

DSRIP Meeting Agenda

Date & Time	6/16/17 @ 9:00 – 10:00AM	Meeting Title	IT – Clinical Operations Committee
Location	Milstein Family Heart Center 173 Fort Washington Ave. 4 th Floor, Room 633	Facilitator	Sandy Merlino, Gil Kuperman & Alvin Lin
Go to Meeting	https://global.gotomeeting.com/join/676507237	Conference Line	Dial +1 (408) 650-3123 Access Code: 676-507-237

Invitees	
Chair: Sandy Merlino (VNSNY)	Chair: Alvin Lin (NYC DOHMH PCIP/REACH)
Chair: Gil Kuperman (NYP)	Terri Udolf (St. Christopher's Inn)
Alissa Wassung (God's Love We Deliver)	Amy Shah (NYC DOHMH)
Susan Wiviott (The Bridge)	Maria Lizardo (Northern Manhattan Improvement Corp.)
David Chan (City Drug & Surgical)	Catherine Thurston (SPOP)
Jean Marie Bradford, MD (NYPSI)	Stuart Myer (VillageCare)
Genevieve Castillo (Methodist)	Renato Leonel (Isabella)
Dan Johansson (ACMH, Inc.)	Mitze Amoroso (ArchCare)
Julissa Nunez (VNSNY)	Todd Rogow (Healthix)
Theo Figurasin (NYSNA)	Priscilla Pena (1199 SEIU)
Steven Lam (CBWCHC)	Patricia Hernandez (NYP)
Andres Pereira, MD	Andrew Missel (NYP)
Nelson Mesa (NYP)	Rachel Naiukow (NYP)
Isaac Kastenbaum (NYP)	

Meeting Objectives	Facilitator	Time	Start	End
Welcome & Roll Call	Alvin Lin	10 min	9:00	9:10
Performance Overview & Revisiting Metric Definitions	Andrew Missel	20 min	9:10	9:30
Debrief on "Introduction to P4P Measurement" Webinar (Workforce Training & Development) <ul style="list-style-type: none"> Feedback on Agenda for Part 2: In-Person Session 	Andrew Missel	10 min	9:30	9:40
Review & Feedback on Healthix 1-Pager	Todd Rogow	15 min	9:40	9:55
Next Steps <ul style="list-style-type: none"> CBO/Social Determinants Population Line Presentation 	Andrew Missel	5 min	9:55	10:00

DSRIP Meeting Agenda

Action Items				
Description	Owner	Start Date	Due Date	Status
Contact Andrew Missel re: cultural competency and/or health literacy training needs	Andrew Missel	N/A	N/A	Ongoing
Reset calendar invites for legacy Committee meetings	Andrew Missel, Isaac Kastenbaum, Lauren Alexander	4/21/17	4/28/17	Complete
Present draft integrated Comm charter	Co-Leads / Andrew Missel	4/21/17	TBD	Not Started
Send notice to Committee when learning site for training/development (LMS) is active	Rachel Naiukow	5/19/17	6/30/17	In-Progress
Write 1-pg on future compliance obligations and Healthix consent, incl. recommended workflow	Todd Rogow, Patricia Hernandez	5/19/17	6/16/17	In-Progress
Update on BAAs for data sharing at next meeting	Gil Kuperman, Nelson Mesa	5/19/17	6/16/17	Not Started

