

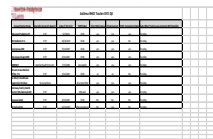



Meeting Title:	NYP Queens DSRIP Asthma Home Based Care	Meeting Date:	January 22 nd , 2018
Facilitator(s):	H. Jabbar, MD C. Guglielmo	Meeting Time:	1:00 PM- 2:00 PM
Location:	NYP Queens Hospital, Junior Conference Room 1-866-692-4538 26098085#		

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: 12.13.2017	H. Jabbar, MD	 NYPQ Asthma Minutes 12.13.17.do
3.	Rapid Cycle Performance Measures	K. Fung/ D. Notarnicola	 Asthma Measure Results MY3 Month
4.	<p>DY3 Q4 Deliverables (3.31.18)</p> <p>Milestone#5 Ensure coordinated care for asthma patients includes social services support.</p> <p>Metric 5.1: PPS has developed and conducted training of all providers, including social services and support.</p> <p>Minimum Documentation: Care coordination team rosters; written training materials, list of training dates along with the number of staff trained.</p> <hr/> <p>Metric 5.2: All practices in the PPS have a clinical interoperability system in place for all participating providers.</p> <p>Minimum Documentation: QE Agreements</p>	H. Jabbar, MD	
5.	<p>Actively Engaged Patients :</p> <ul style="list-style-type: none"> Update on actively engaged patients 	K. Fung	 3.d.ii DY3 Q3 Actively Engaged To
6.	Question & Open Discussion	Team	-
7.	Adjourn	Team	-

New York-Presbyterian Queens PPS

Project 3.d.ii - Pediatric Asthma Project

Project Committee Meeting

January 22, 2018 1:00-2:00 PM ET

Attendees: J. Faison (NYPQ), M. Hay (NYPQ), D. Notarnicola (NYPQ), K. Fung (NYPQ), H. Jabbar, MD (NYPQ), C. Duffy (St. Mary’s) A. Simmons (NYPQ), J. Lavin (MHPQ), C. McConnell (NYPQ), M. Cartmell (NYPQ), M. D’urso (NYPQ).

Topic	Discussion	Actions
1. Agenda:	<ul style="list-style-type: none"> • Welcome • Review & Approve Minutes • Rapid Cycle Performance Measures • DY3 Q4 Deliverables • Actively Engaged Patients • Questions & Open Discussion • Adjourn 	<ul style="list-style-type: none"> • N/A
2. Review Minutes:	<ul style="list-style-type: none"> • The committee reviewed and approved the minutes from: 12.13.2017 	<ul style="list-style-type: none"> • Meeting minutes were unanimously approved.
3. Rapid Cycle Performance Measures K. Fung/ D. Notarnicola	<ul style="list-style-type: none"> • K. Fung reviewed 5 out of the 8 metrics associated with the asthma project for measurement year 3. • The PPS will be moving from a pay for reporting system to a pay for performance system. PPS partners will receive incentives based on clinical outcomes. • The PPS will continue to use rapid cycle data to measure financial impact for quality metrics. • The PMO can potentially earn \$ 196, 338.52 if measurement year 3 results are met. • The PMO can potentially loose \$125, 929.24 if measurement year 3 results are not met. 	<ul style="list-style-type: none"> • The PMO will use quality measures to start action planning to improve clinical outcomes. • The PMO will collaborate with providers and clinical leads to implement best practices to make an impact on measurements not met.

Topic	Discussion	Actions
	<ul style="list-style-type: none"> Subtracting the potential total of \$196, 338.52 from the potential total of measures not met \$125, 929.24 the adjusted total is \$70, 4049. The Asthma Coalition of Queens trained Total Care RX in December on asthma education. During the training there was a discussion around piloting a medication management program for pediatric asthma patients. The committee identified out of network providers are not meeting metrics for measurement year 3. The PMO will be working with in-network PPS partners to create process improvement strategies to improve quality measures. 	<ul style="list-style-type: none"> The PMO will coordinate a strategy meeting to create process improvement deliverables to impact quality measures for measurement year 3.
<p>4. DY3 Q4 Deliverables (3.31.17) H. Jabbar, MD</p>	<p>DY3 Q4 Deliverables (3.31.17)</p> <p>Milestone#5 Ensure coordinated care for asthma patients includes social services support.</p> <p>Metric 5.1: PPS has developed and conducted training of all providers, including social services and support.</p> <p>Minimum Documentation: Care coordination team rosters, written training materials, list of training dates along with the number of staff trained.</p> <p>Metric 5.2: All practices in the PPS have a clinical interoperability system in place for all participating providers.</p> <p>Minimum Documentation: QE Agreements</p> <ul style="list-style-type: none"> The PMO has 6 partners connected to the RHIO, 5 partners using direct mail and 4 pending RHIO agreements. 	<ul style="list-style-type: none"> The PMO will coordinate training dates with CCMP to train pediatric partners on health homes and the importance of care coordination. The PMO will continue to collect QE agreements. PPS partners please reach out to Corey if you are pending a QE agreement.
<p>5. Actively Engaged Patients; K. Fung</p>	<p>Actively Engaged Patients</p> <ul style="list-style-type: none"> Currently the PPS has 92 actively engaged patients for DY3 Q3. To date there is a cumulative total of 244 actively engaged patients for DY3. The PMO will need 101 more actively engaged patients to meet the target for DY3 Q4. 	<ul style="list-style-type: none"> The PMO encourages providers to continue referring patients to meet the actively engaged target for DY3 Q4.

Topic	Discussion	Actions
6. Questions & Open Discussion		-
7. Adjourn		-