




<b>Meeting Title:</b>	NYP Queens DSRIP Asthma Home Based Care	<b>Meeting Date:</b>	December 13 <sup>th</sup> , 2017
<b>Facilitator(s):</b>	H. Jabbar, MD C. Guglielmo	<b>Meeting Time:</b>	1:00 PM- 2:00 PM
<b>Location:</b>	NYP Queens Hospital, Junior Conference Room 1-866-692-4538 26098085#		

**Meeting Purpose:**

DSRIP Project Implementation – Committee meeting
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#	Topic	Responsible Person	Document
1.	Welcome	H. Jabbar, MD	N/A
2.	Review & Approve Minutes: <b>11.08.17</b>	H. Jabbar, MD	 Asthma Meeting Minutes 11.08.17.do
3.	Rapid Cycle Performance Measures	K. Fung/ D. Notarnicola	 Asthma Measure Results - MY3 Montl
4.	<p><b>DY3 Q4 Deliverables (3.31.18)</b></p> <p><b>Milestone#5</b> Ensure coordinated care for asthma patients includes social services support.</p> <p><b>Metric 5.1:</b> PPS has developed and conducted training of all providers, including social services and support.</p> <p><b>Minimum Documentation:</b> Care coordination team rosters; written training materials, list of training dates along with the number of staff trained.</p> <hr/> <p><b>Metric 5.2:</b> All practices in the PPS have a clinical interoperability system in place for all participating providers.</p> <p><b>Minimum Documentation:</b> QE Agreements</p>	H. Jabbar, MD	 DY3.Q4 RHIO Tracker. Asthma.xlsx
	Questions & Open Discussion	Team	-
6.	Adjourn	Team	-

# New York-Presbyterian Queens PPS

Project 3.d.ii - Pediatric Asthma Project

*Project Committee Meeting*

*December 13<sup>th</sup>, 2017 1:00 PM-2:00 PM ET*

**Attendees:** J. Faison (NYPQ), M. Hay (NYPQ), G. Sabogal, MD (Advanced Pediatrics), J. Dutan (Advanced Pediatrics), A. Simmons (NYPQ), J. Quiwa, MD (Jose Quiwa) C. Duffy (St. Mary’s), C. Gulielmo (Asthma Coalition of Queens) M. D’Urso (NYPQ), D. Notarnicola (NYPQ). .

Topic	Discussion	Actions
<b>1. Agenda:</b>	<ul style="list-style-type: none"> <li>• Welcome</li> <li>• Review &amp; Approve Minutes</li> <li>• Rapid Cycle Performance Measures</li> <li>• DY3 Q4 Deliverables (3.31.17)</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>2. Review Minutes:</b>	<ul style="list-style-type: none"> <li>• The committee reviewed and approved the minutes from 11.08.17</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting minutes were unanimously approved.</li> </ul>
<b>3. Rapid Cycle Performance Measures</b> K. Fung/ D. Notarnicola	<ul style="list-style-type: none"> <li>• K. Fung reviewed 4 out of the 17 metrics associated with the asthma project for measurement year 3.</li> <li>• The PPS will be moving form a pay for reporting system to a pay for performance system. PPS partners will receive incentives based on clinical outcomes.</li> <li>• The PPS will continue to use rapid cycle data to measure financial impact for quality metrics.</li> <li>• The PMO can potentially earn <b>\$ 196,338.52</b> if all of measurement year 3 results are met.</li> <li>• The PMO can potentially lose <b>\$104, 941.04</b> if measurements year 3 results are not met.</li> <li>• Subtracting the potential total of <b>\$196,338.52</b> from the potential total of measures not met <b>\$104,941. 48</b> the adjusted total is <b>\$91, 397.48</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• The PMO will use quality data to start action planning to improve clinical outcomes.</li> <li>• The PMO will work with providers and clinical leads to implement best practices to have an impact on measurements not met.</li> </ul>

Topic	Discussion	Actions
	<ul style="list-style-type: none"> <li>The DOH used hot spotting analytics to demonstrate high prevalence areas of asthma patients throughout NYC.</li> </ul>	<ul style="list-style-type: none"> <li>The PMO will use K.Fung's hot spotting data along with the DOH hot spotting data to make an impact on pediatric asthma patients in queens.</li> </ul>
<p><b>4. DY3 Q4 Deliverables (3.31.18)</b> H. Jabbar, MD</p>	<p><b>DY3 Q4 Deliverables (3.31.18)</b></p> <p><b>Milestone#5</b> Ensure coordinated care for asthma patients includes social services support.</p> <p><b>Metric 5.1:</b> PPS has developed and conducted training of all providers, including social services and support.</p> <p><b>Minimum Documentation:</b> Care coordination team rosters; written training materials, list of training dates along with the number of staff trained.</p> <ul style="list-style-type: none"> <li>The DOH will provide financial incentives to schools with asthmatic patients to receive preventive services and education to reduce ED visits.</li> <li>ACQ has scheduled asthma education training with Total Care RX on 12/19/2017.</li> </ul> <hr/> <p><b>Metric 5.2:</b> All practices in the PPS have a clinical interoperability system in place for all participating providers.</p> <p><b>Minimum Documentation:</b> QE Agreements</p> <ul style="list-style-type: none"> <li>All PPS partners participating in the asthma project have a QE agreements. Once the QE agreement is signed healthix will build partners an interface and connect them to the RHIO.</li> </ul>	<ul style="list-style-type: none"> <li>The PMO will coordinate training dates with CCMP to train pediatric partners on health homes and the importance of care coordination.</li> <li>The PMO will continue to collect QE agreements.</li> <li>Jalen will work with Corey to update the RHIO tracker.</li> <li>PPS partners please reach out to Corey if you are pending a QE agreement.</li> </ul>
<p><b>5. Questions &amp; Open Discussion</b></p>	<ul style="list-style-type: none"> <li>C. Keane hired 2 patient navigators to work in the ED.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>

Topic	Discussion	Actions
	<ul style="list-style-type: none"> <li>• Due to referrals of the patient navigators the asthma center has seen an increase in patient volume.</li> <li>• The attending physician will decide the next point of care for the patient prior to discharge.</li> <li>• The PMO will collaborate with ACQ to train attendings on asthma education and protocols.</li> <li>• United Healthcare and Health First provide incentives to primary care providers to keep patients out of the ED.</li> </ul>	
7. Adjourn		-