**AMAZING
THINGS
ARE
HAPPENING
HERE**

P4P Performance Update

IT/Clinical Operations Committee

June 16, 2017

Agenda

1. PPS Overall Performance Snapshot
2. MAPP Graph Interpretation
3. Deep Dive on Select Metrics

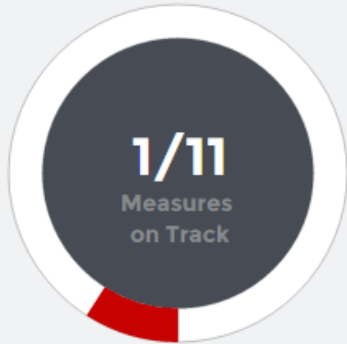
NYP PPS Overall Performance Snapshot

Sept. 2016, MY3 Month 3/12

NYS

2.b Care Coordination

11 of 22 Measures Tracked



NYP PPS

2.b Care Coordination

11 of 22 Measures Tracked



NYS

3.a Behavioral Health

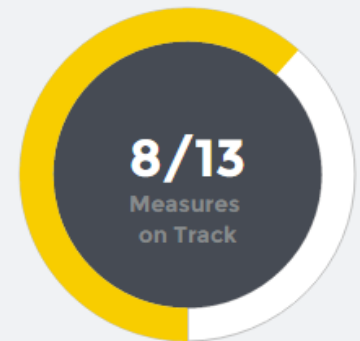
13 of 16 Measures Tracked



NYP PPS

3.a Behavioral Health

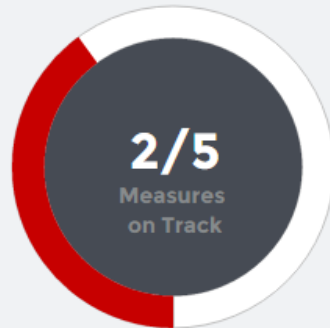
13 of 16 Measures Tracked



NYS

3.e HIV/AIDS

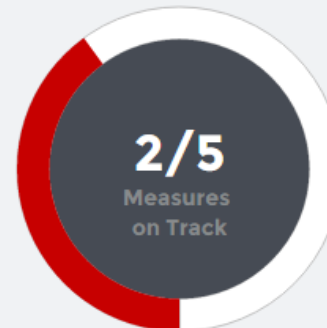
5 of 9 Measures Tracked



NYP PPS

3.e HIV/AIDS

5 of 9 Measures Tracked

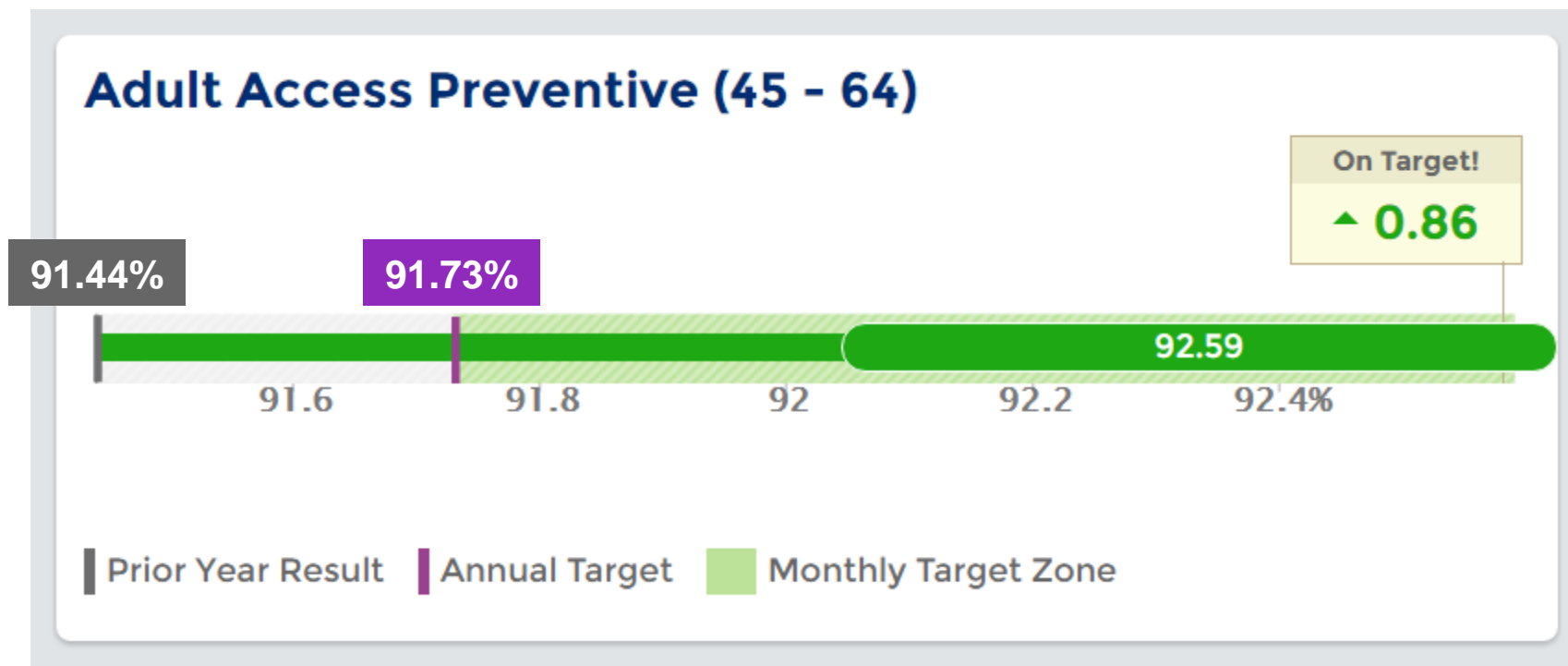


York-Presbyterian

Performing Provider System

Rank	Measurement Year 2 Final Results, July 1, 2015 – June 30, 2016	Measures Met?	
		Yes	No
1	Nassau Queens Performing Provider System	56.0%	44.0%
2	Albany Medical Center Hospital	53.3%	46.7%
3	Mount Sinai PPS, LLC	52.0%	48.0%
4	Advocate Community Providers, Inc.	51.6%	48.4%
5	Maimonides Medical Center	50.0%	50.0%
6	NYU Lutheran Medical Center	48.4%	51.6%
7	Care Compass Network	45.8%	54.2%
8	The New York and Presbyterian Hospital	45.8%	54.2%
9	Central New York Care Collaborative, Inc	45.8%	54.2%
