NewYork-Presbyterian
Performing Provider System

DSRIP Meeting Agenda

Date and Time	11/13/15, 3-4PM	**Meeting Title**	NYP PPS Finance Committee
Location	Milstein Hospital Building 1HN-151	**Facilitators**	Jay Gormley, Brian Kurz
Go to Meeting	https://global.gotomeeting.com/join/809392461	**Conference Line**	Dial +1 (646) 749-3122 Access Code: 809-392-461

Invitees	
Ilana Avinari (Methodist)	Alan Wengrofsky (Community Healthcare Network)
Phil Zweiger (ASCNY)	Maria Guevera (NMPP)
Steve Zhou (Village Care)	Dan Del Bene (SPOP)
Daniel Johansson (ACMH)	NYP Co-Chair: Brian Kurz
Fay Pinto (Elizabeth Seton Center for Pediatrics)	Co-Chair: Jay Gormley (MJHS)
David Grayson (ArchCare/Calvary)	

Meeting Objectives	**Time**
1. Review action items from last committee meeting	5 mins
2. Presentation on HIV projects, Peter Gordon, MD and Samuel Merrrick, MD	15 mins
3. Presentation on Transitions of Care project, Julie Mirkin, MA RN	15 mins
4. Finalize Financial Health Assessment	5 mins
5. Review of Funds Flow	10 mins
6. Organizational deliverables update	5 mins
7. Identify action items for next meeting	5 mins

Action Items

Description	**Owner**	**Start Date**	**Due Date**	**Status**
Revise financial health assessment and resend to committee for final review	Lauren Alexander/Co-Chairs	10/9	11/13	Completed
Send project presentation schedule and format to committee members	Lauren Alexander	10/9	11/13	Completed
Share slides with committee on safety net equity payment	Lauren Alexander	10/9	11/13	Completed
Provide clarification around funds flow process and collaborator allocation to committee members	Co-Chairs/Lauren Alexander	10/9	11/13	In progress

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Attendees	
Ilana Avinari (Methodist)	Peter Gordon (NYP)
Phil Zweiger (ASCNY)	Julie Mirkin (NYP)
Dan Del Bene (SPOP)	Sam Merrick (NYP)
Daniel Johansson (ACMH)	NYP Co-Chair: Brian Kurz
Fay Pinto (Elizabeth Seton Center for Pediatrics)	Co-Chair: Jay Gormley (MJHS)
Lauren Alexander (NYP)	David Albert (NYP)

Meeting Objectives	**Time**
1. Review action items from last committee meeting	5 mins
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3. Presentation on Transitions of Care project, Julie Mirkin, MA RN	15 mins
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7. Identify action items for next meeting	5 mins

Action Items

Description	**Owner**	**Start Date**	**Due Date**	**Status**
Share project presentation PowerPoints	Lauren Alexander	11/13	12/4	Not started
Launch financial health assessment	Lauren Alexander	11/13	12/4	Not started
Reschedule December Committee Meeting	Lauren Alexander	11/13	11/20	Completed
Move December project presentations to January and February 2016	Lauren Alexander	11/13	11/20	Completed

Minutes:

- B. Kurz opened the meeting.
- The Financial Health Assessment was approved by the Committee. The assessment will be sent to collaborators shortly using an online survey tool and they will have until February 29, 2016 to respond. The results will be tabulated and reported at the March 2016 Finance Committee Meeting.
    - J. Gormley suggested that periodic reminders be sent to the network while the survey is open.
    - D. Johansson suggested that a PDF of the survey be sent as well.
- P. Gordon, MD presented on the work of the HIV Projects: Decreasing HIV Morbidity and HIV Center of Excellence. His presentation focused on:
        - A project overview
        - The overarching goal of the NYS's DSRIP HIV projects
        - A review of TasP and PrEP as technologies to end the HIV epidemic
        - DSRIP PPS services
        - How funds are being spent
        - Results to date
        - Challenges and successes
    - J. Johansson raised the importance of housing and mental health services for this population as well as assessing for trauma and IPV.

  - D. Del Bene asked about the rates of HIV among the geriatric population.
- J. Mirkin presented on the Transitions of Care project. Her presentation focused on:
    - Project overview and requirements
    - Planning, implementation and monitoring processes
    - A workflow overview
    - How funds are being spent
    - Program challenges
  - Questions focused on the use of telehealth in the project.
- B. Kurz presented a revised funds flow document to the group which provided a breakdown of funds allocated across NYP, collaborators, bonus funding and contingency funding.
- B. Kurz reviewed the organizational deliverables with the group. The following was reported:
  - The Committee will hear an update on the compliance plan at the December meeting.
  - The Participation Agreement was sent out to collaborators and is in the process of being returned.
  - NYP leadership is meeting to determine an approach for VBP.
- L. Alexander shared the project presentation schedule for the upcoming meetings.
- Due to scheduling issues, B. Kurz announced that the date of the December meeting will be rescheduled and that the meeting will take place via phone. Project presenters will be moved to the January and February 2016 meetings.
- D. Johansson suggested that the Committee meeting less frequently, but for longer periods of time (i.e. every other month for 1.5 hours).
- B. Kurz closed the meeting.

