverage for the service array under this project.	
Develop written treatment protocols with consensus from participating providers and facilities.	
Include at least one hospital with specialty psychiatric services and crisis-oriented psychiatric services; expansion of access to specialty psychiatric and crisis-oriented services.	
Expand access to observation unit within hospital outpatient or at an off campus crisis residence for stabilization monitoring services (up to 48 hours).	
Deploy mobile crisis team(s) to provide crisis stabilization services using evidence-based protocols developed by medical staff.	
Ensure that all PPS safety net providers have actively connected EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.	
Establish central triage service with agreements among participating psychiatrists, mental health, behavioral health, and substance abuse providers.	Per New York State prescribed due date (DY2, Q4), Montefiore Hudson Valley Collaborative is pushing our completion date to 03/31/2017.
Ensure quality committee is established for oversight and surveillance of compliance with protocols and quality of care.	
Use EHRs or other technical platforms to track all patients engaged in this project.	

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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			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	csceppaq	Other	19_DY2Q1_PROJ3aii_MDL3aii4_PPS1467_OTH_MHVC_BHCrisis__Mid-Point_Narrative_2016-08-05_5738.pdf	MHVC_BHCrisis_ Mid-Point Narrative 2016-08-05.	08/05/2016 03:59 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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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.

Risk: State regulation does not allow co-pays for follow up BP monitoring to be waved
Mitigation: Project design will explore alternatives including case based business models.
Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)
Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements d) Analyze QE Usage statistics to monitor adoption.
Risk: Unwanted variation in implementation across partners
Mitigation: a) Encourage some local variation to ensure projects meet needs of communities and are culturally/linguistically appropriate b) Strive to develop monitoring reports to try to quantify the level of variation c) Monitor fidelity to critical baseline elements and develop corrective strategy for outliers
Risk: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms
Mitigation: a) Encourage providers to leverage funding from NYS Data Incentive Program and Meaningful Use b)Leverage experience of our partners to develop practical IT solutions for partner organizations in the early stages of IT development
Risk: Ensure clinicians and staff are adequately trained on evidence-based strategies
Mitigation: a) Work closely with workforce workstream to determine training needs and develop training strategy b) leverage expertise and resources from within PPS
Risk: MCOs may disagree with alternative payment models for care coordination and home BP monitoring
Mitigation: Convene GNYHA, HANYS, and other PPS's to advocate for alternative payment models

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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**
DY3,Q4	29,412

