NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date and Time	3/25/16, 9-10am	**Meeting Title**	NYP PPS Clinical Operations Committee
Location	1HN-151	**Facilitator**	Dr. Emilio Carrillo, Sandy Merlino
Go to Meeting	https://global.gotomeeting.com/join/158738573	**Conference Line**	Dial +1 (646) 749-3122 Access Code: 158-738-573

Invitees	
Chair: Sandy Merlino (VNSNY)	**Chair:** Emilio Carrillo, MD (NYP)
Alissa Wassung (God's Love We Deliver)	Tamisha McPherson (Harlem United)
David Pomeranz (Hebrew Home)	Amy Shah (NYC DOHMH)
David Chan (City Drug & Surgical)	Maria Lizardo (Northern Manhattan Improvement Corporation)
Jean Marie Bradford, MD (NYPSI)	Susan Wiviott (The Bridge)
Eva Eng (Arch Care)	
Bill Mead (St. Mary's Hospital for Children)	

Meeting Objectives	**Time**
1. Review of action items from last meeting	5 mins
2. Review of Organizational Deliverables	20 mins
• Practitioner Engagement Milestone #1	
• Practitioner Engagement Milestone #2	
3. Overview of process and outcome metrics	10 mins
4. Organizational Deliverable Training Requirements	10 mins
5. Identify action items for next meeting	5 mins

Action Items

Description	**Owner**	**Start Date**	**Due Date**	**Status**
Overview of process and outcome metrics	I. Kastenbaum	2/26/16	3/25/16	Not started
Revise Performance Reporting Milestones	L. Alexander and T. Sturdivant-Morrison	2/26/16	3/31/2016	Not started
Send names of suggested colleagues for the CC/HL workgroup to Dr. E. Carrillo	Clin Ops Committee	2/26/16		In progress

NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date and Time	3/25/16, 9-10am	**Meeting Title**	NYP PPS Clinical Operations Committee
Location	1HN-151	**Facilitator**	Dr. Emilio Carrillo, Sandy Merlino
Go to Meeting	https://global.gotomeeting.com/join/158738573	**Conference Line**	Dial +1 (646) 749-3122 Access Code: 158-738-573

Attendees	
Chair: Sandy Merlino (VNSNY)	**Chair:** Emilio Carrillo, MD (NYP)
Alissa Wassung (God's Love We Deliver)	Isaac Kastenbaum (NYP)
David Chan (City Drug & Surgical)	Amy Shah (NYC DOHMH)
Jean Marie Bradford, MD (NYPSI)	Lauren Alexander (NYP)
Eva Eng (Arch Care)	Susan Wiviott (The Bridge)
Carmen Juan (NYP)	Julie Mirkin (NYP)

Meeting Objectives	**Time**
1. Review of action items from last meeting	5 mins
2. Review of Organizational Deliverables	20 mins
• Practitioner Engagement Milestone #1	
• Practitioner Engagement Milestone #2	
3. Overview of process and outcome metrics	10 mins
4. Organizational Deliverable Training Requirements	10 mins
5. Identify action items for next meeting	5 mins

Action Items

Description	**Owner**	**Start Date**	**Due Date**	**Status**
Share information about post-acute care workgroup	J. Mirkin	3/25/16	5/27/2016	In progress
Invite P. Hernandez to upcoming meeting to present on Healthix	L. Alexander	3/25/16	4/22/2016	Complete
E-mail project status report and process/outcome metrics to group	L. Alexander	3/25/16	4/12/2016	Complete
PMO to consider development of patient education materials around DSRIP	PMO	3/25/16	--	In progress
F/U at next meeting on March 2016 project status report with regard to HIV Centers of Excellence	T. Sturdivant-Morrison	3/25/16	4/22/2016	Not started
Finalize Practitioner Engagement Milestones based on Committee feedback	L. Alexander and I. Kastenbaum	3/25/16	4/8/2016	Complete

MINUTES

- Dr. E. Carrillo opened the meeting and reviewed the action items and minutes from last meeting.
- Dr. E. Carrillo reviewed the Organization Deliverables for Practitioner Engagement Milestone #1 and #2.
- Dr. E. Carrillo requested feedback on Milestone #1.
    - E. Eng suggested that the webinars be recorded and posted on the website.
    - J. Mirkin described the work being done by a new workgroup focused on post-acute care. Both she and Dr. E. Carrillo suggested that we integrate this work into the milestone. J. Mirkin will forward the charters to either the Co-Chairs or L. Alexander.

