**NewYork-Presbyterian/Queens PPS**

Project 2.a.ii & 3.b.i – PCMH & Cardiovascular Project

*Project Committee Meeting*

*February 16, 2016 12:30pm – 12:30pm EST*

**Attendees**: P. Cartmell (NYP/Q), M. Buglino (NYP/Q), S. Williams (Brightpoint), A. Simmons (NYP/Q), F. Rosado(Americare), A. Goldin (Americare), S. Schwartz (Americare ), P. Mezi (Americare), E. Moas (Archcare) M. D’Urso (NYP/Q), A. Somogyi (NYP/Q)

| **Topic** | **Discussion** | **Actions** |
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| 1. **Agenda:** | * Welcome & Purpose * Meeting minutes Approval * Million Hearts Campaign * Hypertension * PCMH Training Plan * Best Practice for patient referrals * Questions & Discussions | * N/A |
| 1. **Meeting minutes:**   A. Somogyi, M.D | * Committee reviewed meeting minutes from 01/14/16 meeting. | * Committee voted to unanimously approve the meeting minutes |
| 1. **Million Hearts Campaign:**   A. Somogyi, M.D | * Reviewed the Protocol for Controlling Hypertension in Adults handout. * A. Somogyi would like to adopt this hypertension model throughout the PPS. * If needed modifications of the standards approach can be made. | * M. Cartmell motioned to the adopt the Protocol. * M. Buglino second the motion with mention of the protocols meeting the standards of DSRIP. |
| 1. **Hypertension:** M. Cartmell | * Everyone is required to verify that the person taking a patient’s BP is competent. * Recommendation is for Medical Assistants ro have competencies completed annually~~.~~ * All partners need to verify that their competencies meet the standards | * All partners must send in forms to M. D’urso to verify competency |
| 1. **PCMH Training Plan:**   M. D’urso | * First week in May there will be a training session for physicians to become PCMH physician champions. * Physician Champion is a leader who will rally other providers around a philosophy and focuses on care coordination. They will also close gaps in care and transition the organization into PCMH. | * Maria D’urso will circulate the date to the partners once she is notified. |
| 1. **Best practice for patient referrals:** 2. Somogyi | * The patient’s referral must report the time frame that the follow-up appointment needs to be made. * The follow-up should come from the care coordinator. * The referral should be Global enough while simultaneously being specific to meet the needs of the patients. * Stephen Williams would like “Urgent” to be Defined in the Outgoing referral model. * How does each organization make referrals for smoking cessation? * The City department of Health has a materials including NY State Quit hotline. * The materials are Multi-lingual and free. | * Each partner should report feedback on their clinical practices of referring patients with smoking cessation. * Maria D’urso will circulate materials from City department of Health * Provide feedback of materials in order to decide if these materials will be used in each organization. |
| 1. **Questions/**   **Discussions** | * Identify a clinical care coordinator in each partnership to interact and join clinical DSRIP meetings. * Share the blood pressure competency models with the nurses in each organization | N/A |

