

## DSRIP Meeting Agenda

<b>Date and Time</b>	6/10/16, 3:00-4:00PM	<b>Meeting Title</b>	NYP PPS Finance Committee
<b>Location</b>	VillageCare, 120 Broadway Suite 2840	<b>Facilitators</b>	Jay Gormley, Brian Kurz
<b>Go to Meeting</b>	<a href="https://global.gotomeeting.com/join/557555301">https://global.gotomeeting.com/join/557555301</a>	<b>Conference Line</b>	United States +1 (872) 240-3311 Access Code: 557-555-301

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

Meeting Objectives	Time
1. Review action items from last meeting	2 mins
2. Independent Assessor remediation feedback re: Financial Sustainability Strategy	10 mins
3. Updates:	10 mins
• Financial Health Assessment	
• Value-Based Payment Assessment and Workgroup	
4. 30 Day Transitions of Care Finance Presentation	35 mins
5. Identify Action Items	2 mins

Action Items				
Description	Owner	Start Date	Due Date	Status
Distribute meeting materials from 5/13/2016	L. Alexander	5/13/2016	6/10/2016	Complete
Develop line of follow-up questions for those who scored below thresholds on FHA	B. Kurz/J. Gormley	5/13/2016	6/10/2016	In progress
Schedule meetings with organizations who scored below thresholds on FHA	B. Kurz/J. Gormley/PMO	5/13/2016	6/10/2016	In Progress
Develop framework for next round of presentations to Finance Committee	B. Kurz/J. Gormley/PMO	5/13/2016	6/10/2016	Complete
F/U on whether current Year 1 surplus is in line with anticipated carry forward	I. Kastenbaum	5/13/2016	7/8/2016	In Progress

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Attendees	
Judy Hederman (ASCNYC)	Lauren Alexander (NYP)
Dan Del Bene (SPOP)	Claudia Beck (NYP)
Steve Zhou (Village Care)	Judy Kurtis (NYP)
Paolo Sellan (ACMH)	Mary Blyth (NYP)
David Grayson (ArchCare/Calvary)	Morgan Brewton-Johnson (NYP)
Co-Chair: Jay Gormley (MJHS)	Mary Blyth (NYP)
David Albert (NYP)	

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The following outlines the financial sustainability strategy for the New York and Presbyterian Hospital Performing Provider System:

*Oversight:* The NYP PPS Finance Committee is the governing body that holds the responsibility for assessing the financial health of network collaborators with ultimate oversight by the NYP PPS Executive Committee.

*Criteria to Assess Financial Health:* The NYP PPS Finance Committee has established the following criteria and associated thresholds to be used in assessing the financial health of network members. The criteria will be examined for the most recent FY completed.

- Total days cash-on-hand – The PPS recommends no less than 60 days.
- Debt ratio – The PPS recommends a ratio of .5 or less.
- Operating margin – The PPS recommends a margin above 1%.
- Current ratio – The PPS recommends greater than 1.0.

*Frequency of Assessment:* The financial health of network members will be assessed on an annual basis.

*Procedures to Establish Baseline Metrics:* Financial health data will be collected through an online survey tool with analytic capability. The PPS Project Management Office (PMO) will be responsible for launching the survey annually and ensuring data is collected from all network members. The NYP PPS PMO, Finance Committee Co-Chairs and a staff person from the NYP Finance Department will then analyze the data and share the results with the Finance Committee. To protect the confidentiality of network members, only aggregated data will be shared. Initial baseline metrics will be collected from December 2015 to February 2016 for the most recently completed FY. Subsequent survey data can then be compared to this baseline data collected in DY1.

*Identifying Financially Fragile Collaborators:* The PPS has established thresholds as indicated above for the four main criteria that will be used to assess the financial health of network members. These thresholds have been approved by the NYP PPS Finance Committee. Organizations' responses to these criteria provided through the online survey tool will be compared to the threshold.

