




Meeting Title:	NYPQ DSRIP PCMH Project	Meeting Date:	January 29 th 2018
Facilitator(s):	M. D’Urso/ M. Cartmell	Meeting Time:	2:30 PM – 3:30 PM
Conference Line:	1-866-692-4538	Code:	26098085#
Location:	NYPQ 56-45 Main Street Flushing 11355 Junior Conference Room		

Meeting Purpose:

DSRIP Implementation – Project Requirements Implementation

#	Topic	Responsible Person	Document
1.	Welcome & Purpose	M. D’Urso, RN	-
2.	Approve Meeting Minutes – 12/05/17	M. D’Urso, RN	 NYPQ PCMH Meeting Minutes 12
3.	PCMH Performance Measures – Month 11 of 12	K. Fung D. Notarnicola	 PCMH - MY3 Month 11 of 12 Performanc
4.	<p>DY3 Q4 (3/31/2018) Deliverable 1: <i>Provider Level</i> Milestone# 4: Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.</p> <p>Metric 4.2: PPS uses alerts and secure messaging functionality.</p> <p>Minimum Documentation: EHR vendor documentation; screenshots or other evidence of use of alerts and secure messaging; written training materials; list of training dates along with number of staff trained in use of alerts and secure messaging.</p>	C. McConnell	 PCMH DY3 Deliverable Tracker.x
5.	<p>DY3 Q4 (3/31/2018) Deliverable 4 <i>PCP Practice</i> Milestone# 9: Implement open access scheduling in all primary care practices.</p>	M. D’Urso/ C. Dunkley	

	<p>Metric# 9.3: PPS monitors and decreases no-show rate by at least 15%.</p> <p>Minimum Documentation: Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.</p> <ul style="list-style-type: none"> • Partners please submit your baseline no show rate from the start of the DSRIP project. (April 2015) • Partners should submit no show data at the end of every quarter. 		
6.	Adjourn		

New York-Presbyterian/Queens PPS

Project 2.a.ii –PCMH Project

Project Committee Meeting

January 29th, 2018 2:30-3:30 PM ET

Attendees: J. Faison (NYPQ), P. Cartmell (NYPQ), M. D’urso (NYPQ), K. Fung (NYPQ), M. Hay (NYPQ), R. Crupi, MD (NYPQ), S. Williams (Brightpoint Health)

Topic	Discussion	Actions
1. Agenda:	<ul style="list-style-type: none"> Welcome & Purpose Approve Meeting Minutes PCMH Performance Measures DY3 Q4 Deliverables Adjourn 	<ul style="list-style-type: none"> N/A
2. Review Minutes M. D’Urso, RN	<ul style="list-style-type: none"> Committee reviewed and approved the meeting minutes from 12.05.17 	<ul style="list-style-type: none"> Committee voted and unanimously approved the meeting minutes.
3. PCMH Performance Measures K. Fung	<ul style="list-style-type: none"> K. Fung reviewed 7/11 performance measures associated with the PCMH project. The measures include: Adult Access Preventive (20-44), Adult Access Preventive (45-64), Adult Access (65 and older), Child Access-Primary Care (24 months-6 years old), PDI 90-Pediatric, PDI 90- Overall Composite, and Potentially Avoidable Readmissions. 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 focus on in-network providers to ensure quality metrics are met. Larger PPS have hired Patient Navigators to focus on quality measurements to improve health outcomes. 	<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
<p>4. DY3 Q4 Deliverables (3.31.2018) C. McConnell</p>	<p>Milestone# 4: Ensure all PPS safety net providers are actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.</p> <p>Metric 4.2: PPS uses alerts and secure messaging functionality.</p> <p>Minimum Documentation: EHR vendor documentation; screenshots or other evidence of use of alerts and secure messaging; written training materials; list of training dates along with number of staff trained in use of alerts and secure messaging.</p> <ul style="list-style-type: none"> • The PMO will explore the option of running a pilot with NYPQ clinics to test hospital discharges being sent to the secured messaging application. • Laquan will coordinate with PCMH partners to collect screen shots of their alerts and secured messaging functionality • Connection to the RHIO along with direct messaging will allow providers to track patients and enhance care coordination. <p>Metric# 9.3: PPS monitors and decreases no-show rate by at least 15%.</p> <p>Minimum Documentation: Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.</p> <ul style="list-style-type: none"> • PCMH Partners should submit no show data at the end of each quarter. 	<ul style="list-style-type: none"> • PPS Partners please reach out to Corey if you have any questions regarding the RHIO. • PPS partners please continue to submit no-show rates from the start of the DSRIP project. (April 2015)
<p>5. Adjourn</p>		<p>-</p>