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,059	4,118	10,883	17,648
	Quarterly Update	7,923	0	0	0
	Percent(%) of Commitment	384.80%	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
pdamrow	Other	19_DY2Q1_PROJ3bi_MDL3bi2_PES_OTH_Project_3.b.i_5431.xlsx	Actively Engaged Patient Reporting Project 3.b.i	08/04/2016 02:50 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	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Convene project implementation planning workgroup to build out implementation plan.		Project		Completed	04/01/2015	07/15/2015	04/01/2015	07/15/2015	09/30/2015	DY1 Q2
Task 2. Identify key partnering organizations and create Cardiovascular Workgroup with representation from key stakeholders to guide project implementation to ensure success		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 3. Conduct outreach to partners with experience implementing Million Hearts to identify champions to guide project planning.		Project		Completed	10/01/2015	12/31/2015	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task 4. Plan a series of learning collaboratives for PPS partnering organizations to share best practices and educate partners in rapid improvement cycle activities		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Cross reference community needs assessment to identify possible early adopter pilot sites in geographic areas with high burden of cardiovascular disease.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 6. In collaboration with the practice team at the early adopter sites, designate a project champion, complete a gap analysis between the current state assessment and defined future state(i.e. workforce needs) and develop an action plan for model implementation.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Implement the approved action plan a pilot early adopter site		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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utilizing PDSA approach.										
Task 8. Monitor ongoing performance, analyze clinical and operational outcomes.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Identify timelines/practice sites for second phase of project implementation.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 10. Assess original plan and alter as necessary to overcome implementation barriers.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
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.	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 EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses alerts and secure messaging functionality.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess safety net providers data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	01/01/2016	03/31/2018	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Coordinate with local QE and Cross PPS HIT/HIE workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Engage provider to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Task 5. Initiate outreach to organizations that have not begun process of sharing information with QE		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 6. Implement a process of addressing continuous improvement and training leveraging learning collaboratives		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	01/01/2016	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	04/01/2016	03/31/2018	04/01/2016	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	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Define scope and assess eligible primary care practice sites		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess current level of connectivity and EHR usage by provider site across PPS		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Develop and implement plan to increase adoption of EHR and achievement of PCMH 2014 Level 3 standards in partnership with PPS partners. The plan will outline engagement strategy for providers at varying levels of readiness.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Support partner EHR Implementations and PCMH standards adoption		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Track status and manage progress toward PCMH targets and initiate outreach to organizations that are not on track.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Clinical Quality and Information Technology Sub-committees		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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collaboratively establish requirements requirements to track actively engaged patients aligned population health objectives. Requirements will include performance measures.										
Task 2. Assess system capabilities and analyze gaps in meeting established requirements to track patients identify additional technology and opportunities leverage QE data		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop a plan to implement additional technology identified as well refine data analytics process for population management activities		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Leverage analytics established for population health to generate reports to monitor performance of implementation of the protocol		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	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 implemented an automated scheduling system to facilitate tobacco control protocols.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess participating PCP practices to understand current EMR embedded decision support abilities and ability to capture data points (i.e. the 5A's , other tobacco cessation screens, SBRIT, PHQ2/9, BP, cancer screening, asthma action plans, patient goal setting (BAP) etc.)		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Develop PPS guidelines for embedded automated prompts related to each project and data points that will need to be captured for reporting.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Work with clinical leadership to support performance improvement initiatives to support practice level improvement.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Assess and plan for technical assistance and other resources as needed for implementation.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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5. Provide participating provider organizations with guidance for periodic clinician and staff training at the practice level to make effective use of Clinical Decision Support in the EHR, and to prompt the use of 5A's for tobacco control.										
Task 6. Develop and disseminate culturally competent educational materials to providers about the 5A's and tobacco cessation treatment guidelines and create shared repository of provider and patient educational resources.		Project		In Progress	01/01/2016	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	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Establish a Cardiovascular Workgroup to oversee the implementation of evidence-based strategies for disease management in high-risk individuals. Ensure clinician representation from key primary care and specialty practices across MHVC PPS.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 2. Cardiovascular Workgroup to review established national guidelines and treatment protocols for hypertension and elevated cholesterol in clinical practices and draft PPS wide policy and procedures template		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Present drafted guidelines and treatment protocols for review and approval by Clinical Quality Sub-Committee for implementation across PPS.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Adopt policies that support adherence to evidence-based guidelines for the identification, treatment, and management of hypertension and elevated cholesterol.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Assure integration of assessments, treatments, and services into care delivery system through use of protocol(s) that explicitly state what needs to be done for patients, by whom, and at what intervals.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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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6. Assure adoption of a standardized protocol to assess a patient's risk status – stage, control, undiagnosed, co-morbidities, demographics, insurance status.										
Task 7. Implement new guidelines at pilot site/s utilizing the PDSA approach.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines for additional practice sites for spread of successful tests of change.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Update protocols as needed to support changes in clinical evidence.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Investigate aligning financial incentives for participating practice partners for adoption of standardized treatment protocols for managing hypertension and elevated cholesterol levels.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Clinically Interoperable System is in place for all participating providers.		Project		In Progress	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	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify participating sites that utilize a care coordination team from the current state assessment.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify opportunities to enhance care coordination through additional staffing, processes, shared care plans, and patient self management support (SMS) training.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Design PPS wide future state for hypertension diagnosis, identification and management. Cardiovascular Workgroup will		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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collaborate with the Information Technology and Clinical Quality Subcommittees to oversee the development of an action plan to ensure clinically inoperable system.										
Task 4.Project workgroup will develop care coordination models that incorporate a patient centered approach to managing HTN.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Identify partner organizations to champion and pilot new model for improved care coordination assuring proper representation from a multidisciplinary team		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Collaborate with workforce sub-committee to identify staffing gaps in model		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Complete a gap analysis against defined future state to create a phased roll out implementation plan ensuring appropriate care team staffing and IT infrastructure		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 8. Develop and implement policies and procedures to support and sustain effective care coordination across participating provider organizations for managing hypertension.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Use PDSA cycles of change at pilot site to overcome workflow barriers for sustainable change and spread pilot to other practices.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 10. Monitor progress and measure effectiveness of ability to share health information among patient clinical care team and effectiveness of new staffing model.		Project		Not Started	04/01/2016	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 a copayment or advanced appointment.	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 All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Assess current policy and procedures at participating practices related to timely and effective follow-up of patients with hypertension.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. At pilot site/s, identify required changes to policy and		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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procedures, system and workflow issues to establish an open access model for timely follow-up.										
Task 3. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including: BP follow-up checks by a RN or a practitioner without copayment, medication coverage, "Pressure Down" Education and promoting expedited authorizations.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Coordinate with pharmacies, CBO's and other partners to increase patient awareness of Million Hearts™ Team Up. Pressure Down. education program. And distribute culturally competent self-management support aids for BP (i.e. blood pressure journals, medication tracker wallet cards).		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Partner with CBO's and peer based organizations to provide health coaching and deliver the Sanford SMS Model.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	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	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 to ensure blood pressure measurements are taken correctly with the correct equipment.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Project workgroup will define best practices and develop policy and procedures for taking accurate blood pressure measurements at all participating practitioner sites.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Evaluate the availability of correct equipment at all locations, current workflows and develop guidance for the implementation of new processes supported by appropriate staff training on accurate blood pressure measurement by all staff.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Provide guidance for ongoing assessment of staff competencies for accurate measurement of blood pressure.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	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		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	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	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Cardiovascular Workgroup in collaboration with Clinical Quality Sub-Committee will establish program parameters and stratification standards to identify patient population for enrollment.		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Assess system capabilities and processes at the participating provider sites for the use of patient registries to identify and stratify patients who have repeated elevated blood pressure readings but do not have a diagnosis of hypertension.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Support practices in implementation of recommendations through learning collaboratives		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Establish process to monitor implementation of protocols and develop a mechanism for feedback to support continuous improvement.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	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	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Cardiovascular Workgroup, in collaboration with hypertension specialists, will develop and recommend clinical algorithms for medication management of hypertension with emphasis on once-daily regimens or fixed-dose combination pills when appropriate.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Determine current status of the above regimens in payer and provider formularies, ease of prescribing in various EMRs.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 3. Clinical Quality sub-committee will review and approve the clinical algorithm for medication management.		Project		Completed	04/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 4. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Clinical leaders at participating practices will assume responsibilities for implementation of guidelines at their sites.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Implement continuous quality improvement processes to assure consistent adherence to the new guidelines by providers at the participating practices.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Udate HTN medication algorithms as needed to support changes in clinical evidence.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	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	01/01/2016	03/31/2018	01/01/2016	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	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Identify best practices for identification and follow up of Self Management Goals.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Assess current capacity of partners participating in this project to document Self-Management Goals in EMR and current state of staff training on Self-Management-Support (SMS) principles.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Identify relevant training and curriculum development resources.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Develop educational programming for clinical staff on Self Management Support (SMS) principles including the Spirit of Motivational Interviewing, and Patient centered goal setting (Brief		Project		In Progress	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Action Planning) and documentation of Self Management Goals SMG into the EMR.										
Task 5. Develop guidance and training curriculum around how SMS can be integrated into care team workflow.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Clinical leaders will assure systems required for the development of self-management plans by practice team members in collaboration with patients/families/caregivers, as appropriate.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Clinical leaders at participating practices will assure implementation of required workflow changes to support consistent documentation of patient self-management goals in clinical records and review with patients at each visit when appropriate.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Develop feedback mechanisms for accountability and continuous quality improvement.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Develop capacity within partnering organizations and CBO's to deliver culturally competent SMS training through development and implementation of "Train the Trainer" programming.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 10. Develop role specific competency standards for each staff and implement process for evaluating staff competency at regular intervals.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	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	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		Not Started	04/01/2016	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	04/01/2016	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	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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Task 1. Develop and implement PPS wide policy and procedure for referrals to community based programs and tracking referrals.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Collaborate with CBOs to design the referral feedback loop		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Identify and catalogue available community resources using the Community Needs Assessment as a starting point to create a Community Resources Database.		Project		In Progress	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Develop process to ensure that database is updated regularly.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Define the process and requirements for referral		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Establish formal and informal agreements with appropriate CBOs to facilitate ongoing communication between various practice-based and community-based providers to support an integrated approach to managing patients HTN including timely access to services and feedback on the status of the referral.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Implement continuous quality improvement (CQI) process to monitor and improve referral process and outcomes.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8. Establish training programming and materials for staff on warm referrals, tracking and followup processes.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	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		Not Started	04/01/2016	03/31/2017	07/01/2016	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		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Profile best practices, across PPS partners regarding home BP monitoring, warm referrals and follow-up.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 2. Identify minimal and recommended protocols to satisfy project requirements.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct training to share self monitoring and follow up protocols with practice sites.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Assist participating practitioners to identify a support staff resource who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Work with clinical leaders at participating practices to support implementation of protocols t for patients who self-monitor their blood pressure.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Develop continuous quality improvement (CQI) process to monitor changes in blood pressure control rates.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Utilize population profiling to identify patients with HTN, and visit frequency.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Establish process and/or system to alert PCP and Care Manager of patients needing a PCP visit. (Explore the use of registries)		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Conduct periodic learning collaboratives with sites to share best practices and get feedback.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop feedback mechanisms for accountability and continuous quality improvement.		Project		Not Started	04/01/2016	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4

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Task 1. The Cross PPS Public Health Council will facilitate discovery discussions between NYS Quit Line and Local QE.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify current state of referrals to NYS Quit line and follow-up policies and procedures.		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Profile best practices, across PPS partners (including CBOs) regarding use of NYS Quit line and referral feedback process.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Develop and implement PPS wide policy and procedure for referrals to NYS Smoker's Quit line including referral criteria.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	DY3 Q4	Project	N/A	In Progress	04/01/2016	03/31/2017	04/01/2016	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	04/01/2016	03/31/2017	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	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Use claims data to analyze "hot spot" areas for outreach as needed.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Identify alternative care centers (churches, barber shops etc.) to address shortages of services and reach difficult to reach populations as needed.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. If applicable, establish linkages to HH for targeted patient population.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Identify a list of organizations (Providers and CBOs) providing Stanford Model program to support self-management by patients		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4

