

DSRIP Meeting Agenda

Date and Time	5/29/15	Meeting Title	NYP PPS Clinical Operations Committee
Location	45 Wadsworth Street, 9 th Floor	Facilitator	Dr. Emilio Carrillo
Go to Meeting	https://global.gotomeeting.com/join/158738573	Conference Line	Dial +1 (646) 749-3122 Access Code: 158-738-573

Invitees	
Ilana Avinari (Methodist)	Crystal Jordan (Harlem United)
Angela Martin (VNSNY)	Mediha Gega (NYC DOHMH)
Alissa Wassung (God's Love We Deliver)	Maria Lizardo (Northern Manhattan Improvement Corporation)
David Pomeranz (Hebrew Home)	Susan Wiviott (The Bridge)
David Chan (City Drug & Surgical)	Emilio Carrillo, MD (NYP)
Jean Marie Bradford, MD (NYPSI)	
Eva Eng (Arch Care)	
Jonah Cardillo (St. Mary's Hospital for Children)	

Meeting Objectives	Time
1. Introductions (Committee Members / Project Leads)	5 mins
2. Announce Committee Co-Chair	5 mins
3. New York State / PPS Updates	10 mins
4. Review PPS Scale and Speed Commitments	15 mins
5. Review Future Meeting Format	10 mins
6. Review Committee Project Plan	10 mins
7. Next Steps	5 mins

Action Items				
Description	Owner	Start Date	Due Date	Status

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Jean Marie Bradford, MD (NYPSI)	Susan Wiviott (The Bridge)
Eva Eng (Arch Care)	Emilio Carrillo, MD (NYP)
Jonah Cardillo (St. Mary's Healthcare System for Children)	Claudia Rosen (NYP)
Victor Carrillo (NYP)	Adriana Matiz, MD (NYP)
Sam Merrick, MD (NYP)	Mary Hanrahan (NYP)
Julie Mirkin (NYP)	Jordan Foster, MD (NYP)

Action Items				
Description	Owner	Start Date	Due Date	Status
Share Regional Health Collaborative published work	E. Carrillo	5/29/15	6/5/15	
Share meeting minutes and meeting materials	I. Kastenbaum	5/29/15	6/5/15	
Identify location for next meeting	I. Kastenbaum	5/29/15	6/5/15	
Identify projects for next presentation (IDS, and TBD)	I. Kastenbaum	5/29/15	6/5/15	

Meeting Minutes:

- Emilio Carrillo kicked off the meeting, thanking everyone for their continued engagement.
- Committee members introduced themselves, including several Project Leads on the phone.
- E. Carrillo announced Angela Martin as the new PPS Clinical Operations Committee Co-Chair. Angela is the Director of Strategic Account Development for Visiting Nurse Service of New York. She has worked with NYP through the Regional Health Collaborative in the past.
- E. Carrillo introduced the Washington Heights-Inwood Regional Health Collaborative as a 'collective impact' model that has been successful in reducing emergency department and inpatient utilization for patients seeking care at NYP's PCMHs. This model brings together NYP, community collaborators, and IT to collectively address the health and wellbeing of the population.
- C. Rosen provided an overview of the recent changes to the NYP PPS's attribution and valuation:
 - 50% cut to attribution (~47K lives from ~85K)
 - Initial 5/7 allotment was \$48M, \$38M program funds with \$10M bonus pools
 - NYS released "Safety Net Equity Fund" of \$1.2B to balance the funds that were shifted to public hospital-run and sole county PPSs
 - New funding for NYP PPS is ~\$97M, down from an anticipated ~\$125M.
 - This will require 15-20% cuts across all projects – NYP project leads are currently working through this process.
 - 60% of funds go to project expenses, 16% to program administration (PCMHs, IT, care management infrastructure), 8% to ambulatory capacity expansion, and 17% for bonuses and contingency funding.

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- E. Eng asked whether the “Safety Net Equity Fund” is truly guaranteed. C. Rosen responded that the information we’ve been provided to-date supports that fact.
- E. Carrillo and I. Kastenbaum reviewed the PPS’s Scale and Speed commitments. The Committee is ultimately responsible for enabling the projects to reach these goals.
 - Many of these metrics are conservative, the State requires a PPS to only achieve 80% of the commitment to receive the related dollars.
 - J. Cardillo asked about DY5 commitments. These commitments are the same as DY4.
- E. Carrillo and A. Martin reviewed the structure for future meetings. These will include presentations from two projects on their successes and challenges, review of appropriate dashboards, and time to address strategic deliverables.
- I. Kastenbaum went through the Committee’s project plan. These commitments are driven by the NYS Implementation Plan. Many of the deliverables will be drafted by a sub-group or the PMO and reviewed/ratified by the Committee. Some will be passed on to the Executive Committee for final approval.
- A. Martin closed the meeting and thanked everyone for their participation.