AMAZING THINGS ARE HAPPENING HERE

DSRIP HIV Projects:

3.e.i – HIV Center of Excellence
4.c.i – Decrease HIV Morbidity

NYP PPS Finance Committee Meeting
Friday, November 13
3-4pm

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Project Overview

NYP's HIV DSRIP Projects – One Population Based (Domain 4) and one Program Based (Domain 3)

4.c.i - Decrease HIV Morbidity -
Decrease HIV and STD morbidity and disparities.
Increase early access to and retention in HIV Care
Increase peer-led interventions around HIV care navigation, testing, and other services
Design all HIV interventions to address at least two co-factors that drive the virus, such as homelessness, substance use, history of incarceration, and mental health
Empower people living with HIV/AIDS to help themselves and others around issues related to prevention and care
Promote delivery of HIV/STD Partner Services to at-risk individuals
Educate patients to know their rights to be offered HIV testing
Cultural competency training for providers

3.e.i - HIV Center of Excellence
Mental Health Services
Providers
Care Coordinators
'Practice transformation'
Walk-in capacity
Enhanced STI, PrEP, PEP
Provider 'out-posting'
Integration with D4 (population) efforts

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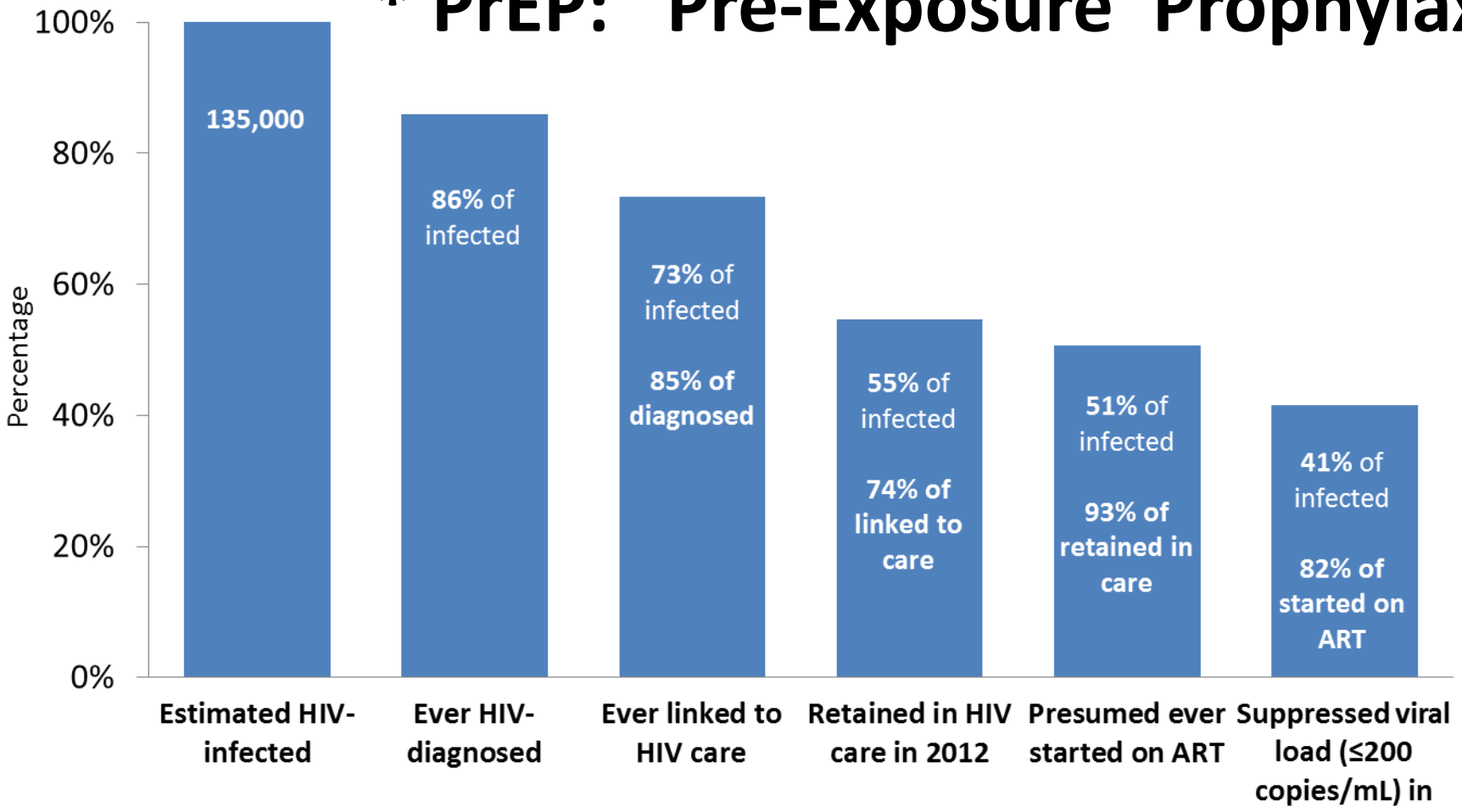
Overarching Goal of NYS' DSRIP HIV Projects