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with hypertension and elevated cholesterol.										
Task 5. Collaborate with identified organizations to explore their capacity to expand access to Stanford Model for high-risk population with chronic illnesses.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Establish referral agreements between participating practitioners and CBOs for referral to Stanford Model training program.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 7. Establish contractual agreements with organizations to provide ongoing training to participating providers and staff on Stanford Model.		Project		Not Started	04/01/2016	03/31/2017	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	09/30/2016	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)	Not Started	04/01/2016	09/30/2016	07/01/2016	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)	Not Started	04/01/2016	09/30/2016	07/01/2016	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	Not Started	04/01/2016	09/30/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Identify relevant resources and protocols earmarked as useful by Million Hearts to incorporate into Project toolkit		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Identify relevant patient self management support tools for inclusion in COP.		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Review Action Guide related to HTN and Self Blood Pressure Measurement (SBPM) to incorporate into guidelines/protocols.		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Disseminate toolkits and guidelines to practices to facilitate incorporation into workflows.		Project		In Progress	04/01/2016	09/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop mechanisms for regular review of Million Hearts		Project		Not Started	04/01/2016	09/30/2016	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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resources to assure our PPS is utilizing the most up-to-date tools and that any updates are clinically integrated across the PPS.										
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	Not Started	04/01/2016	03/31/2018	07/01/2016	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	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Convene monthly meetings with PPS leadership and MCO's.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Develop case based business models to support required changes to MCO contracts in VBP to support implementation of services including CV or BP follow up checks by a RN or practitioner without a copay, medication coverage including aligning formularies with evidence based algorithms adopted by the program, tobacco cessation counseling, telehealth, nutritionist services, expedited authorizations, home BP monitoring, care management, and specialist referrals.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Collaborate cross PPS to advocate for MCO formularies to align with recommended clinical medication algorithms including preferred once-daily or fixed dose combination pills without medication limitations (90 day supply) or need for prior authorizations.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Ensure ongoing involvement of MCOs in coordinating above services for high risk pts with Hypertension and cardiovascular risk factors and disease.		Project		Not Started	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Explore use of contractual agreements if appropriate with HH, Care Managers, PCPs, pharmacies and specialty providers for care coordination/management for CV conditions management in the community.		Project		Not Started	04/01/2016	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	01/01/2016	03/31/2017	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task		Provider	Practitioner - Primary	Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4

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PPS has engaged at least 80% of their PCPs in this activity.			Care Provider (PCP)							
Task 1. Identify eligible providers for participation in this project.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Establish contractual agreements (Project Addendums to Cooperating Provider Agreements) with participating primary care organizations to assure engagement of at least 80% of their primary care practitioners in this project.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Track primary care practitioner engagement in the project on an ongoing basis to assure contractual agreements are met.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	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
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.	
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,	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
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.	
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.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
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.	
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.	Date changed to reflect State prescribed date, as reflected in first column, which was previously entered incorrectly.
Adopt strategies from the Million Hearts Campaign.	End date changed to reflect State prescribed end date, as reflected in column one, and was previously entered incorrectly.
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			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	csceppaq	Other	19_DY2Q1_PROJ3bi_MDL3bi4_PPS1468_OTH_MHVC_3bi_CARDS_FINAL_Mid-Point_Narrative_2016_08_05_5746.pdf	MHVC_3bi CARDS FINAL Mid-Point Narrative 2016 08 05	08/05/2016 04:23 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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

Instructions :

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Project 3.d.iii – Implementation of evidence-based medicine guidelines for asthma management

IPQR Module 3.d.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: State regulation does not allow co-pays for asthma follow-up visits to be waved

Mitigation: Project design will explore alternatives including case based business models

Risk: Difficulty engaging providers in practice transformation (resistance to changing protocols)

Mitigation: a) Attempt to clearly delineate requirements in contracting agreements and allow for some flexibility in protocols as long as critical baseline elements are incorporated b) Regularly engage partners in planning process by including them in workgroups. c) Collaborate with neighboring PPSs to align methods and protocols to make it easier for downstream providers to understand importance of implementing project requirements d) Analyze QE Usage statistics to monitor adoption

Risk: Baseline data indicates potential deficiencies in asthma specialist workforce

Mitigation: a) Collaborate with workforce workstream to conduct surveys b) create training program to improve Primary Care Providers knowledge of asthma diagnosis and protocols c) explore collaborative models of care d) explore the use of tele-health to facilitate asthma management

Risk: Unwanted variation in implementation across partners

Mitigation: a) Encourage some local variation to ensure projects meet needs of communities and are culturally/linguistically appropriate b) Strive to develop monitoring reports to try to quantify the level of variation c) Monitor fidelity to critical baseline elements and develop corrective strategy for outliers

Risk: Ability to ensure care planning is integrated across partners, particularly considering partners within our PPS are at differing levels of IT capabilities and are on differing platforms

Mitigation: a) Encourage providers to leverage funding from NYS Data Incentive Program and Meaningful Use b) Leverage experience of our partners to develop practical IT solutions for partner organizations in the early stages of IT development

Risk: Ensure clinicians and staff are adequately trained on evidence-based strategies
Mitigation: a) Work closely with workforce workstream to determine training needs and develop training strategy b) leverage expertise and resources from within PPS

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IPQR Module 3.d.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**
DY2,Q4	8,006

	Year,Quarter	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4
PPS Reported	Baseline Commitment	2,002	4,003	6,005	8,006
	Quarterly Update	1,705	0	0	0
	Percent(%) of Commitment	85.16%	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 (1,705) does not meet your committed amount (2,002) for 'DY2,Q1'

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
pdamrow	Other	19_DY2Q1_PROJ3diii_MDL3diii2_PES_OTH_Project_3.d.iii_5432.xlsx	Actively Engaged Patient Reporting Project 3.d.iii	08/04/2016 02:53 PM

Narrative Text :