Project #	Project	Patient Engagement Metric	DY1	DY2	DY3	DY4
2.a.i	Integrated Delivery System	TBD	-	-	-	-
2.b.i	Ambulatory ICU	The number of participating patients who had two or more distinct services at an Ambulatory ICU in a year.	8,468	10,585	16,936	21,170
2.b.iii	ED Care Triage	The number of participating patients presented at the ED and after medical screening examination were successfully redirected to PCP as demonstrated by a scheduled appointment (within 4 weeks).	10,750	16,000	21,497	21,497
2.b.iv	30-Day Care Transitions	The number of participating patients with a care transition plan developed prior to discharge.	150	1,269	1,904	2,538
3.a.i	Behavioral Health - Primary Care Integration	Number of patients receiving primary care services at a participating mental health or substance use site.	113	1,355	1,693	2,258
3.a.ii	Behavioral Health Community Crisis Stabilization	Participating patients receiving crisis stabilization services from participating sites, as determined in the project requirements.	100	800	1,300	1,300
3.e.i	HIV Center of Excellence	The number of participating patients who received and filled at least two sequential anti-viral prescription scripts within the previous Demonstration Year (DY).	3,445	3,882	4,330	5,040
3.g.i	Integrating Palliative Care into the PCMH	The number of participating patients receiving palliative care procedures at participating sites, as determined by the adopted clinical guidelines.	400	1,800	2,465	2,465
4.b.i	Tobacco Cessation	N/A	-	-	-	-
4.c.i	Decrease HIV Morbidity	N/A	-	-	-	-

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Meeting Objectives	Time
1. Review Action Items from Last Meeting	5 mins
2. Review Project Dashboard	10 mins
3. Review Project Successes and Challenges	20 mins
a. Project 1	
b. Project 2	
4. Review/Finalize Other Committee Deliverables (Pop Health, Training, etc.)	20 mins
5. Identify Action Items for Next Meeting	5 mins

Action Items				
Description	Owner	Start Date	Due Date	Status

Project #	Project	Patient Engagement Metric	Workflows			Implementation Plan		Pt. Engagement	
			Drafted	Collaborator Confirmation	Clin Ops Reviewed	Drafted	Clin Ops Reviewed	Qtr. Actual	Qtr. Goal
1	Project 1	Pt. Engagement Metric 1						-	-
2	Project 2	Pt. Engagement Metric 2						5	100
3	Project 3	Pt. Engagement Metric 3						25	100
4	Project 4	Pt. Engagement Metric 4						70	100
5	Project 5	Pt. Engagement Metric 5						100	100
6	Project 6	Pt. Engagement Metric 6						100	100
7	Project 7	Pt. Engagement Metric 7						38	100
8	Project 8	Pt. Engagement Metric 8						95	100
9	Project 9	Pt. Engagement Metric 9						18	100
10	Project 10	Pt. Engagement Metric 10						-	-

Domain	Deliverable	Drafting Committee	New Sub-Committee	Deliverable Deadline
Cultural Comptency	Working Group presents CCHL strategy to Clinical/Operations Committee for feedback, revising as appropriate for approval.	Cult Competency Workgroup	Yes	DY1, Q2
Governance	Convene PPS Clinical Operations Committee to review draft Cross-Project quality governance guidelines and recommend revisions as appropriate	PMO		DY1, Q2
Governance	PMO to integrate recommendations into agency coordination roadmap and present to PPS Clinical Operations Committee for review and feedback	PMO		DY1, Q2
Practitioner Engagement	PPS Clinical Operations Committee to identify key practitioner groups with the potential to influence DSRIP Program success. Groups may include: Primary Care practitioners (already constituted), Health Home Care Managers, Community Healthcare Workers (CHWs), providers to the Chinese community	Clinical Operations		DY1, Q2
Practitioner Engagement	PPS Clinical Operations Committee with support of PMO to solicit input through a survey sent to all PPS Network Members as to interest in participating in proposed practitioner groups	PMO		DY1, Q2
2.a.i / IDS	PPS Clinical Operations Committee drafts Health Home and ACO population health management survey to identify which PPS network members are currently participating in an alternative delivery model.	Clinical Operations		DY1, Q3
2.a.i / IDS	PPS Clinical Operations Committee and Project Leads identify CBOs to employ Community Health Workers and other peers to provide culturally and linguistically appropriate services to attributed Medicaid patients	PMO		DY1, Q3
Governance	PPS Clinical Operations Committee designates Project-level quality leads (representing both PPS Lead and Network Members) responsible for implementing the guidelines and recommends schedule for ad-hoc attendance and reporting	Clinical Operations		DY1, Q3