End the HIV Epidemic

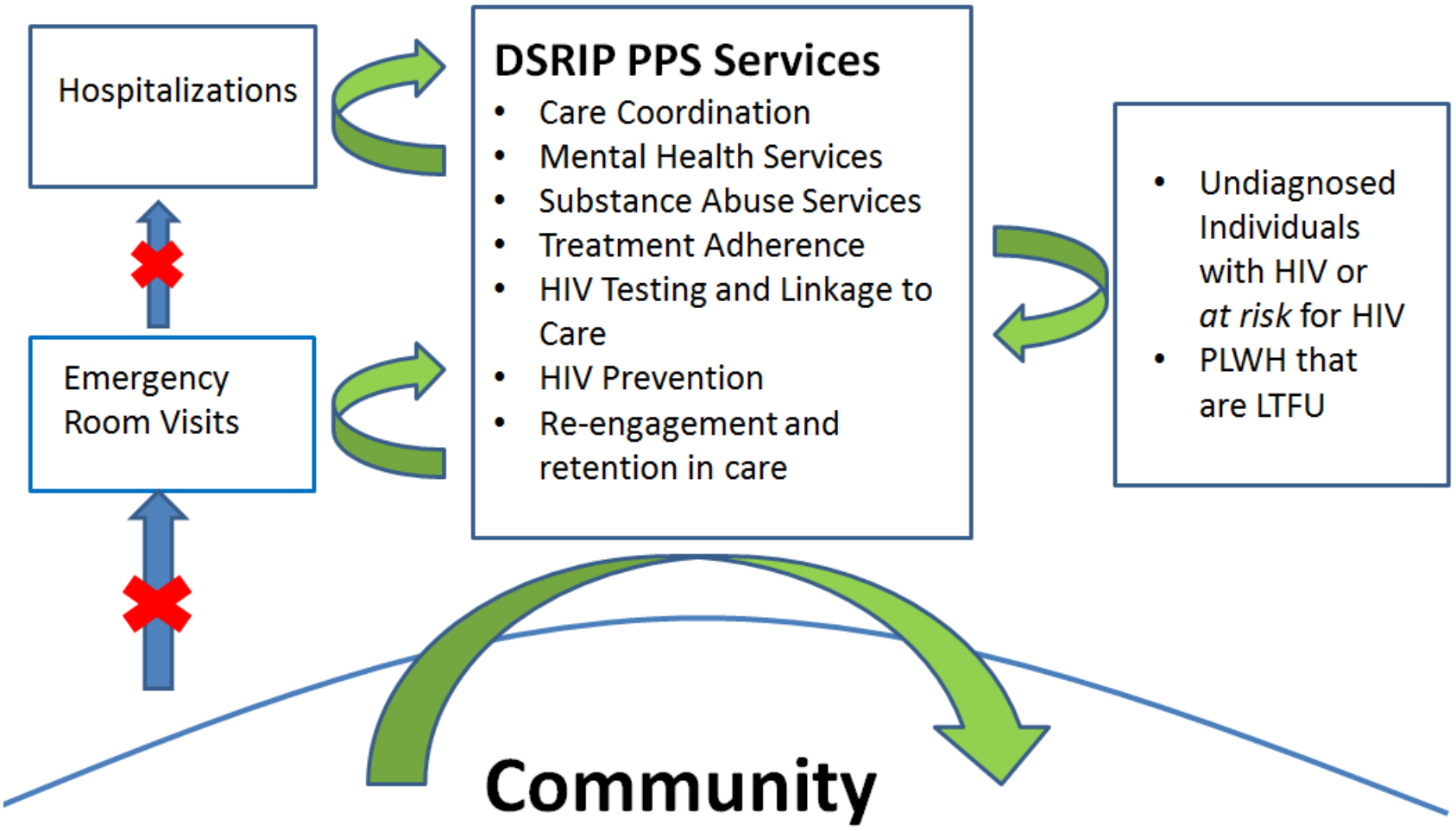
Ending the AIDS Epidemic: Combining Two Breakthrough Technologies