10	Staten Island Performing Provider System	44.0%	56.0%
11	NewYork-Presbyterian/Queens	43.3%	56.7%
12	Alliance for Better Health Care, LLC	43.3%	56.7%
13	Bronx-Lebanon Hospital Center	42.4%	57.6%
14	SBH Health System	41.9%	58.1%
15	The New York City Health and Hospitals	40.0%	60.0%
16	Sisters of Charity Hospital of Buffalo,	38.5%	61.5%
17	Refuah Community Health Collaborative	37.5%	62.5%
18	Montefiore Medical Center	36.7%	63.3%
19	All PPS	36.4%	63.6%
20	Millennium Collaborative Care	34.6%	65.4%
21	Bassett Medical Center	33.3%	66.7%
22	Westchester Medical Center	32.3%	67.7%
23	Samaritan Medical Center	32.0%	68.0%
24	Adirondack Health Institute, Inc.	29.2%	70.8%
25	SUNY at Stony Brook University Hospital	29.0%	71.0%
26	Finger Lakes Performing Provider System	26.9%	73.1%

How to Interpret MAPP Performance Graphs



Feature	Interpretation / Description
Prior Year Result	Performance at start of Measurement Year (MY)
Annual Target	PPS target for Measurement Year (MY)
Monthly Target	PPS progress to meeting Annual Target

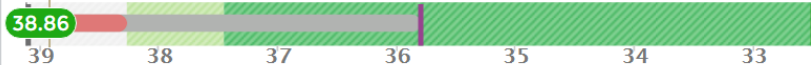
Utilization

Sept. 2016, MY3 Month 3/12 (Lower is Better)

Potentially Preventable ED Visits

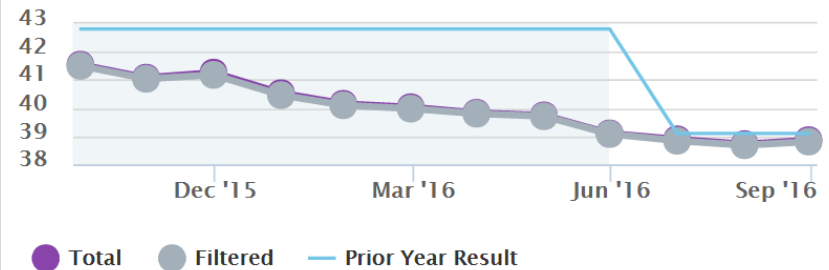
Not on Target

▲ 0.59



Prior Year Result Annual Target Annual High Perf. Goal
Monthly Target Zone Monthly High Perf. Zone