Domain	Deliverable	Drafting Committee	New Sub-Committee	Deliverable Deadline
Governance	Project-level quality leads, in collaboration with Project Leads and Project teams, recommend initial quality "leading indicators" for reporting to Clinical Operations Committee	Clinical Operations		DY1, Q3
Performance Reporting	PMO presents performance reporting and communications strategy to Clinical/Operations Committee for feedback and revision.	PMO		DY1, Q3
2.a.i / IDS	PPS Clinical Operations Committee to develop continuum of care recommendations for engaging relevant healthcare, community, and public health services in PPS Network	PMO		DY1, Q4
2.a.i / IDS	PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	PMO-PCMH Team	Yes	DY1, Q4
2.a.i / IDS	PPS PMO to integrate PCMH Team roadmap, identified workforce needs and IT population health roadmap for presentation to PPS Clinical Operations and IT/Data Governance Committees for feedback	PMO-PCMH Team	Yes	DY1, Q4
Cultural Competency	Clinical/Operations Committee approves training strategy.	Cult Competency Workgroup	Yes	DY1, Q4
Pop Health	PPS IT/Data Governance and Clinical Committees to ratify population health roadmap	IT/Data Governance		DY1, Q4
Practitioner Engagement	PPS Clinical Operations Committee, with input from PPS Project Leads, to develop engagement and communication plan including frequency of contact/meeting, potential agendas including educational sessions, information sharing approach, etc.	Clinical Operations		DY1, Q4
Practitioner Engagement	PPS Clinical Operations Committee with support of PMO to solicit input through a second survey sent to practitioner group members regarding topics of interest for future training/education	PMO		DY1, Q4

Domain	Deliverable	Drafting Committee	New Sub-Committee	Deliverable Deadline
2.a.i / IDS	PPS Clinical Operations Committee to identify priority PPS network members to engage in health information exchange platforms.	Clinical Operations		DY2, Q1
2.a.i / IDS	PPS PMO -PCMH Team to establishes periodic reporting of PCMH transformation status to Clinical Operations Committee	PMO-PCMH Team	Yes	DY2, Q1
Practitioner Engagement	PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop core training/education plan for practitioner groups focused on: a. Core goals of DSRIP program b. NYP PPS projects - goals, metrics, timing and key success factors c. Integration with existing initiatives	PMO		DY2, Q1
Practitioner Engagement	Based on survey results, PMO in collaboration with Project Leads and practitioner representatives from PPS Clinical Operations Committee to develop practitioner training/education plan which may include the following potential topics: a. Best operational practices under DSRIP b. Best financial practices under DSRIP c. PPS resources available to address social determinants of health d. Intro to population health management e. Role of Health Homes f. IT trends: HIE, RHIO, SHIN-NY, etc. and impact on practitioners g. Building cultural competency and health literacy among practitioners	PMO		DY2, Q1
Clinical Integration	Project Leads to present clinical integration needs assessment to PPS Clinical Operations Committee for discussion and ratification	PMO		DY2, Q2

Domain	Deliverable	Drafting Committee	New Sub-Committee	Deliverable Deadline
Clinical Integration	PPS Clinical Operations Committee to ratify clinical integration needs assessment	Clinical Operations		DY2, Q2
IT Systems	IT/Data Governance Committee creates process for monitoring partner compliance with connectivity and data-sharing requirements, including reporting back to Executive Committee as appropriate. This step will include input and expertise from the Clinical/Operations Committee as well.	IT/Data Governance		DY2, Q2
2.a.i / IDS	CHW programmatic activity reported to PPS Clinical Operations Committee for review and feedback	CHW Leads		DY2, Q3
2.a.i / IDS	PPS Clinical Operations Committee presents recommendations to CHW programmatic leadership to improve community outreach and patient navigation efforts.	CHW Leads		DY2, Q4
Clinical Integration	Project Leads, with PMO support, to present clinical integration strategy to PPS Clinical Operations Committee for review and ratification	PMO		DY2, Q4
Clinical Integration	PPS Clinical Operations Committee ratifies clinical integration strategy	Clinical Operations		DY2, Q4