* TasP: Treatment as Prevention

* PrEP: 'Pre-Exposure' Prophylaxis



How the Pieces Fit Together



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Results to Date

Operations:

- Establish Project Team
- Dev. of HIV PPS Steering Committee
- Budgets for 4.ci and 3.e.i established
- Subcontracts established with CU and in progress with PPS
- Space needs assessment completed and submitted as part of capital request
- Integrated workflow analysis completed
- Initial IT needs assessment completed
- Regulatory reporting requirements identified and initial report completed
- HIV DSRIP Operations meetings established and ongoing

Personnel:

Steve Chang Program Manager (started 6/29)
Mercedes Morales – Care Coordinator (transitions of care)
Randi Scott – DSRIP Data Coordinator
(started 7/27)
Mariana Da Costa – CSS Practice Facilitator (started on 8/17)
Jenny Knight, NP (Started 9/8)
Stacey Gladstone – RN Care Manager
(Started 8/24)
Howie Haughton – Community Supervisor
(Started 8/24)
Rebecca Weiss, Psych NP accepted offer. Estimated start end of January 2016
Physician (TBD)– No active recruitment yet.

Regulatory

- Article 28, 31, and 32 Regulatory Waiver requests (pending approval)
- DSRIP Scale and Speed reporting metric finalized with NYS DOH

Challenges (and potential strengths!)

- **Establishment of an HIV Prevention and Treatment organizational partnership (community) not bound, or defined, by historic constraints. Structured to be able to help all individuals, infected or at risk, for HIV, HCV, and STIs**
- **Space**
- **Regulatory Waivers**
- **Data**
- **Information Technology**
- **Sustainability: Transitioning to HH and VBP models**

Successes

- The only HIV Center of Excellence (3.e.i) approved in NYS
- Projects fully aligned with NYS and NYC ETE efforts
- Hiring and onboarding key personnel well underway
- Substantial support for integrated NYP/PPS activities – key to overall project success!

Questions?

- **Steven Chang, NP -** NYP HIV DSRIP Project Manager
- Peter Gordon, MD - Medical Director, Comprehensive Health Program
- Sam Merrick, MD - Medical Director, Center for Special Studies

AMAZING THINGS ARE HAPPENING HERE

DSRIP Transitions of Care

Finance Committee – 11/13/15

Julie Mirkin, MA RN, Vice President Care Coordination

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2.b.iv: Care Transitions Intervention Model to Reduce 30-Day Readmissions for Chronic Health Conditions

- **Project Objective:** To provide a 30-day supported transition period after a hospitalization to ensure discharge directions are understood and implemented by the patients at high risk readmission, particularly patients with cardiac, renal, respiratory, and/or behavioral health disorders.

- **Scale Commitment – Annual Targets:**
  - DSRIP Year 1: 150 patients
  - DSRIP Year 2: 1,269 patients
  - DSRIP Year 3: 1,904 patients
  - DSRIP Year 4: 2,538 patients

2.b.iv Transitions of Care State Requirements

#	Requirement
1	Develop standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with a home care service or other appropriate community agency.
2	Engage with the Medicaid Managed Care Organizations and Health Homes to develop transition of care protocols that will ensure appropriate post discharge protocols are followed.
3	Ensure required social services participate in the project.
4	Transition of care protocols will include early notification of planned discharges and the ability of the transition case manager to visit the patient while in the hospital to develop the transition of care services.
5	Establish protocols that include care record transitions with timely updates provided to the members' providers, particularly delivered to members' primary care provider.
6	Ensure that a 30-day transition of care period is established.
7	Use EHRs and other technical platforms to track all patients engaged in the project.

2.b.iv Transitions of Care Moving to Implementation

Plan, Do, Study, Act
DSRIP cross-project alignment

- ✓ Care Coordination (CC) model
- ✓ Planning team
- ✓ Project scope
  - *Medicaid, 'High' risk (Sturm), Readmission, Polypharmacy, At-risk social determinants*
- ✓ Budget approval
- ✓ Project charter
- ✓ Workflow & protocol development

- ✓ New CC Department staff
- ✓ Recruitment
- ✓ Care Manager training
  - *Spreading from experiences at the Allen*
- ✓ Short-term IT strategy
- ✓ Post-acute strategy and engagement
  - *CBOs, ACN, PO*

- ✓ Long-term IT needs
- ✓ Assess & refine intervention scope
- ✓ Warm hand-offs
- ✓ Pharmacy partnership