- D. Chan inquired about steps being taken to include those providers who are less engaged in the work of the PPS. Dr. E. Carrillo suggested the Northern Manhattan Community Physicians forum as one outlet.
- E. Eng suggested that we ensure language around engagement of community-based organization is weaved in throughout the milestone.
- D. Chan inquired about whether NYP has plans to submit medications that patients take into Healthix.
  - Dr. E. Carrillo suggested that G. Kuperman's group be invited to a future meeting to discuss Healthix. P. Hernandez to be invited to present.
  - S. Merlino asked whether the PPS was participating in the the Greater New York Hospital Association group focused on RHIOs, which is looking at standardizing information being put into RHIOs across PPSs. Dr. E. Carrillo indicated that NYP is a part of GNYHA and participates in a clinical leadership committee with subgroups looking into communication around care plans. There is an effort focused on working with Healthix and the New York State Department of Health to have one care plan which would streamline data being submitted into the RHIO.

- Dr. E. Carrillo motioned to adopt Milestone #1 with the addition of the suggested language. E. Eng moved. D. Chan seconded. All were in favor.
- Dr. E. Carrillo asked I. Kastenbaum to expand upon two of the trainings outlined in Milestone #2 titled "Introduction and Overview of New York State Delivery System Reform Incentive Payment (DSRIP) Program" and "Introduction and Overview of Healthcare Reform, Payment Reform and Delivery Transformation."
  - I. Kastenbaum noted that he is looking into having 1-2 individuals who can speak about the full set of programs offered by the State. Content to be put together by May 2016.
- Dr. E. Carrillo requested feedback on Milestone #2.
  - S. Merlino suggested the PPS develop a high-level DSRIP factsheet that can be distributed to frontline staff. L. Alexander indicated that an external stakeholder toolkit is under development which will include a fact sheet about DSRIP and the NYP PPS. This toolkit will be shared with the network.
  - S. Merlino also suggested the development of a patient education piece. Dr. J. Bradford and S. Wiviott agreed. Dr. J. Bradford noted that there is confusion about DSRIP amongst patients. S. Wiviott commented that not all clinicians understand either, noting that some are sending mixed messages to their patients and prompting them to opt-out.
- Dr. E. Carrillo motioned to adopt Milestone #2. Dr. J. Bradford moved. E. Eng seconded. All were in favor.
- I. Kastenbaum reviewed the Project Status Report and the Process and Outcome metrics with the group.
  - Dr. E. Carrillo asked about the denominators for the metrics. He also inquired about the reporting schedule for the metrics and requested that performance on the metrics be shared with the Committee on a regular basis. I. Kastenbaum stated that patient engagement is reported quarterly and outcome metrics are measured bi-annually.
  - With regard to the Project Status Report, Dr. J. Bradford asked if the group should we be concerned about the projects that are red (No Progress-At Risk). I. Kastenbaum addressed the at-risk indicators in the report and noted that a follow-up would be provided at the next meeting regarding the red items for the HIV Centers of Excellence.
- Dr. E. Carrillo closed the meeting.