For those organizations who respond outside of the established thresholds, the NYP PPS Finance Committee Co-Chairs will have a conversation with the financial leaders at the given institution to further explore the organization's financial situation. Based on this conversation, the Co-Chairs will make a determination about the financial fragility of the organization. If the organization is deemed to be financially fragile, a report will be made to the NYP PPS Finance Committee and next steps will be determined (organizations will be de-identified during this process).

*Monitoring of Financially Fragile Collaborators:* Organizations that are deemed financially fragile will be monitored more closely and more frequently by the NYP PPS PMO and the Finance Committee Co-Chairs. The PPS PMO will work with the organization to develop non-onerous reporting mechanisms, including, but not limited to, review of balance sheets and Profit and Loss Statements.

*Assisting Financial Fragile Collaborators:* Network members who are deemed financially fragile will receive advice and counsel from the NYP PPS Finance Committee Co-Chairs and asked to develop a Financially Fragile Collaborator Plan.

This advice and counsel will include the following, the scope of which will be subject to approval by the NYP PPS Executive Committee:

1. Review of collaborator financial statements (if approved by collaborator) to identify potential opportunities for financial performance improvement;

2. Review of potential government grant/funding opportunities to support organization (if approved by collaborator);
3. Assessment for potential revenue opportunities related to performance metrics (if approved by collaborator);
4. Assessment for potential revenue opportunities related to Value-Based Purchasing (if approved by collaborator);
5. Assessment for other streams of revenue (i.e. bundling, ACO-style risk assessment, cost sharing) (if approved by the collaborator);
6. Assessment for potential revenue opportunities related to DSRIP funding, as it relates to specific projects, work or staffing opportunities (if approved by the collaborator); and
7. Introductions to the appropriate trade associations, similar providers and advocacy networks in order gain access to provider-specific financial counseling (if approved by collaborator).

Based on this, the Financially Fragile Collaborator Plan will be developed and will include quarterly check-ins with the collaborator and identification of third party consultative services, as appropriate.

Given budgetary constraints, the PPS will not provide financial assistance for organizations that are deemed financially fragile. The PPS is committed to the ongoing provision of services to its community, but not to any one given provider/organization.

*Possible Dismissal of Fragile Collaborator:* Possible next steps may include a recommendation to begin the official process of severing the relationship with the organization, as per the NYP PPS Participation Agreement. If the decision to remove an organization is made, the PPS will be sure to keep that service available (e.g. housing, substance use, etc.) within the PPS through another provider. A determination of how the status of the organization impacts their ability to deliver services will also be made and discussed with financial leaders at the organization.

A final recommendation on next steps regarding the distressed organization will be presented to the NYP PPS Executive Committee (identities of organizations will be shared with the Executive Committee).

**AMAZING  
THINGS  
ARE  
HAPPENING  
HERE**

## **2.b.iv 30 Day Care Transitions**

**Finance Committee Review**

**June 10, 2016**

# Agenda

1. Qualitative Update
2. NYS Domain 1 Milestones Progress
3. DSRIP YTD Budget Review
4. FTE Update
5. Project Patient Engagement Metric Progress (YTD)
6. NYS Domain 2, 3, 4 Performance Metric Progress
7. Next Steps

# Project Progress Update

- **New Project Lead (April 2016)**
  - Judith Kurtis, Director of Care Coordination/Social Work, Lower Manhattan Hospital
- **Refined Program Criteria**
  - Focus on high risk patients discharging to home/undomiciled
- **Internal Focus**
  - Maximizing NYP Care Management resources
  - Building patient-facing collateral
  - Engagement at Interdisciplinary Rounds
  - Caseload standards
- **External Focus**
  - Increasing awareness/knowledge of resources
  - Community Health Workers
  - Health Home
  - Home Health Care