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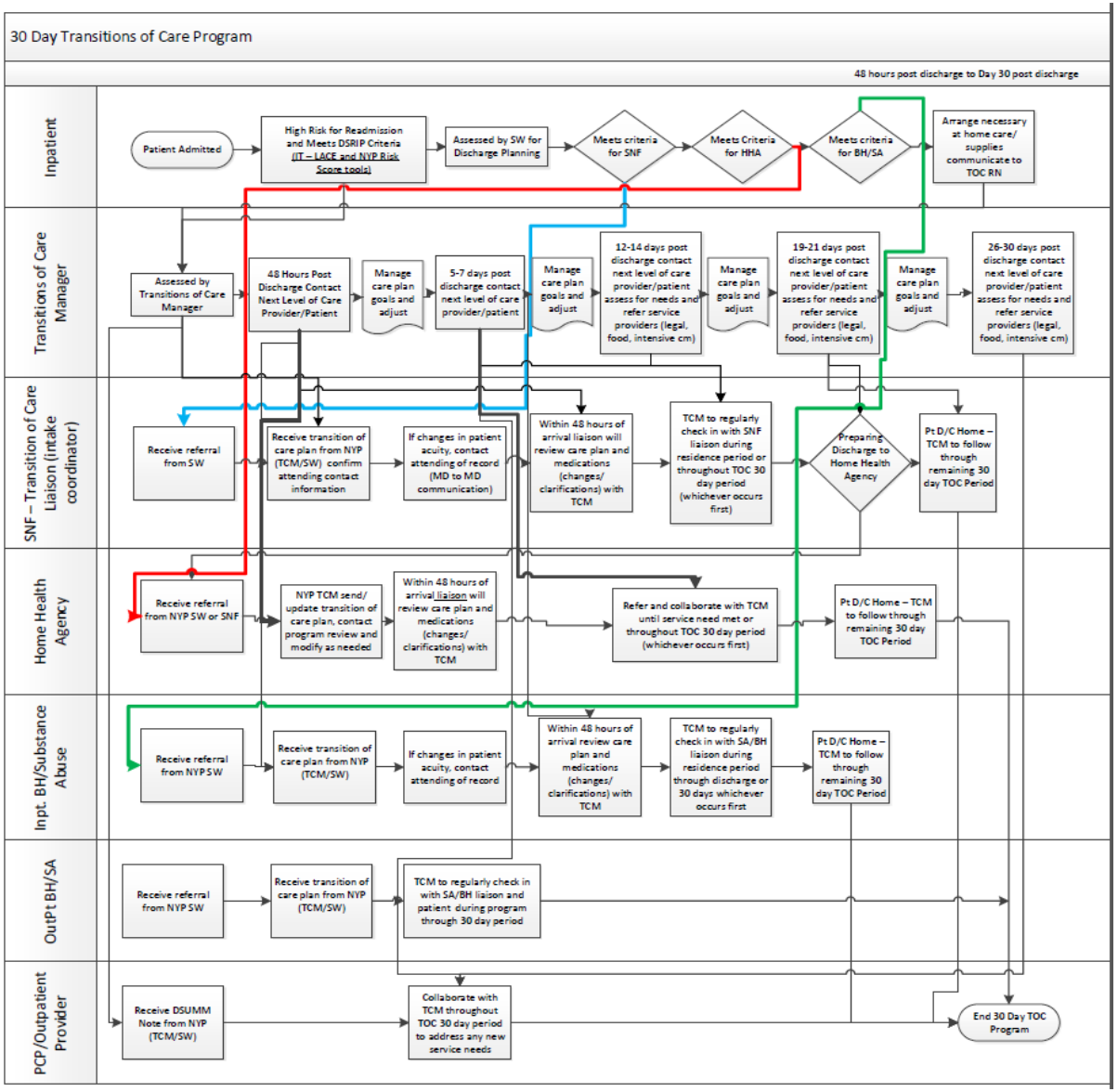
2.b.iv Transitions of Care Moving to Implementation



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2.b.iv Transitions of Care Program Challenges

- Lack of IT system integration
- Prioritizing documentation visibility amongst stakeholders
- Alignment with other DSRIP projects
- Risk stratification – Is ‘Sturm’ the optimal tool?
- Hand-offs with CBOs and ACN/PO Care Managers
- Staffing
- Space
- Telehealth
- Discharge planning process