NYP PPS Clinical Operations Committee 3/28/2016
Proposed Process/Outcome Measures

Level	Project	Metric Provider	Data Source	Type	Definition	Ease of Access (1 - Easy, 3 - Challenging)	Proposed Frequency
PPS	-	Domain 2	NYS Claims	Outcome	Potentially Avoidable Emergency Room Visits (3M)	1	Quarterly
PPS	-	Domain 2	NYS Claims	Outcome	Potentially Avoidable Readmissions (3M)	1	Quarterly
PPS	-	Domain 2	NYS Claims	Outcome	PQI 90 - Composite of all measures (AHRQ)	1	Quarterly
PPS	-	Domain 2	NYS Claims	Outcome	PDI 90 - Composite of all measures (AHRQ)	1	Quarterly
PPS	-	Domain 3	NYS Claims	Outcome	Potentially Preventable Emergency Room Visits (for persons with BH diagnoses)	1	Quarterly
PPS	-	Domain 3	NYS Claims	Outcome	Follow-Up after hospitalization for mental illness within 30 days	1	Quarterly
Project	HIV CoE	Domain 3	NYS Claims	Outcome	HIV/AIDS Comprehensive Care: Engaged in Care	1	Quarterly
PPS	-	Domain 3	NYS Claims	Outcome	Medical Assistance with Smoking and Tobacco Use Cessation - Advised to Quit	1	Quarterly
Project	Ambulatory ICU	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries with 2+ visits to Ambulatory ICU w/in a single year	2	Quarterly
Project	ED Care Triage	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries with a follow-up appointment scheduled within 30 days following an emergency department visit	2	Quarterly
Project	Transitions	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries with a care transition plan developed prior to discharge.	2	Quarterly
Project	BH Integration	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries receiving primary care services at a participating mental health or substance use site	2	Quarterly
Project	BH Crisis	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries receiving crisis stabilization services from participating sites	2	Quarterly
Project	HIV CoE	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries who received two, sequential anti-retroviral medication scripts and/or attended two office visits within the previous 12 months.	2	Quarterly
Project	Palliative Care	Patient Engagement	PPS Reporting	Process	Number of Medicaid beneficiaries receiving palliative care services at participating PCMH sites.	2	Quarterly
PPS	-	Productivity	PPS Reporting	Process	Productivity of DSRIP-related interventions	3	Quarterly
Project	-	Impact	PPS Reporting	Outcome	Hospital and ED Utilization of intervened populations	3	Biannually

NewYork-Presbyterian
Performing Provider System

Practitioner Communication and Engagement Plan

The NewYork-Presbyterian Performing Provider System (NYP PPS) includes the five Manhattan-based NYP Hospitals and related community-based clinics, federally qualified health centers, community-based physicians, nursing homes, home care providers, behavioral health providers, as well as social services and community-based organizations (e.g. supportive housing, transportation, meal programs). Considering this breadth of collaborators, there is an even greater variety of practitioners across the network.

The NYP PPS strategy to engage and communicate with practitioners includes:

1. **Establishing structures to meaningfully engage the variety of practitioners**

   Given the importance of interdisciplinary teams and cross-agency collaboration, the NYP PPS, as discussed at the Clinical Operations Committee and operationalized within the projects, has opted not to establish standalone professional groups along licensure lines (e.g. Nursing, Physicians, Care Managers, etc.). The focus instead will be on:

   A. Supporting each care team member to contribute to the ultimate goals of the patient;

   B. Meaningfully improving the ability for roles to collaborate

2. **Engaging practitioners in PPS Governance Activities**
   There are three ways by which practitioners are included in the governance of the NYP PPS:

   A. **PPS Governance Committees:** The PPS has a four-committee governance structure composed of Executive, Finance, IT/Data Governance, and Clinical/Operations Committees; there are also three workgroups, Cultural Competency and Health Literacy, Value-Based Purchasing and Workforce Advisory. The Committees are jointly lead by an NYP representative and a rotating community collaborator.

   B. **Project Advisory Committee (PAC):** The quarterly PAC meetings have representation from community, local government, public health agencies, educational facilities, senior center, housing organizations, unions and youth programs, among others. The meeting agendas are based on current and evolving needs PPS. As an example, the January 2016 PAC meeting focused community engagement, including the goals of community engagement, the role of the community stakeholder, identification of stakeholders (including practitioners), and methods and frequency of engagement.