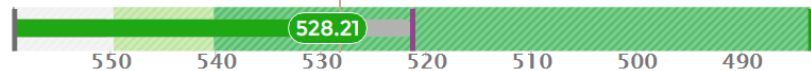
Trend



Potentially Avoidable Readmissions

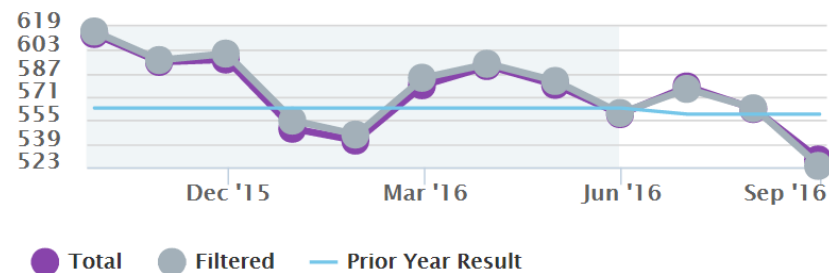
On Target

▼ 21.48



Prior Year Result Annual Target Annual High Perf. Goal
Monthly Target Zone Monthly High Perf. Zone

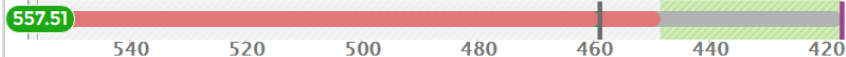
Trend



PDI 90 - Pediatric Composite

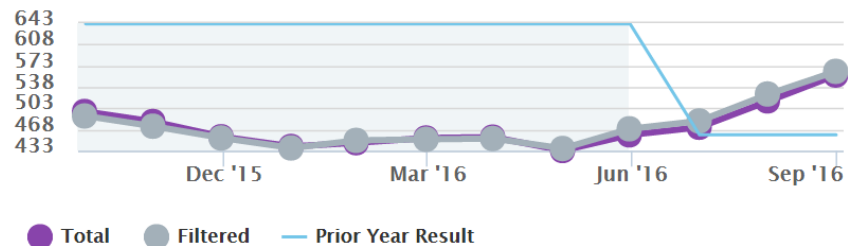
Not on Target

▲ 108.9



Prior Year Result Annual Target Monthly Target Zone

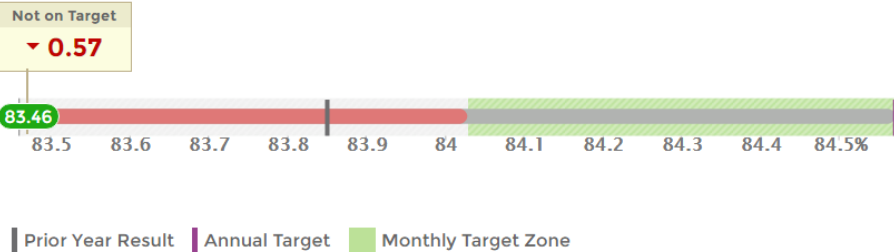
Trend



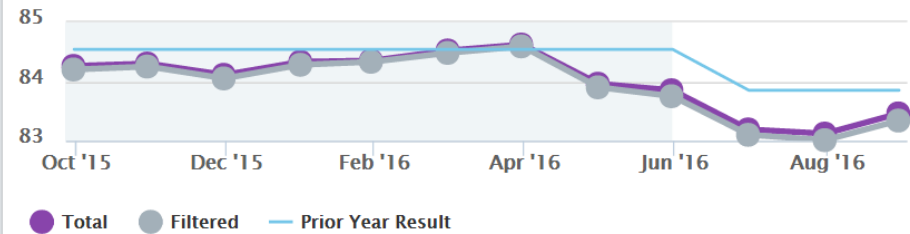
Access to Primary/Ambulatory Care

Sept. 2016, MY3 Month 3/12 (Higher is Better)

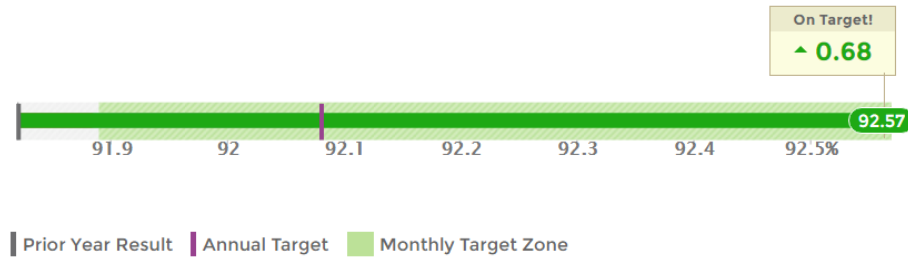
Adult Access Preventive (20 - 44)