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

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IPQR Module 3.d.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 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	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 agreements from participating providers and community programs to support a evidence-based asthma management guidelines.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task All participating practices have a Clinical Interoperability System in place for all participating providers.		Provider	Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Convene project implementation planning workgroup to build out implementation plan.		Project		Completed	04/01/2015	07/31/2015	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task 2. Identify key stakeholders and participating provider organizations critical for successful project implementation. Designate a project champion for site.		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 3. Create and convene Asthma Project workgroup with representation from key stakeholders (clinicians) to oversee project implementation, share best practices, support learning collaboratives, agree on educational materials, training strategies, and strategies to overcome implementation barriers.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 4. Complete project readiness assessment of Phase I partners to assess current use and adherence to guideline-concordant care (EPR-3 guidelines), range of services provided, referral mechanisms, use of asthma action plans, capacity to document		Project		In Progress	01/01/2016	12/31/2016	04/01/2016	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
asthma action plans electronically, and barriers to implementation of team based care models for asthma management.										
Task 5. Develop, working in collaboration with the Asthma workgroup and clinical experts from partnering organizations across the PPS, a draft document defining goals for a future state for the management of asthma utilizing evidence-based strategies. (Asthma Action Plan/Asthma Control Test)		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 6. Submit the draft "Goals for A Future State" Asthma document to the PPS Clinical Quality Sub-Committee for review.		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 7. Review the Community Needs Assessment and identify areas for targeted "hotspotting".		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Review partner survey data to access current state.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 9. Establish cross walk between PPS projects. (asthma, ED Care Triage, HH at risk and 2.ai.) to ease implementation.		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 10. In consultation with the Information Technology Sub-Committee establish a multi-disciplinary team (Pharmacy, IT, RHIO, CBOs, EDs, Paramedics) to identify and design creative solutions for alerts (medication management and ENS) using HIE platform		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Engage pilot site/s within a "hot spot" to participate in a pilot of Evidence Based Asthma Management Protocols Implementation		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 12. Complete a gap-analysis utilizing the current state assessment and defined future state and, working in collaboration with the practice team, develop an action plan for the implementation of the new model including staffing needs.		Project		In Progress	01/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 13. Draft project addendums with guidelines for implementation of asthma evidenced based guidelines.		Project		In Progress	01/01/2016	12/31/2016	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 14. Implement the approved action plan at the pilot participating provider site utilizing PDSA quality improvement approach.		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	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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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
15. Monitor ongoing performance, analyze clinical and operational outcomes and identify timelines/practice sites for spread of successful tests of change.										
Task 16. Create a process to identify barriers (inability to afford inhalers, transportation, education) to effective stepped-care evidence based asthma management.		Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 17. Spread successful model to other hotspotted areas and to other partnering organizations. (Phase 1 providers followed by Phase 2)		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	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 Agreements with asthma specialists and asthma educators are established.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.		Provider	Safety Net Practitioner - Non-Primary Care Provider (PCP)	In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Telemedicine service implemented, based on evaluation of impact to underserved areas including, but not limited to: - analysis of the availability of broadband access in the geographic area being served - gaps in services - geographic areas where PPS lacks resources and telemedicine will be used to increase the reach of these patients - why telemedicine is the best alternative to provide these services - challenges expected and plan to pro-actively resolve - plan for long term sustainability		Project		In Progress	03/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Assess data sharing requirements, HIE connectivity and QE data sharing capabilities		Project		Completed	04/01/2016	03/31/2017	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 2. Access providers experience with telemedicine and innovation		Project		Completed	03/01/2016	06/30/2016	03/01/2016	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
as part of readiness assessment.										
Task 3. In current state IT assessment catalogue IT capabilities and prioritize partner adoption plan		Project		In Progress	04/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Convene Asthma Project workgroup to review and agree to adopt Evidence Based Asthma guidelines.		Project		Completed	01/01/2016	03/31/2016	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task 5. Create a list of participating asthma and allergy specialists in the PPS network who serve the targeted patient populations including providers and asthma educators (crosswalk to readiness assessment)		Project		In Progress	03/01/2016	09/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 6. Invite regional asthma specialists from partner sites to participate in PPS Asthma Project Workgroup as an expert consultants to guide and inform review of asthma Evidence Based Guidelines and support a comprehensive, coordinated and patient centered asthma care in the community.		Project		Completed	01/01/2016	06/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 7. Develop standardized protocols for referrals to asthma and allergy specialists, asthma educators and possibly home care agencies to assess asthma triggers, beginning at pilot site/s and ongoing.		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	09/30/2016	09/30/2016	DY2 Q2
Task 8. Present guidelines to Clinical Quality Sub-Committee for approval to facilitate timely adoption of PPS preferred guidelines.		Project		Completed	04/01/2016	09/30/2016	04/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task 9. Coordinate with local QE and Cross PPS HIT/HIE Workgroup to develop strategy to increase participation adoption and integration		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 10. Engage providers to integrate the use of Direct Messaging, alerts, patient record lookup into practice workflows as appropriate		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 11. Investigate opportunities and possible pilots of innovations including telemedicine, apps to support self management, virtual exams, project ECHO etc.		Project		In Progress	03/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 12. Facilitate conversations with MCOs regarding Telemedicine pilot and piloting payment models as we bridge to value based		Project		In Progress	03/01/2016	03/31/2017	04/01/2016	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
purchasing.										
Task 13. Initiate outreach to organizations that have not begun process of sharing information with RHIO		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 14. Implement a process of addressing continuous improvement and training utilizing learning collaboratives		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	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 Participating providers receive training in evidence-based asthma management.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Engage experienced stakeholder organizations as leads to share best practice experience (Provider Engagement)		Project		In Progress	03/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 2. Coordinate provider training about Self Management support theory to support patient centered goal setting and guide asthma action planning (teach back)		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Survey participating practitioners current utilization of Expert Panel Review-3 (EPR-3) guidelines for managing patients with asthma.		Project		In Progress	01/01/2016	12/31/2016	04/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task 4. Asthma Workgroup in collaboration with asthma specialists will develop/adopt evidence-based asthma protocols, care pathways.		Project		In Progress	03/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Develop training tools to train participating practitioners and staff working at CBOs responsible for providing care for asthma patients.		Project		In Progress	01/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Conduct periodic educational sessions at participating partner locations, CBOs and school nurses, on asthma education and adopted guidelines/models.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	DY2 Q4	Project	N/A	In Progress	03/01/2016	03/31/2020	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task PPS has established agreements with MCOs that address the		Project		In Progress	04/01/2016	03/31/2020	04/01/2016	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
coverage of patients with asthma health issues. PPS has established agreements with participating health home care managers, PCPs, and specialty providers.										
Task 1. Develop a plan to engage MCOs serving the effected population in discussion about sustainable asthma payment structure including the need to provide payment for service array detailed within this program provided by MCOs for asthma related services including coverage for asthma medications, asthma education services, home based asthma management services, home visitation programs, aligning formularies, asthma follow up checks by an RN and promoting expedited authorizations as a bridge to VBP.		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Convene monthly meetings with PPS Leadership and MCOs.		Project		In Progress	03/01/2016	03/31/2020	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Ensure ongoing involvement of MCOs in coordinating above services to high-risk patients with asthma		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 4. Establish contractual agreements, if appropriate, with health homes, care manager, PCPSs and specialty providers for care coordination/management for asthma management in the community.		Project		Not Started	04/01/2016	03/31/2020	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	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 identifies targeted patients and is able to track actively engaged patients for project milestone reporting.		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 1. Clinical Quality and Information Technology Sub-committees collaboratively establish requirements to track actively engaged patients, aligned with population health objectives. Requirements will include performance measures.		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 2. Assess current capabilities for data sharing, EHR, and HIE connectivity		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 3. Develop plan for implementing relevant IT platforms to support care management & other population health activities in collaboration with PPS partners		Project		In Progress	01/01/2016	06/30/2016	04/01/2016	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
Task 4. Utilize data available on attributed population to begin creating relevant patient registries, identifying high utilizers, and care gaps as well as other population profiles		Project		In Progress	04/01/2016	03/31/2017	04/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 5. Compile list of data elements from DSRIP requirements and create data dictionary of registry elements to inform the design and build of the Enterprise data warehouse		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 6. Implement data warehouse design with integration of DOH provided data, QE data sources and other identified data elements as they become available		Project		Not Started	04/01/2016	03/31/2017	07/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task 7. Implement IT infrastructure and data analytics function to support registries and population related analysis. Reporting will be enhanced as more data becomes available and IT platforms are implemented.		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

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	
Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	
Deliver educational activities addressing asthma management to participating primary care providers.	
Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	
Use EHRs or other technical platforms to track all patients engaged in	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
this project.	

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IPQR Module 3.d.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			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	csceppaq	Other	19_DY2Q1_PROJ3diii_MDL3diii4_PPS1469_OTH_MHVC_3diii_ASTHMA_Mid-Point_Narrative_2016_08_05_5704.pdf	MHVC_3diii ASTHMA_Mid-Point Narrative 2016 08 05	08/05/2016 02:43 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the DY 2, Q1 Mid-Point Assessment requirement.