C. **Ad-hoc Project-Specific Workgroups:** A number of the PPS projects have established specific workgroups to discuss inter-agency and interdisciplinary communication and workflows. These groups engage practitioners from physicians, nurse practitioners, social workers, behavioral health professionals, and community health workers.

3. **Providing Standard Reports on Project Implementation and Impact**
As mentioned in Governance Milestone #4 (establish governance structure and reporting process), standard reports will be periodically distributed though the Governance Committees, Project Advisory Committee, ad-hoc project workgroups, and via the website to facilitate feedback on the PPS's performance. Collaborating practitioners will have the opportunity to provide feedback via email to the PMO, contribution to the Clinical Operations Committee, or contribution to the PAC.

4. **Other Methods Used for Engagement (meetings, webinars, etc.)**
The NYP PPS Project Management Office (PMO) employs a variety of methods to engage its collaborating practitioners:

A. In-Person Meetings
All Governance Committee, PAC, and Ad-hoc project meetings occur in-person, often rotating across PPS collaborator offices. There is always a phone and GoToMeeting © option available to ensure that the broadest group can participate. This is in addition to one-on-one PMO-collaborator meetings that always occur in-person or via phone.

B. Webinars
The PPS facilitates monthly webinars on a variety of topics (Healthix, DSRIP 101, and Funds Flow) that are broadly available to the community, including those individuals/agencies not formally part of the network. These venues are not capped and have allowed ample time (nearly half of time allotted) for questions and open dialogue.

C. Website
The PPS maintains a website which includes general information about the PPS, project overviews, a collaborator listing and Governance Committee meeting materials. Past newsletters and webinar materials are also available for practitioner reference. A resource section is being built out which will provide useful information to network members, such as training materials, reference documents, etc. on a variety of topics (i.e. cultural competency and health literacy).

D. Newsletter
The PPS releases a monthly newsletter to keep network members apprised of PPS activities and updates from the State. The newsletter features

collaborator, staff and project spotlights. Collaborating practitioners are invited to share submissions for the Collaborator Spotlight in an effort to promote increased awareness of the breadth of services and programs available across the network. Resources and tools that might be useful to network members are also shared in the newsletter.

E. Collaborator Symposium

The PPS hosts a biannual Collaborator Symposium which brings together all network members to discuss topics relevant to the work of the PPS and how we can work together as an integrated delivery system to improve the care we provide to our patients. The events are action-oriented and solutions-driven with a focus on seeking feedback from our collaborating practitioners on best practices for care coordination and providing quality care to patients.

NewYork-Presbyterian
Performing Provider System

Practitioner Training and Education Plan

The fragmentation of the care delivery system creates an environment where a lack of coordinated care and aligned incentives negatively affects quality, cost and outcomes. An integrated delivery system will support a sustainable Medicaid program for present and future beneficiaries as measured by better quality care and Medicaid expenditures per patient.

As outlined in the New York and Presbyterian Hospital Performing Provider System application, the PPS has five major goals in establishing an integrated delivery system:

1. Develop an integrated, collaborative and accountable delivery system
2. Reduce avoidable admissions, readmissions and emergency department use
3. Enhance primary care and community provider capability and capacity
4. Enhance data sharing and two-way communication across the care continuum
5. Integrate behavioral health and substance use capability, capacity and awareness throughout the care continuum

To accomplish these goals and to engage the PPS collaborators, and their employed providers, in the integrated delivery system, the PPS will pursue a multiple-part provider training and education strategy, including a focus on:

1. **Introduction and Overview of New York State Delivery System Reform Incentive Payment (DSRIP) Program –** This training opportunity will focus on the DSRIP program, as a part of the New York State Medicaid Redesign Team efforts. It will provide high-level overviews of the history of DSRIP, the State requirements of PPSs, the payment and evaluation mechanisms, and the role of the Independent Assessor. This training will not be specific to the NYP PPS. ***This training was provided via live webinar in February 2016.***

