**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** |
| --- | --- | --- |
| 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.
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| 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.
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| 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 |