2.b.iv Transitions of Care Project Leadership

- Julie Mirkin, MA RN

  VP Care Coordination, Cross-Campus

  – DSRIP ToC Project Lead
  – jlm9015@nyp.org

- Claudia Beck, PhD ANP-BC

  Director of Care Management, Ambulatory Care Network

  – DSRIP ToC Project Lead
  – cbb9003@nyp.org

- Leslie Akizuki, MHA

  Project Manager, Cross-Campus

  – DSRIP ToC Project Manager
  – lma9008@nyp.org

Tab	Requirement Type	Milestone	Target Completion Dates	Calendar Date	Documentation	Initiating Committee
Financial Sustainability	Domain 1 Process Measure	Finalize Compliance Plan consistent with New York State Social Services Law 363-d	DY1, Q3	12/31/2015	Finalized Compliance Plan (for PPS Lead). Subsequent quarterly reports will require an update on ongoing compliance with 363-d.	Finance
Financial Sustainability	Domain 1 Process Measure	Finalize PPS finance structure, including reporting structure	DY1, Q3	12/31/2015	PPS finance structure chart / document, signed off by PPS Board. Subsequent quarterly reports will require PPSs to provide minutes of Finance Committee meetings.	Finance
Governance	Key Issue	Finalize partnership agreements or contracts with CBOs	DY1, Q4	3/31/2016	Signed CBO partnership agreements or contracts. Subsequent quarterly reports to require minutes of meetings with CBOs.	Finance
Financial Sustainability	Domain 1 Process Measure	Perform network financial health current state assessment and develop financial sustainability strategy to address key issues.	DY1, Q4	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 In subsequent quarterly reports (i.e. between the annual assessment) PPSs will be requires to provide an update on: --the financial status of those providers identified as financially fragile, including those that qualified as IAAF providers; and how their status impacts their ability to deliver services -- the identification of any additional financially fragile providers; and -- the efforts undertaken to improve the financial status of those providers.	Finance
Financial Sustainability	Domain 1 Process Measure	Develop detailed baseline assessment of revenue linked to value-based payment, preferred compensation modalities for different provider-types and functions, and MCO strategy.	DY1, Q4	3/31/2016	Value-based payment plan, signed off by PPS board Subsequent quarterly reports will require updates on implementation of that plan.	Finance

Tab	Requirement Type	Milestone	Target Completion Dates	Calendar Date	Documentation	Initiating Committee
Funds Flow	Domain 1 Process Measure	Complete funds flow budget and distribution plan and communicate with network	DY1, Q4	3/31/2016	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. Subsequent quarterly reports will require updates to the budget and funds flow tables contained in this template.	Finance
Financial Sustainability	Domain 1 Process Measure	Finalize a plan towards achieving 90% value-based payments across network by year 5 of the waiver at the latest	DY2, Q3	12/31/2016	Value-based payment plan, signed off by PPS board Subsequent quarterly reports will require updates on implementation of that plan.	Finance

This survey will require you to provide summary-level financial information about your organization. As required by the New York State Delivery System Reform Incentive Payment (DSRIP) Program – each PPS must perform an annual financial health assessment to:

1. **Identify those providers in their network that are financially fragile, including those that have qualified as IAAF providers;**
2. **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;**
3. **Include any additional financial indicators that they deem necessary for monitoring the financial sustainability of their network providers**

If an organization is found to be financially fragile, the PPS must document:

1. **The financial status of those providers identified as financially fragile, including those that qualified as IAAF providers; and how their status impacts their ability to deliver services**
2. **The identification of any additional financially fragile providers; and**
3. **The efforts undertaken to improve the financial status of those providers.**

This information will not be shared beyond the PPS Finance and Executive Committee. Submission of this form does not guarantee that the PPS will provide financial support, but those safety net providers identified as 'financially fragile' will receive guidance from the PPS.

If you have any questions regarding this survey, please do not hesitate to contact ppsmembership@nyp.org.

Organizational Information

Organization Legal Name:

Organization Operating Name (e.g. d/b/a):

Is your organization a parent organization? Y / N

Is your organization a sub-corporation? Y / N

If yes to either, please elaborate:

Organization Type: (SELECT FROM DROPDOWN)

Respondent's Name:

Respondent's Role:

Respondent's Email Address:

Are you a designated safety net provider per New York State?

Organizational Financial Sources:

1. Does your organization provide Medicaid reimbursable services? Y/N
    a. If Yes, what portion of your annual revenue is driven by Medicaid reimbursement?
2. Does your organization provide services that are reimbursed through Medicare? Y/N
    a. If Yes, what portion of your annual revenue is driven by Medicare reimbursement?
3. Does your organization provide services that are reimbursed through commercial payors? Y/N
    a. If Yes, what portion of your annual revenue is driven by commercial reimbursement?
4. Does your organization receive private and/or government grants/philanthropy? Y/N
    a. If Yes, what percent of revenue is driven by private (individual or foundation) grants?
    b. If Yes, what percent of revenue is driven by government (city, state, federal) grants?
5. Do you have any other sources of income?
    a. If yes, what is the source?
    b. What percent of revenue is driven by these sources?