# NYS Domain 1 Milestone Progress

#	Milestone	Status
1	Developed standardized protocols for a Care Transitions Intervention Model with all participating hospitals, partnering with home care service or other appropriate community agency.	On-Track
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.	On-Track
3	Ensure required social services participate in the project.	In-Progress, Challenges
4	Transition of care protocols will include early notification of planned discharges and the ability of the transition care manager to visit the patient in the hospital to develop the transition of care services.	On-Track
5	Protocols will include care record transitions with timely updates provided to the members' providers, particularly primary care provider.	In-Progress, Challenges
6	Ensure that 30-day transition of care period is established.	On-Track
7	Use EHRs and other technical platforms to track all patients engaged in the project.	On-Track



# Project Budget Review (DSRIP Year-To-Date)

## New York and Presbyterian Hospital PPS

DSRIP Year 2 YTD Budget vs. Expenses

April 1 - April 30, 2016

	YTD Budgeted	YTD Expense	Variance
<b>NYP</b>			
Salary + Fringe	\$ 99,079	\$ 93,668	\$ 5,412
OTPS	\$ 1,907	\$ 2,207	\$ (301)
<b>NYP Total</b>	<b>\$ 100,986</b>	<b>\$ 95,875</b>	<b>\$ 5,111</b>
<b>Collaborator</b>			
Expense	\$ 28,710	\$ -	\$ 28,710
<b>Collaborator Total</b>	<b>\$ 28,710</b>	<b>\$ -</b>	<b>\$ 28,710</b>
<b>Total</b>	<b>\$ 129,696</b>	<b>\$ 95,875</b>	<b>\$ 33,821</b>

# FTE Update

Position Title	Number of FTEs	Status
Transitional Care Manager	8.0	8.0 Filled
Community Health Worker	6.0	2.0 Filled 4.0 In recruitment
Program Manager	0.5	0.5 Filled

**Total** **14.5**

# NYS Patient Engagement Progress

**NYS Engagement Definition:** *A count of patients who meet the criteria over a 1-year measurement period. Duplicate counts of patients are not allowed. The count is not additive across DSRIP years.*

Metric	DY1Q4	DY2Q1	DY2Q2	DY2Q3
Commitment	150	315	635	950
Cross-PPS Reduction	105	221	445	665
80% Goal	84	176	356	532
Actual Achievement	84	176	TBD	TBD

# NYS Performance Metric Update

Measures as of June 30th, 2015

Month 12 of 12, Measurement Year 1

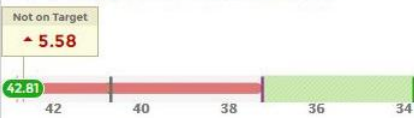
Baseline Annual Target Annual High Perf. Goal Monthly Target Zone Monthly High Perf. Zone

## Potentially Avoidable Readmissions



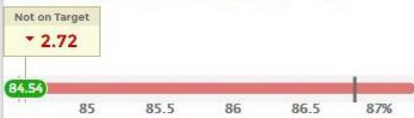
Explore >

## Potentially Preventable ED Visits



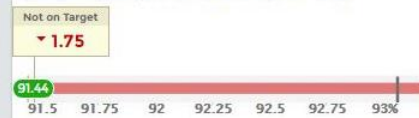
Explore >

## Adult Access Preventive (20 - 44)



Explore >

## Adult Access Preventive (45 - 64)



Explore >

## Adult Access Preventive (65 and Older)



Explore >

## Child Access - Primary Care (12 to 24 Mo...)



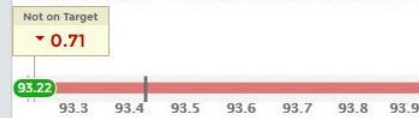
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## Child Access - Primary Care (12 to 19)



Explore >

## Child Access - Primary Care (25 Months ...)



Explore >

## Child Access - Primary Care (7 to 11)



Explore >

## PDI 90 - Pediatric Composite



Explore >

## PQI 90 - Overall Composite



Explore >

# Next Steps

## ■ What's Next

- Complete CHW recruitment
- Continue collaboration with Health Home, Home Health Care
- Enhanced patient stratification tools
- Internal program measurement
- Physician Advisor role
- Strategic planning for the remainder of DSRIP Year 2