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IPQR Module 3.d.iii.5 - IA Monitoring

Instructions :

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

IPQR Module 4.b.i.1 - 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.

First, there is the risk that organizations will be precluded from having tobacco free outdoor policies by local regulation or labor laws . We will work with partners in the region, including the American Lung Association, to galvanize support to change these regulations where possible.

Second, it may be difficult to touch all participating providers when implementing the US Public Health Services Guidelines. To address this, we will need to offer multiple means of communication and provide participating providers with local resources for technical assistance. We will work with the communications team to segment stakeholders and develop a tailored communication / engagement strategy for each stakeholder segment, including CBO and MCOs.

Third, multiple PPSs will need to work together to negotiate with the MCOs to harmonize coverage across plans. However, joint-negotiation across partners could be viewed as anti-trust. We will need to discuss with GNYHA and legal entities to determine appropriate venues and methodologies for negotiations. We will also need to engage NYS Medicaid and SDOH to determine the best course of action. Importantly, there is the risk that MCO's may not agree to coordinate offerings.

Fourth, the success of our tobacco cessation promotion effort depends on sufficient stakeholder buy-in, eg., from LGUs. Local Health departments may be difficult to get on board with the kind of hard-hitting tobacco campaigns that have been shown to work. The results of our CHNA suggest that patients are more interested in learning about their cessation options and are less inclined to welcome hard-hitting messages. We will work to syndicate our approach as best as possible and secure alignment. We may also consider offering LGUs the ability to brand the campaigns.

Fifth, the cessation campaigns may only work for some patients, as our CHNA data suggests that previous campaigns have not affected smoking rates among the mentally ill and the high school population. To address this, we will need to solicit community buy-in and input to create a campaign that works for the target audiences. We will also need to develop strategies to address socio-economic factors that could impact uptake and commitment. We will need to evaluate, refine, and relaunch as needed, and as funding allows.

Finally, the NYS Quitline may have insufficient funding to handle call volume or fund the NRT. We will need to align Medicaid cessation coverage and potentially consider funding the fax-to-quit NRT therapy. Also, we could consider working with the state to develop a methodology for the state to seek payer reimbursement for the NRT it distributes through the Quitline.

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IPQR Module 4.b.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 1.Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation.	In Progress	Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as related to tobacco cessation.	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Convene the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley.	Completed	1. Convene the Hudson Region DSRIP Public Health Council (HRDPHC) as a collaboration between the Montefiore Hudson Valley Collaborative PPS, Center for Regional Healthcare Innovation (Westchester-led PPS), and Refuah Community Health Collaborative PPS, in order to improve population health outcomes in the Hudson Valley.	04/16/2015	07/22/2015	04/16/2015	07/22/2015	09/30/2015	DY1 Q2
Task 2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign	Completed	2. Establish a Tobacco Workgroup of the HRDPHC to address strategic approaches to tobacco cessation campaign	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Tobacco Work Group meetings and planning activities.	Completed	3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Tobacco Work Group meetings and planning activities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop a comprehensive plan to achieve objectives	In Progress	4. Develop a comprehensive plan to achieve objectives	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 5. Set up Private group on MIX to share strategies for tobacco cessation. Consider making group public for statewide input.	Completed	5. Set up Private group on MIX to share strategies for tobacco cessation. Consider making group public for statewide input.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task	Completed	6. Design methods of promoting cessation of tobacco use through public	07/01/2015	09/30/2015	07/01/2015	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
6. Design methods of promoting cessation of tobacco use through public advertisement, social messaging, and community outreach		advertisement, social messaging, and community outreach						
Task 7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE	Completed	7. In collaboration with the HRDPHC facilitate discovery discussions between the NYS Quit Line and the local QE	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 8. Assess efficacy of initiatives and continue to improve outreach through lessons-learned	In Progress	8. Assess efficacy of initiatives and continue to improve outreach through lessons-learned	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 2. In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	In Progress	In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1.Review tobacco-free outdoor policies that PPS partners have in place	In Progress	1.Review tobacco-free outdoor policies that PPS partners have in place	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. In consultation with partners and the tobacco cessation workgroup, identify appropriate evidence based literature and best practices addressing tobacco cessation and tobacco free outdoor policies.	In Progress	2. In consultation with partners and the tobacco cessation workgroup, identify appropriate evidence based literature and best practices addressing tobacco cessation and tobacco free outdoor policies.	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 3. Use PPS meetings and other forums to disseminate best practices on tobacco free outdoor polices to PPS partners	In Progress	3. Use PPS meetings and other forums to disseminate best practices on tobacco free outdoor polices to PPS partners	04/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy	Not Started	4. Collaborate with HRDPHC partners and POW'R to develop a template tobacco-free outdoor policy	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 5. Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy	Not Started	5. Collaborate with HRDPHC partners to encourage PPS partners to adopt the policy	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 6. Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy	Not Started	6. Follow-up with PPS partners to determine success of implementation of tobacco-free outdoor policy	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 3. In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all	In Progress	In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered	01/01/2016	03/31/2020	04/01/2016	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
patients are queried on tobacco status and appropriate treatment is offered								
Task 1. Identify partners that can appropriately offer tobacco use screening and treatment	In Progress	1. Identify partners that can appropriately offer tobacco use screening and treatment	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2.In consultation with the tobacco cessation workgroup and PPS partners identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines for tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline	In Progress	2.In consultation with the tobacco cessation workgroup and PPS partners identify appropriate evidence based literature and best practices addressing implementation of the USPSTF and PHS guidelines for tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 3. Use PPS meetings and other forums to disseminate best practices to PPS partners concerning implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline.	In Progress	3. Use PPS meetings and other forums to disseminate best practices to PPS partners concerning implementation of the USPSTF and PHS guidelines on tobacco cessation, use of EHRs to prompt providers to complete the 5A's and to promote referrals to the NYS Quitline.	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 4. Create a workflow template for optimizing the use of USPSTF and PHS guidelines on tobacco and disseminate to partners	Not Started	4. Create a workflow template for optimizing the use of USPSTF and PHS guidelines on tobacco and disseminate to partners	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 5. Provide guidance on implementing or adapting EHR technology to promote tobacco use screening at every encounter and documenting the results using the 5 A's	In Progress	5. Provide guidance on implementing or adapting EHR technology to promote tobacco use screening at every encounter and documenting the results using the 5 A's	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods	Not Started	4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Review current clinical guidance from USPHS	Not Started	1. Review current clinical guidance from USPHS	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community	Not Started	2. Create a series of training documents for providers, educating them on current clinical guidance from USPHS and available community and medical resources	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4