2. **Introduction and Overview of Healthcare Reform, Payment Reform, and Delivery Transformation –** This training opportunity will focus on providing a broad overview of the ever evolving healthcare market, including a focus on policy changes, value-based payment, and new models of care. This training will cover a number of specific New York State-specific initiatives, including Health Homes, HARP, and Home and Community-Based Services. This will also cover Federal initiatives, including CMMI-related grants and Accountable Care Organizations (ACOs). ***This training will be developed and made available in summer 2016, in-line with the PPS Workforce Training Strategy.***

3. **Introduction and Overview of Care Coordination –** This training opportunity will provide an in-depth introduction to care coordination best practices. To the extent possible, this training will be role/license-agnostic as to allow the greatest level of applicability to the broad PPS audience. The training program will draw significantly from the work of the University of Albany Center for Healthcare Workforce Studies Care Coordination Curriculum Guidelines. ***This training will be developed and made available in summer 2016, in-line with the PPS Workforce Training Strategy.***

4. **Introduction to Quality Improvement** – This training opportunity will provide a broad overview of quality improvement methodologies, including PDSA cycles, Lean, and Six Sigma-informed best practices. The training will be informed by the NewYork-Presbyterian Hospital Quality Department. ***This training will be developed and made available in summer 2016, in-line with the PPS Workforce Training Strategy.***

5. **Introduction to Healthix RHIO and Health Information Exchange (HIE)** – This training opportunity will cover the broad use of RHIOs and other forms of Health Information Exchange in supporting team-based care across a network of providers. The training will include specific examples of how the PPS will employ the Healthix RHIO, best practices from other RHIO members, and direct education from Healthix itself. The program will also include information from an Office of National Coordinator-funded curriculum being developed by Columbia University Medical Center. ***This training will be developed and made available in summer 2016, in-line with the PPS Workforce Training Strategy.***

6. **Introduction to PPS Clinical Programs** – This training opportunity will provide a broad overview of the nine PPS clinical programs, including best practices, access points, and eligibility criteria. This training will be refined as the projects are more fully operationalized. ***This training will be developed and made available in summer 2016, in-line with the PPS Workforce Training Strategy.***

7. **Overview of Best Practices to Address Clinical and Psychosocial Needs –** This training opportunity will provide a variety of introductions to best practices around addressing beneficiaries' clinical and psychosocial needs. The PPS will draw upon the expertise of the PPS's participating providers and organizations to identify and share best practices. ***These trainings will be made available throughout the DSRIP demonstration years as the needs arise.***

Where appropriate, evaluation and feedback will be solicited from trainees participating in the various training programs and will used to inform future trainings and/or to identify additional areas of training.

Other training programs will be developed by the PPS Workforce and/or Cultural Competency and Health Literacy workgroups throughout the course of the demonstration years, as appropriate and as needed to address evolving patient and provider needs.

Forums that will be used to discuss the DSRIP program:

The previous trainings, and those yet to be developed, will be delivered through a variety of standing PPS outreach methods, including:

A. In-Person Meetings
There will also be a best effort made to make trainings available in-person. As such, there will always be a phone and GoToMeeting © option available to ensure that the broadest group can participate.

B. Webinars

The PPS will facilitate webinars on a variety of topics are broadly available to the community, including those individuals/agencies not formally part of the network. These venues are not capped and have allowed ample time (nearly half of time allotted) for questions and open dialogue.

C. Website

The PPS maintains a website which includes general information about the PPS, project overviews, a collaborator listing and Governance Committee meeting materials. Past newsletters and webinar materials are also available for practitioner reference. A resource section is being built out which will provide useful information to network members, such as the previously outlined training materials, reference documents, etc. on a variety of topics (i.e. cultural competency and health literacy).