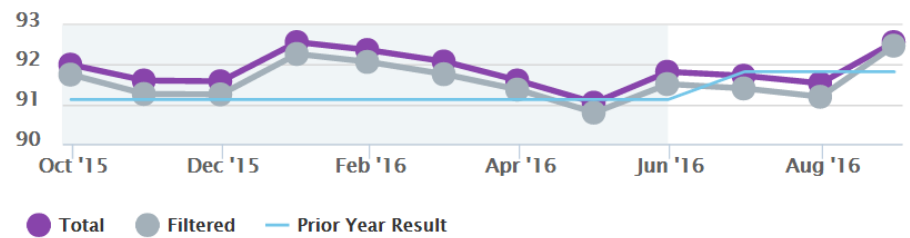
Trend



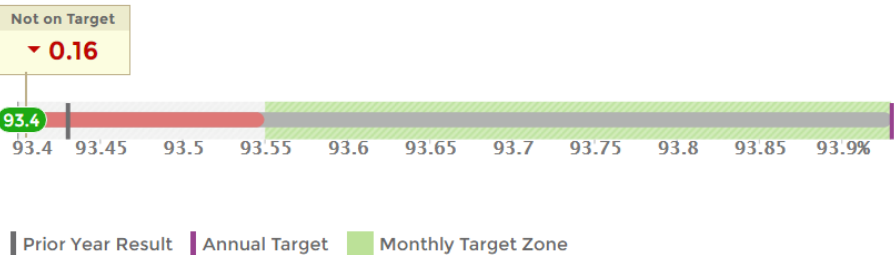
Adult Access Preventive (65 and Older)



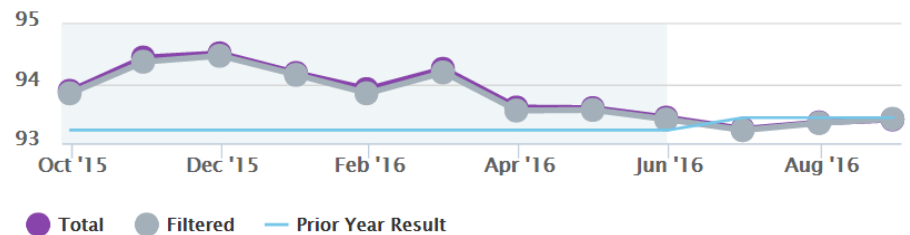
Trend



Child Access - Primary Care (25 Months to 6)



Trend





PPS Performance Defined by Four Values

1. Baseline (Beginning)

- PPS performance at start of each Measurement Year (MY)

2. Annual Goal (End)

- PPS target to receive full reimbursement
- 10% of remaining gap-to-5 year PPS goal
- Select metrics have Annual *High Performance* Goal (extra \$)

3. Five-Year PPS Goal

- PPS target for end of NYP DSRIP
- PPS *not expected* to close 100% of gap

4. Five-Year NYS Goal

- Statewide target

Other Examples of Metrics by Data Steward

Steward	Category	Metric
HEDIS	Access	Adult & child access to PCP
	Labs / Screenings	Chlamydia & cervical ca screens
	Behavioral Health	Initiation of substance abuse tx
	Behavioral Health	Follow-up after hospitalization
	Labs / Screenings & Behavioral Health	Diabetes & CVD management for patients with Schizophrenia
AHRQ	Utilization	Preventable admissions for ambulatory-sensitive conditions
3M	Utilization	Preventable ED visits & readmissions
	Utilization / Behavioral Health	Preventable ED visits for BH pts
NYS DOH & Survey-Based	Satisfaction & Engagement	Continuity of care
	Sexual Health	HIV engagement in care & viral load monitoring

Patient Consent

patient consent & engagement

- Consent to a Single Participant Organization
- Healthix Community Consent
- One-to-One Exchange
- Supporting Patients' Access to their Health Data