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and medical resources								
Task 3. Use PPS meetings and other forums to distribute training materials PPS partners	Not Started	3. Use PPS meetings and other forums to distribute training materials PPS partners	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone 5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage	In Progress	5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits	Not Started	1. Leverage existing relationship between Smokers Quitline and Managed Care providers to encourage increased and standardized benefits	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 2. Facilitate conversations with PPS partners, CBOs, MCOs, and Smokers Quitline to collaborate on increasing access to tobacco cessation aids	Not Started	2. Facilitate conversations with PPS partners, CBOs, MCOs, and Smokers Quitline to collaborate on increasing access to tobacco cessation aids	04/01/2016	03/31/2020	07/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 3. Facilitate conversations with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including coverage for smoking cessation medications	In Progress	3. Facilitate conversations with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including coverage for smoking cessation medications	01/01/2016	03/31/2020	04/01/2016	03/31/2020	03/31/2020	DY5 Q4
Milestone Mid-point Asessment	Completed	Mid-point Asessment			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 Asessment	cham15	Other	19_DY2Q1_PROJ4bi_MDL4bi2_PPS1470_OTH_4bi_TOBACCO_Mid-Point_Assessment_Project_Narrative_Approvedfinal_5769.pdf	4.b.i Tobacco Cessation Mid-Point Assessment Project Narrative	08/05/2016 06:06 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1.Coordinate efforts to plan strategic evidence based practices in order to improve population health outcomes in the Hudson Valley as	

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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
related to tobacco cessation.	
2. In collaboration with HRDPHC partners, create a region-wide policy that encourages PPS partners to adopt tobacco-free outdoor policies	
3. In collaboration with HRDPHC partners, develop and implement a region-wide policy to ensure all patients are queried on tobacco status and appropriate treatment is offered	
4. In collaboration with HRDPHC partners, develop and implement region-wide provider training utilizing current tobacco use cessation treatment methods	
5. Collaborate with Medicaid managed care providers to increase and standardize tobacco cessation treatment coverage	
Mid-point Asessment	Attached is the MHVC Project Narrative to satisfy completion of the Mid-Point Assessment requirement.

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

Instructions :

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Project 4.b.ii – Increase Access to High Quality Chronic Disease Preventive Care and Management in Both Clinical and Community Settings (Note: This project targets chronic diseases that are not included in domain 3, such as cancer

IPQR Module 4.b.ii.1 - 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.

One risk to this project's success is that it will not be financially sustainable for community organizations, due to varying coverage policies among Medicaid managed care plans for preventive services. To address this, we will work with other PPSs in the regional-wide Quality Council to advocate for expansion in coverage for preventive care services in Medicaid managed care plans. Further, we will contract as an integrated delivery system and further advocate for coverage. We may also use DSRIP funds as an interim measure to ensure CBO financial sustainability.

Another risk stems from the varying IT capabilities among our partners within the PPS. To ensure all partners can meet the IT requirements, we will solicit input from the IT transformation team, as well as the local RHIO Health Link NY.
Finally, there is the risk that there will be a lack of specialty provider capacity for the Medicaid population to treat chronic diseases as detection rates increase (e.g., oncologists, breast, gynecologic, and colorectal surgeons). To mitigate this risk we will work with specialists in the area to increase the acceptance of Medicaid.

Because there are no speed and scale requirements, continued partner commitment and accountability may be a challenge/risk

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IPQR Module 4.b.ii.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 1. Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley	In Progress	Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. Convene the cross PPS region-wide Hudson Region DSRIP Public Health Council (HRDPHC). (The HRDPHC is a collaboration facilitated by 3 PPSs MHVC, WMC, Refuah)	Completed	Convene the cross PPS region-wide Hudson Region DSRIP Public Health Council (HRDPHC). (The HRDPHC is a collaboration facilitated by 3 PPSs MHVC, WMC, Refuah)	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region	Completed	2. Establish a Cancer Workgroup of the HRDPHC to address disparities in cancer screening and prevention in the Hudson Region	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Cancer Work Group meetings and planning activities.	Completed	3. Invite partner members with project specific expertise and/or ability to reach disparate patient population segments/hotspots to participate in HRDPHC Cancer Work Group meetings and planning activities.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 4. Develop a comprehensive plan to achieve objectives	In Progress	4. Develop a comprehensive plan to achieve objectives	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 5. Develop a private group on MIX to share strategies for cancer prevention and management. Consider making group public for statewide input.	In Progress	5. Develop a private group on MIX to share strategies for cancer prevention and management. Consider making group public for statewide input.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 6. Explore possible areas of collaboration including joint advocacy, joint campaigns to advance a public health screening and prevention agenda and/or group purchasing for resources required to	In Progress	6. Explore possible areas of collaboration including joint advocacy, joint campaigns to advance a public health screening and prevention agenda and/or group purchasing for resources required to achieve objectives.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 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
achieve objectives.								
Task 7. Work with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services and improvement of cancer screening rates	Not Started	7. Work with state organizations such as GNYHA, HANYS, PHSP Coalition and NYSDOH to convene discussion with NY MCOs around DSRIP related issues including successful models for coordination of services and improvement of cancer screening rates	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 8.Organize outreach to specialists in the Hudson Valley to increase awareness of the need to accept Medicaid coverage	Not Started	8.Organize outreach to specialists in the Hudson Valley to increase awareness of the need to accept Medicaid coverage	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 9. Establish process to contribute and ensure that the NYS Cancer Services Program website is up to date for Hudson Valley linkages to free screenings resources for patients without insurance across all PPSs.	In Progress	9. Establish process to contribute and ensure that the NYS Cancer Services Program website is up to date for Hudson Valley linkages to free screenings resources for patients without insurance across all PPSs.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone 2.Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the Hudson Valley	In Progress	2. Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the Hudson Valley	04/01/2015	03/31/2020	04/01/2015	03/31/2020	03/31/2020	DY5 Q4
Task 1. In collaboration with the HRDPHC Cancer Workgroup review the Community Needs Assessment to identify areas for targeted hotspotting for specific cancer types, disparities in screening rates on racial and ethnic populations, and locations.	Completed	1. In collaboration with the HRDPHC Cancer Workgroup review the Community Needs Assessment to identify areas for targeted hotspotting for specific cancer types, disparities in screening rates on racial and ethnic populations, and locations.	07/01/2015	09/30/2015	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task 2. Map CBOs to geographic hotspots identified in Community Needs Assessment to identify opportunities for targeted collaborative interventions	In Progress	2.Map CBOs to geographic hotspots identified in Community Needs Assessment to identify opportunities for targeted collaborative interventions	04/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3. Collaborate with provider organizations to provide culturally competent outreach to patients around age appropriate cancer screening	Not Started	3. Collaborate with provider organizations to provide culturally competent outreach to patients around age appropriate cancer screening	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 4. Partner with community based organizations to	Not Started	Partner with community based organizations to deliver public health messaging and facilitate prevention screenings (i.e manicures for	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 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
deliver public health messaging and facilitate prevention screenings (i.e manicures for mammograms)		mammograms)						
Milestone 3. Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations	In Progress	3.Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations	01/01/2016	03/31/2020	01/01/2016	03/31/2020	03/31/2020	DY5 Q4
Task 1. Identify and review existing evidence based guidelines and modifications for cancer screening and follow up among disparate populations	In Progress	1.Identify and review existing evidence based guidelines and modifications for cancer screening and follow up among disparate populations	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Engage experienced stakeholders to co-create a communications strategy for sharing best practices for screening and timely follow-up of abnormal screening results	Not Started	2. Engage experienced stakeholders to co-create a communications strategy for sharing best practices for screening and timely follow-up of abnormal screening results	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 3.Design and implement strategy to increase provider/care team knowledge of screening and clinical practice guidelines	Not Started	3.Design and implement strategy to increase provider/care team knowledge of screening and clinical practice guidelines	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone 4. Access opportunities to increase screening rates (or re-screening) among patient defined populations	In Progress	4. Access opportunities to increase screening rates (or re-screening) among patient defined populations	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Work with QE as well as Health Departments as others to collect and analyze baseline rates of cancer screening conducted across the network.	In Progress	1. Work with QE as well as Health Departments as others to collect and analyze baseline rates of cancer screening conducted across the network.	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 2. Collaborate with community partners to recommend a system wide approach for monitoring performance and sharing results	In Progress	2. Collaborate with community partners to recommend a system wide approach for monitoring performance and sharing results	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone 5. Identification of functional requirements for cancer screening registry	Not Started	5. Identification of functional requirements for cancer screening registry	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Task 1. Define functional requirements for cancer screening registry	Not Started	1. Define functional requirements for cancer screening registry	04/01/2016	03/31/2018	07/01/2016	03/31/2018	03/31/2018	DY3 Q4
Milestone	In Progress	6.Use community resources to engage patient participation in care	01/01/2016	03/31/2018	01/01/2016	03/31/2018	03/31/2018	DY3 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
6. Use community resources to engage patient participation in care management services		management services						
Task 1. Develop strategies to increase patient education, engagement, and empowerment to lead patients to live healthier lives and use available resources	In Progress	1. Develop strategies to increase patient education, engagement, and empowerment to lead patients to live healthier lives and use available resources	01/01/2016	03/31/2018	04/01/2016	03/31/2018	03/31/2018	DY3 Q4
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	cham15	Other	19_DY2Q1_PROJ4bii_MDL4bii2_PPS1471_OTH_4bii_CANCER_Midpoint_assessment_Narrative_Approved_Final_5770.pdf	4.b.ii Cancer Prevention and Management Mid-Point Assessment Project Narrative	08/05/2016 06:08 PM