D. Newsletter

The PPS releases a monthly newsletter to keep network members apprised of PPS activities and updates from the State. The newsletter features collaborator, staff and project spotlights. Collaborating practitioners are invited to share submissions for the Collaborator Spotlight in an effort to promote increased awareness of the breadth of services and programs available across the network. Trainings will also be released through the newsletters.

E. Collaborator Symposium

The PPS hosts a biannual Collaborator Symposium which brings together all network members to discuss topics relevant to the work of the PPS and how we can work together as an integrated delivery system to improve the care we provide to our patients. The events are action-oriented and solutions-driven with a focus on seeking feedback from our collaborating practitioners on best practices for care coordination and providing quality care to patients.

Effect on Provider Practices:

This training plan was developed to demonstrably improve providers' practices' ability to operate in a more integrated fashion with their peers. In the current fragmented delivery system, providers may spend significant time (or miss the opportunity altogether) attempting to coordinate a given patients' needs. However, these trainings are focused on enabling all providers to work at the top of their license and to maximize the interconnectivity that comes from enhanced communication and information exchange.

Practitioner Engagement

Milestone #1: Develop practitioner communication and engagement plan.

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate it has developed a comprehensive practitioner communication and engagement plan. The PPS must have the following items available for review:

- The Practitioner Communication and Engagement Plan. The document must articulate:
  - Establishment of PPS-wide professional groups, including their role in the PPS.
  - Provisions to include professional group representatives in the PPS's governing bodies.
  - Development of Standard Performance reports that are created and distributed to appropriate practitioner groups and provisions to obtain feedback.
  - Methods used for practitioner engagement.
    - Meetings, web-based, other methods, etc.

- List of practitioner engagement activities (such as meetings), as applicable.
  - A template, ***"Meeting Schedule Template"*** has been developed to capture meetings, which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review. In completing the template, the IA is only looking for a list of meetings, dates conducted, and whether there are meeting minutes or an attendees list available. As part of random sampling the IA MAY request a list of attendees or minutes after review of the meeting template.

- Copies of Performance Reports, upon request.