IN DEVELOPMENT

- Working with Employers to Increase Access and Consent for Employees

AS OF MAY 2017

3,143,233

HEALTHIX PATIENT
CONSENTS

18,378

PROVIDERS WITH
ACCESS TO
PATIENT DATA

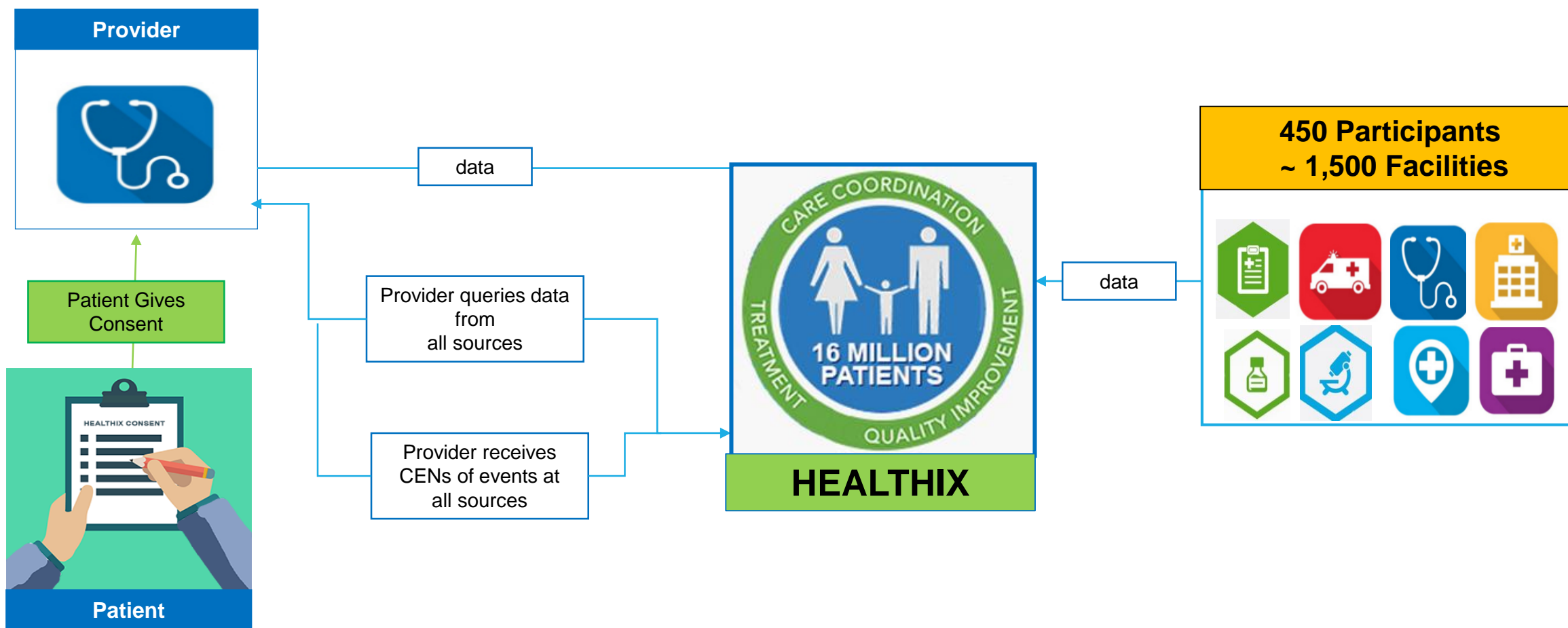
State Policies

- Healthix and State Policy governs how providers and patients engage in health information exchange, and how they access patient information
- Compliance with policy facilitates data sharing across RHIOs
- Obtaining Consent
- Consent Audit, User Audit
- Password Strength / Failed Attempts
- User Roles, Patient Notices
- SAMHSA / Sensitive Data Re-disclosures



<http://healthix.org/who-we-are/healthix-policies/>

Patient Gives “Provider Consent”



Consent Audits

- The Healthix compliance team conducts an on-going sampling audit of patient consent values in Healthix, to confirm that Participants have documentation on file of the actual affirmative consents signed by those patients
- Healthix will generate a report to conduct a random consent audit. The report will state name of Participants who have captured consent, date the Participant became a Healthix member and the number of consents captured.
- The random sample will be chosen by way of high, med, and low risk based on the size of the organization.