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
1. Coordinate efforts to plan strategic evidence based practices to reduce disparities in cancer screening and management across the Hudson Valley	
2.Target cancer prevention and screening as a preventive care initiative in both clinical and community based settings in the Hudson Valley	
3. Develop strategies to increase provider and care team screening protocols and adherence to timely follow-up of abnormal test results among defined patient populations	
4. Access opportunities to increase screening rates (or re-screening) among patient defined populations	
5. Identification of functional requirements for cancer screening registry	
6. Use community resources to engage patient participation in care management services	
Mid-point Assessment	Attached is the MHVC Project Narrative to satisfy completion of the Mid-Point Assessment requirement.

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IPQR Module 4.b.ii.3 - IA Monitoring

Instructions :

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Attestation

The Lead Representative has been designated by the Primary Lead PPS Provider (PPS Lead Entity) as the signing officiate for the DSRIP Quarterly Report. The Lead Representative has the authority to complete this attestation on behalf of the PPS network. The Lead Representative and PPS Lead Entity are responsible for the authenticity and accuracy of the material submitted in this report.

The Lead Representative of the Performing Provider System (PPS) must complete this attestation form in order for the project application to be accepted by the NYS Department of Health. Once the attestation is complete, the Quarterly Report will be locked down from any further editing. Do not complete this section until the entire Quarterly Report is complete.

If the Quarterly Report becomes locked in error and additional changes are necessary, please use the contact information on the Home Page to request that the Quarterly Report be unlocked.

To electronically sign this Quarterly Report, please enter the required information and check the box below:

☐ **I here by attest, as the Lead Representative of the 'Montefiore Medical Center ', 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:	MONTEFIORE MEDICAL CENTER
Secondary Lead PPS Provider:	
Lead Representative:	Allison Mcguire
Submission Date:	09/19/2016 12:02 PM

Comments:	

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Status Log				
Quarterly Report (DY,Q)	**Status**	**Lead Representative Name**	**User ID**	**Date Timestamp**
DY2, Q1	Adjudicated	Allison Mcguire	sacolema	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.	sacolema	09/30/2016 03:36 PM
Returned	The IA has returned your DY2Q1 Quarterly Report for Remediation.	sm506673	09/02/2016 03:53 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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Section	Module Name	Status
	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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Section	Module Name	Status
	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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Section	Module Name	Status
	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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Project ID	Module Name	Status
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.a.iv	IPQR Module 2.a.iv.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 2.a.iv.2 - Patient Engagement Speed	Completed
	IPQR Module 2.a.iv.3 - Prescribed Milestones	Completed
	IPQR Module 2.a.iv.4 - PPS Defined Milestones	Completed
	IPQR Module 2.a.iv.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	
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
	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

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Project ID	Module Name	Status
	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.d.iii	IPQR Module 3.d.iii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 3.d.iii.2 - Patient Engagement Speed	Completed
	IPQR Module 3.d.iii.3 - Prescribed Milestones	Completed
	IPQR Module 3.d.iii.4 - PPS Defined Milestones	Completed
	IPQR Module 3.d.iii.5 - IA Monitoring	
4.b.i	IPQR Module 4.b.i.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.b.i.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.i.3 - IA Monitoring	
4.b.ii	IPQR Module 4.b.ii.1 - Major Risks to Implementation and Mitigation Strategies	Completed
	IPQR Module 4.b.ii.2 - PPS Defined Milestones	Completed
	IPQR Module 4.b.ii.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 & Complete
	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 & Complete
	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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Section	Module Name / Milestone #	Review Status	
	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 & Complete	
	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 & Complete	
	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 & Complete	
	Milestone #2 Create a workforce transition roadmap for achieving defined target workforce state.	Pass & Complete	
	Milestone #3 Perform detailed gap analysis between current state assessment of workforce and projected future state.	Pass & Complete	
	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 & Complete	
	Module 11.10 - Staff Impact	Pass & Ongoing	
	Module 11.11 - Workforce Strategy Spending (Quarterly)	Pass & Ongoing	

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Project ID	Module Name / Milestone #	Review Status	
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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Project ID	Module Name / Milestone #	Review Status	
	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.a.iv	Module 2.a.iv.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	
	Module 2.a.iv.3 - Prescribed Milestones		
	Milestone #1 Convert outdated or unneeded hospital capacity into an outpatient services center, stand-alone emergency department/urgent care center or other healthcare-related purpose.	Pass & Ongoing	
	Milestone #2 Provide a detailed timeline documenting the specifics of bed reduction and rationale. Specified bed reduction proposed in the project must include active or "staffed" beds.	Pass & Ongoing	
	Milestone #3 Ensure that all participating PCPs meet NCQA 2014 Level 3 PCMH accreditation and/or meet state-determined criteria for Advanced Primary Care Models by the end of DSRIP Year 3.	Pass & Ongoing	
	Milestone #4 Ensure that all safety net providers participating in Medical Villages are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up.	Pass & Ongoing	
	Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Pass & Ongoing	
	Milestone #6 Ensure that EHR systems used in Medical Villages meet Meaningful Use Stage 2	Pass & Ongoing	
	Milestone #7 Ensure that services which migrate to a different setting or location (clinic, hospitals, etc.) are supported by the comprehensive community needs assessment.	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	

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Project ID	Module Name / Milestone #	Review Status	
	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	
3.a.i	Module 3.a.i.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	
	Module 3.a.i.3 - Prescribed Milestones		
	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	

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Project ID	Module Name / Milestone #	Review Status	
	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	
	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	

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Project ID	Module Name / Milestone #	Review Status	
	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	
	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.d.iii	Module 3.d.iii.2 - Patient Engagement Speed	Pass (with Exception) & Ongoing	
	Module 3.d.iii.3 - Prescribed Milestones		