Organizational Financial Health:

1. *Please provide the total days cash-on-hand for FY2014: _____
   (Cash + Short Term Investments) / ((Operating Expenses – Bad Debts – Depreciation)/365)

2. *Please provide your debt ratio for FY2014: _____
   (Total Liabilities / Total Assets)

3. *Please provide your operating margin for FY2014:_____
   (Change in Unrestricted Net Assets / Unrestricted Revenue and Support)

4. *Please provide your current ratio:____
   (Current Assets / Current Liabilities)

5. Please provide any additional relevant information related to the financial health of your organization.

NEW YORK STATE | Department of Health | Medicaid Redesign Team

Supplemental DSRIP Programs

Equity Programs & the Additional High Performance Program (AHPP)

October 2015

Topics for Today

1. ***Equity Programs – for both Public & Safety Net PPSs***
    - *Equity Infrastructure Program (EIP)*
    - *Equity Performance Program (EPP)*
2. ***Additional High Performance Program (AHPP)***
3. ***Q & A (Throughout)***

Equity Programs – Infrastructure Program (EIP) & Performance Program (EPP)

- As DSRIP valuation was finalized, it became apparent that inequity exists between SN PPSs pursuing project 2.d.i and SN PPS who are not approved for project 2.d.i., as well as in some Public PPSs
- To mitigate these inequities, the Equity Programs were created. They contain an additional $1.23 billion in potential performance payments to safety net leads not approved for project 2.d.i.
- **EIP** is paid out to PPSs for participating in select DSRIP activities, while the **EPP** is based on a subset of DSRIP performance metrics

Safety Net Equity Programs ($1,230,000,000)		Public Equity Programs ($350,000,000)	
$738,000,000 EIP	**$492,000,000** EPP	**$200,000,000** EIP	**$150,000,000** EPP

Equity Program Roles – EIP & EPP

	EPP	EIP
PPS Role	*For both programs,* • Receive funds via MCO(s): establish contract vehicle with MCO(s) if not already in place • Distribute funds within PPS, for DSRIP related purposes, without some waiver rules	
	• *For EPP*, PPS will need to **report out on a select group of DSRIP performance measures as criteria to the MCO**	• *For EIP*, PPS will need to **report to the MCO on its participation in a set of key initiatives**
MCO Role	*For both programs,* • Establish contract vehicle with PPS(s) if not already in place • Report back to DOH on funds distribution	
	• *For EPP*, direct funds to PPSs that have met performance measurement criteria	• *For EIP*, direct funds to PPSs that have met program requirements
DOH Role	*For both programs,* • Calculate required MCO rate adjustments to fund the performance equity program ✓ • Provide further guidance on how these program dollars can be effectuated • Provide direction on previously communicated funding amounts • Develop reporting guidance for MCO → DOH Reporting	
	• *For EPP*, provide MCOs with performance measurement results throughout the duration of the DSRIP program	

EIP Programmatic Description

- EIP payments will be based on the PPS participation in certain activities and the implementation of predetermined key DSRIP initiatives. The initiatives were chosen based on their status as either:
  - Necessary prerequisites to DSRIP project success, and/or
  - High-impact activities that were not included in any DSRIP projects

- DOH will design a simple blueprint for MCOs to capture PPS activity related to the EIP activities

- PPSs will provide the MCOs with evidence of their activities using the DOH established blueprint
  - Once this occurs, MCOs will provide payment to the PPSs on a monthly basis
  - Reporting will occur on a regular (frequency TBD) basis potentially through MAPP; additional guidance will be provided in the near future.

EIP Measured Activities

The following list highlights the main initiatives that make up EIP. PPSs must provide evidence of participating in **four** of the nine following activities to receive EIP payment:

EIP Key Activities: Evidence of …
Participation in IT TOM initiatives
Participation in one of the MAX Series projects
Participation in expanded HH enrolment
EHR implementation investment
Capital spending on primary / behavioral health integration
Participation in a state recognized tobacco cessation program
Participation in state efforts to end HIV/AIDS
Participation in fraud deterrence and surveillance activities
Infrastructure spending related to SHIN-NY / RHIO

EPP Programmatic Description

- EPP payments will be based on PPS performance, using a subset of the existing DSRIP performance metrics. The final metric subset will be chosen based on the following criteria:
  1. Metrics are directly aimed at meeting DSRIP goals
  2. Metrics that are applicable to a significant portion of the PPS population
  3. Metrics that are related to important subpopulations (e.g., children's access to primary care)
  4. Metrics critical to achieving DSRIP goals that are carrying lower values than other DSRIP measures
  5. Metrics that are in some way connected to VBP activities.