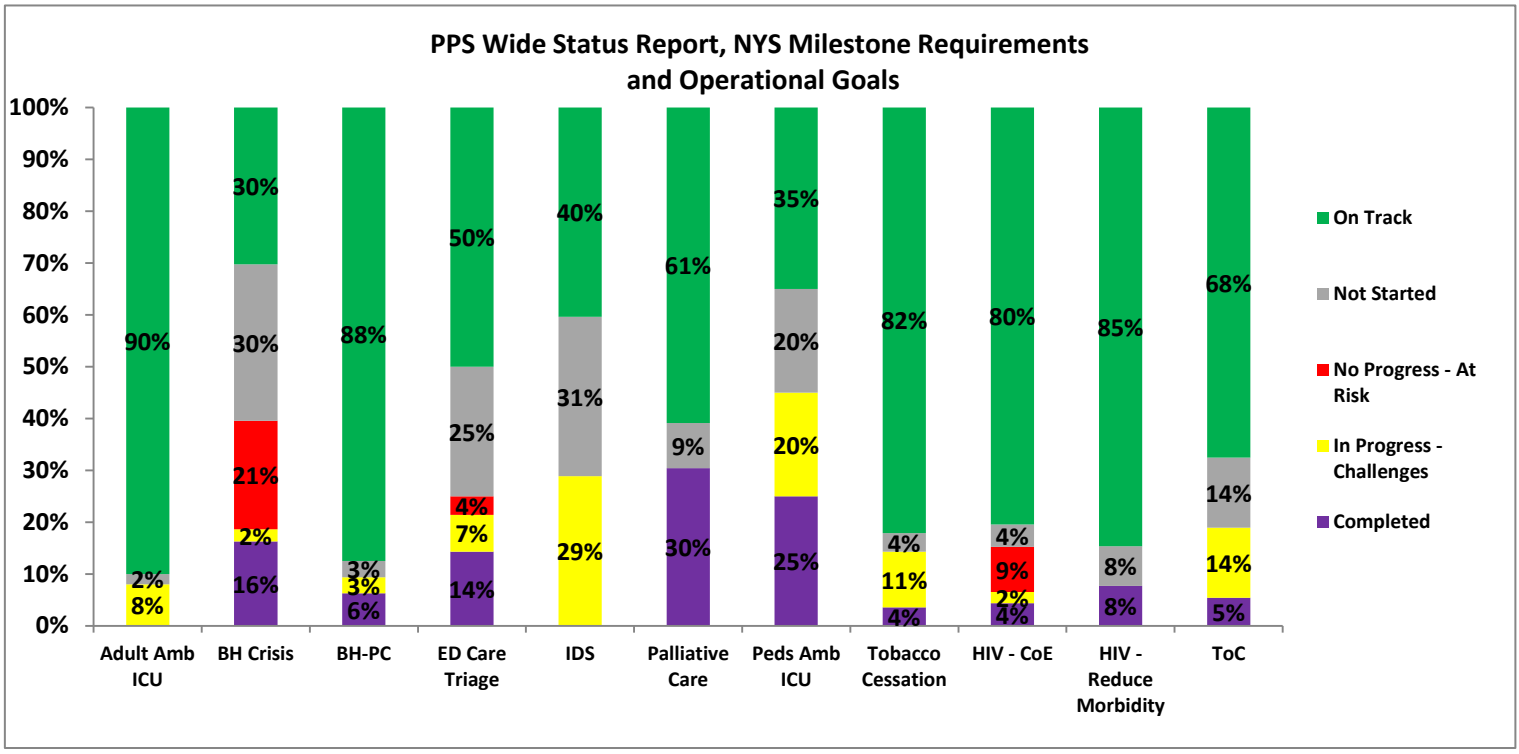
Milestone #2: Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda.

Minimum Standards of Supporting Documentation to Substantiate Successful Completion of the Milestone: The PPS must demonstrate that it has developed a training and education plan for practitioners / professional groups. The PPS must provide the IA:

- A copy of the training and education plan that articulates:
  - Goals of the DSRIP program and the benefits of an integrated delivery system in achieving those goals.
  - Forums that will be used to discuss the DSRIP program and how it will affect their practices.

- Training Schedules.
  - A template, "***Training Schedule Template***" has been developed to capture trainings which have occurred in the past quarter. This template is mandatory and must be utilized to facilitate IA review.

Project Status Update
As of March 10, 2016



Data Highlights

- 63% reported "On Track"
- 10% reported "Challenges"
- 3% reported "At Risk"
- 9% reported "Completed"
- 15% reported "Not Started"

Cross Project Successes

All

- Recruitment for CHW positions underway; The CHWs will play an important role in the Interdisciplinary Team meetings and providing support to patients in the community
- IT enhancement for patient registries completed; Several projects will now be able to finalize registries and develop population specific registries and dashboards

Behavioral Health

- Finalizing collaboration plans with two community based collaborators to further the continuum of care for Behavioral Health Patients

Pediatric Ambulatory ICU

- Successful Pediatric Steering Committee meeting

TOC

- Continued conversations with Post-Acute Providers

Ongoing Challenges

- Care Management / Health Homes
  - Implement and train staff on process for bottom up referrals to ensure accountability and proper use of HH CMs
  - Universal (ACN) Assessment needs to be finalized and workflows developed to not duplicate efforts
- Notifications (ED and Inpatient alerts)
  - Develop a plan to implement alerts for Primary Care Providers, avoiding multiple alerts and confusion
- Program Membership
  - Design a process to notify care teams of patients' membership in other care management programs/interventions (ACO, CHF management, DSRIP programs, Targeted Care Initiative, Health Home)
- Collaborator Engagement
  - Ensuring collaborators are aware of each other's available services; Establishing sustainable PPS Network infrastructure and relationships