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Project ID	Module Name / Milestone #	Review Status	
	Milestone #1 Implement evidence-based asthma management guidelines between primary care practitioners, specialists, and community-based asthma programs (e.g., NYS Regional Asthma Coalitions) to ensure a regional population based approach to asthma management.	Pass & Ongoing	
	Milestone #2 Establish agreements to adhere to national guidelines for asthma management and protocols for access to asthma specialists, including EHR-HIE connectivity and telemedicine.	Pass & Ongoing	
	Milestone #3 Deliver educational activities addressing asthma management to participating primary care providers.	Pass & Ongoing	
	Milestone #4 Ensure coordination with the Medicaid Managed Care organizations and Health Homes serving the affected population.	Pass & Ongoing	
	Milestone #5 Use EHRs or other technical platforms to track all patients engaged in this project.	Pass & Ongoing	
4.b.i	Module 4.b.i.2 - PPS Defined Milestones	Pass & Ongoing	
4.b.ii	Module 4.b.ii.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.a.iv**	**Project 2.b.iii**	**Project 3.a.i**	**Project 3.a.ii**	**Project 3.b.i**	**Project 3.d.iii**	**Project 4.b.i**	**Project 4.b.ii**	**Project**
Provider Speed Commitments	DY3 Q4	DY3 Q4	DY4 Q2	DY3 Q2	DY3 Q4	DY2 Q4	DY3 Q4	DY2 Q4			

Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.a.iv		Project 2.b.iii		Project 3.a.i		Project 3.a.ii		Project 3.b.i		Project 3.d.iii		Project 4.b.i		Project 4.b.ii		Project	
		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	977	1,179	864	1,157	93	0	866	0	734	1,134	761	0	895	1,179	938	934	930	0	916	0	0	0
	Safety Net	371	307	363	301	22	217	353	301	278	304	293	304	352	292	359	245	366	0	358	0	0	0
Practitioner - Non-Primary Care Provider (PCP)	Total	4,449	4,721	3,989	4,605	486	0	3,925	0	3,168	4,387	3,664	0	3,787	4,372	3,810	2,420	4,254	0	3,911	0	0	0
	Safety Net	687	657	671	533	13	371	637	0	571	507	601	490	650	537	653	291	679	0	654	0	0	0
Hospital	Total	12	17	12	0	5	0	12	0	9	0	9	0	12	0	12	0	12	0	12	0	0	0
	Safety Net	8	13	8	0	5	11	8	13	6	0	8	13	8	0	8	0	8	0	8	0	0	0
Clinic	Total	23	39	23	39	7	0	19	0	11	39	15	0	21	39	22	39	23	0	22	0	0	0
	Safety Net	19	34	19	34	7	28	15	34	8	34	14	34	17	34	18	34	19	0	18	0	0	0
Case Management / Health Home	Total	22	28	15	28	5	0	14	0	3	0	14	0	8	25	9	25	21	0	10	0	0	0
	Safety Net	15	18	9	15	1	8	8	12	1	0	8	18	4	12	4	12	14	0	5	0	0	0
Mental Health	Total	465	457	445	452	55	0	429	0	291	457	416	0	320	411	327	0	452	0	360	0	0	0
	Safety Net	72	95	65	92	8	60	62	0	37	95	65	95	41	78	43	0	70	0	46	0	0	0
Substance Abuse	Total	19	31	16	31	6	0	16	0	6	31	17	0	11	31	11	0	17	0	12	0	0	0
	Safety Net	19	31	16	29	6	19	16	0	6	31	17	31	11	27	11	0	17	0	12	0	0	0
Nursing Home	Total	30	70	3	0	2	0	3	0	3	0	2	0	3	0	3	0	3	0	3	0	0	0
	Safety Net	29	65	2	0	1	0	2	0	2	0	1	0	2	0	2	0	2	0	2	0	0	0
Pharmacy	Total	3	11	3	11	1	0	2	0	2	0	3	0	3	11	3	11	3	0	3	0	0	0
	Safety Net	1	0	1	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0
Hospice	Total	2	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Provider Category		Project 2.a.i		Project 2.a.iii		Project 2.a.iv		Project 2.b.iii		Project 3.a.i		Project 3.a.ii		Project 3.b.i		Project 3.d.iii		Project 4.b.i		Project 4.b.ii		Project	
		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed		Selected / Committed	
	Safety Net	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community Based Organizations	Total	0	105	0	61	0	0	0	0	0	96	0	0	0	35	0	35	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
All Other	Total	2,965	2,388	2,592	2,338	367	0	2,556	0	2,214	2,240	2,325	0	2,799	2,269	2,844	2,250	2,861	0	2,828	0	0	0
	Safety Net	931	817	887	627	34	443	843	0	727	603	765	586	866	636	874	633	894	0	876	0	0	0
Uncategorized	Total	965	0	885	0	59	0	880	0	656	0	891	0	680	0	684	0	901	0	710	0	0	0
	Safety Net	2	0	1	0	0	0	1	0	1	0	1	0	1	0	1	0	1	0	1	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

Current File Uploads

User ID	File Type	File Name	File Description	Upload Date
avisimon	Other	19_DY2Q1_PPP_OTH_PIT_File_Narrative_for_DY2Q1_20160805_5758.docx	DY2Q1 Narrative for PIT File	08/05/2016 04:52 PM

Narrative Text :

As indicated in previous submissions, MHVC has contracted within our Network at the organizational level. A contracting organization is defined as the roll-up of one or more providers and entities (as displayed in the PIT file) that were attested for by that contracting organization. As noted in previous PIT submission, the PIT file lacks the ability to report funds flow at this level, and does not contain an organizational level identifier.

In order to report our funds flow utilizing this tool for our DY1 Q4 report, the MHVC team performed the appropriate crosswalk and allocated dollars to the "Provider Name" column for each entity that rolled up to the contracting organization that was paid. In the case that we were unable to identify an entity, we allocated dollars to the NPI with the highest attribution. This method most accurately reflected how we are flowing funds, based on our contracting model, but under- represented the specific provider types that drove our funds flow allocation.
For our DY2 Q1 report, we matured and refined the methodology utilized to populate funds flow in the PIT file, in an attempt to more accurately report on the funds flowed to our contracted organizations and better represent the provider types that drove the distribution of funds.

Below is a description of how funds were allocated in our DY2Q1 submission.

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MHVC team performed the appropriate crosswalk and allocated dollars based on Attribution for Performance (A4P) data to the "Provider Name" column for each entity that rolled up to the contracting organization that was paid. In the case that we were unable to identify an entity, we allocated dollars to the NPI with the highest attribution. MHVC further refined allocation of funds to reflect the significance of provider type (associated attribution) on the organizational payment.

To accomplish this, we utilized our internal budget by provider type to allocate funds to the appropriate NPI/MMIS or Entity ID, based on their A4P within their provider type pool, within the organization. To be consistent with reporting funds flow in alignment with organizational safety net status, funds were allocated to the individual providers that reflect the safety net status of the organization in which they roll up.

This revised methodology of allocating funds both at the entity and individual level, values the provider type influence (as related to A4P) on the organizational allocation.

As indicated in the introduction, MHVC continues to contract and issue payments at the organizational level, something that the PIT tool continues to lack the capacity to support. Reporting at the organizational level and breaking out % of payments based on the provider types included in the organizational roll up would be the most accurate description of how dollars are distributed and earned.