- Payment will occur on a monthly basis

- Reporting will occur on a monthly basis potentially through MAPP; additional guidance will be provided in the near future

EPP Performance Metrics (Draft list for Consideration)

The following list of relatively lower valued, critical DSRIP measures were chosen from Domains 2 & 3. PPSs should work with their MCOs to identify and choose **six** measures (from the final approved list) that reflect the needs of their specific community and help to support the PPSs' move to Value Based Payments:

EPP Measures – Domain 2
Children's Access to Primary Care - 12 to 19 years
Children's Access to Primary Care - 7 to 11 years
Children's Access to Primary Care - 12 to 24 months
Children's Access to Primary Care - 25 months to 6 years

EPP Measures – Domain 3	
HComprehensive Diabetes screening – All Three Tests	Early Elective Deliveries ±
HComprehensive Diabetes Care	HPrenatal and Postpartum Care - Timeliness of Prenatal Care
Med. Assist. w/ Smoking & Tobacco Use Cessation - Discussed Cessation Strategies	HPrenatal and Postpartum Care - Postpartum Visits
Med. Assist. w/ Smoking & Tobacco Use Cessation - Discussed Cessation Strategies	Chlamydia Screening (16 – 24 Years)
Well Care Visits in the first 15 months (5 or more Visits)	Follow-up care for Children Prescribed ADHD Medications - Initiation Phase
HFrequency of Ongoing Prenatal Care (81% or more)	Follow-up care for Children Prescribed ADHD Medications - Continuation Phase
HChildhood Immunization Status (Combination 3 – 4313314)	HLead Screening in Children

The DOH welcomes comments from PPSs and MCOs on the menu of the performance measures that are included above. Any comments related to the design of the EPP are due by October 30th to be included for consideration by the DOH performance measurement steering committee.

PPS Equity Programs – Managed Care Premium Methodology

- Align PPS to participating plans via attribution snapshot ✓
- Limit the number of PPS to participating plan combinations in order to alleviate administrative complexities ✓
- Calculate the PPS Equity per member per month (PMPM) add-on for each participating plan using SFY15-16 projected enrollment ✓
- Validate plan statewide PPS Equity PMPM add-on falls within reasonable range and meets overall premium rate range requirements ✓
- Calculate the gross dollar target for each plan including surplus and applicable taxes
- Calculate administrative adjustment add-on for participating plan
- Include the PPS Equity PMPM add-on on plan-specific Schedule B
- Provide plans with MMCOR and encounter reporting guidance

Additional High Performance Program (AHPP)

- This will provide supplemental high performance funding against the same DSRIP measures already identified for high performance payments
- AHPP payment, if earned, will be on top of the 3% that PPS could originally receive with the waiver High Performance Program alone

Additional High Performance Program

$250,000,000

Additional High Performance Program Roles

PPS Role	• Receive funds via MCO(s): establish contract vehicle with MCO(s) if not already in place • Distribute funds within PPS, for DSRIP related purposes, without some waiver rules • PPS will need to report out on **DSRIP high performance measures as criteria to the MCO,** on a monthly basis potentially through MAPP—more guidance to be provided • Report back to MCO on funds distribution
MCO Role	• Establish contract vehicle with PPS(s) if not already in place • Direct funds to PPSs that have met high performance measurement criteria (above) on a monthly basis
DOH Role	• Calculate required MCO rate adjustments to fund the additional high performance program • Provide MCOs with high performance measurement results throughout the duration of the DSRIP program • Advise MCOs on which PPSs they should work with

Next Steps

Activity	Date
Comments due back from PPS and MCOs on EPP performance measure list.	By Oct 31th
DOH finalizes EPP and EIP program and issues final measures and guidance (EIP guidance will likely be finalized sooner.	Nov 16th

Questions?

Comments?

For any further questions, please contact the DSRIP inbox:

dsrip@health.state.ny.us

NewYork-Presbyterian
Performing Provider System

Finance Committee Project Presentations

PRESENTATION SCHEDULE:

November 13, 2015
- Care Transitions to Reduce 30-Day Readmissions
- Decrease HIV Morbidity/HIV Center of Excellence

December 11, 2015
- Emergency Department Care Triage
- Tobacco Cessation

January 8, 2016
- Behavioral Health and Primary Care Integration/Crisis Community Stabilization
- Pediatric Ambulatory ICU

February 12, 2016
- Adult Ambulatory ICU
- Integration of Palliative Care into the Patient-Centered Medical Home

PRESENTATIONS WILL INCLUDE:

1. Project overview
2. Where the project is to date
3. How the project is spending its funds
4. Results to date
5. Challenges and/or wins