|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Title:** | **NYP/Q DSRIP**  **Cardiovascular Project** | **Meeting Date:** | February 6, 2017 |
| **Facilitator(s):** | M. D’Urso/ M. Cartmell, | **Meeting Time:** | 11:00 AM – 12:00 PM |
| **Conference Line:** | 866-692-4538 | **Code:** | 26098085# |
| **Location:** | NYP/Q 56-45 Main Street; 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 – 11/10/16 | M. D’Urso, RN |  |
| 3. | Project Deliverables DY2Q4  **Milestone #5**: Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).  ***Metric# 5.1:*** PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.  ***Minimum Documentation:*** Vendor System Documentation; Other Sources demonstrating implementation of the system; Periodic self-audit reports and recommendations  ***Action Steps:*** Check with partners whether their EHR has capability for creating prompt. Also check with Athena for NYP clinics. collect sample documentation from each partner as evidence that they are using the 5A's of tobacco control  -----------------------------------------------------------------  ***Metric 5.2:*** PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.  ***Minimum Documentation:*** List of training dates along with number of staff trained; Written training materials | M. D’Urso, RN/  S.Choudhury |  |
| 4. | Project Deliverable DY2 Q4  ***Milestone #6*** Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.  ***Metric# 6.1:*** Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).  ***Minimum Documentation:*** Policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol; List of training dates along with number of staff trained; Written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols | M. D’Urso, RN/  S.Choudhury |  |
| 5. | Project Deliverable DY2 Q4  ***Milestone #7:*** Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.  ***Metric# 7.1:*** Clinically Interoperable System is in place for all participating providers.  ***Minimum Documentation:*** Contract; Report; Vendor System Documentation; Other Sources demonstrating implementation of the system  ----------------------------------------------------  ***Metric# 7.2***: Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.  ***Minimum Documentation:*** Care coordination team rosters; Care coordination policies and procedures; Standard clinical protocol and treatment plans  --------------------------------------------------------------------  ***Metric# 7.3:*** Care coordination processes are in place.  ***Minimum Documentation:*** Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials; List of training dates along with number of staff trained | M. D’Urso, RN/  S.Choudhury |  |
| 6. | Project Deliverable DY2 Q4  ***Milestone #9:*** Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.  ***Metric# 9.1:*** PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.  ***Minimum Documentation:*** Policies and procedures; List of training dates along with number of staff trained, if applicable | M. D’Urso, RN/  S.Choudhury |  |
| 7. | Project Deliverable DY2 Q4  ***Milestone #11:*** Prescribe once-daily regimens or fixed-dose combination pills when appropriate.  ***Metric# 11.1:*** PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.  ***Minimum Documentation:*** Policies and procedures | M. D’Urso, RN/  S.Choudhury |  |
| 8. | Project Deliverable DY2 Q4  ***Milestone #14***: Develop and implement protocols for home blood pressure monitoring with follow up support.  ***Metric# 14.1:*** PPS has developed and implemented protocols for home blood pressure monitoring.  ***Minimum Documentation:*** Policies and procedures  ------------------------------------------------------------------  ***Metric 14.2:*** PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.  ***Minimum Documentation:*** Policies and procedures; Baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations  ------------------------------------------------------------------  ***Metric 14.3:*** PPS provides periodic training to staff on warm referral and follow-up process.  ***Minimum Documentation***: List of training dates along with number of staff trained; Written training materials | M. D’Urso, RN/  S.Choudhury |  |
| 9. | Project Deliverable DY2 Q4  ***Milestone #15:*** Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.  ***Metric 15.1:*** PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.  ***Minimum Documentation:*** Vendor System Documentation; Other Sources demonstrating implementation of the system; Roster of identified patients | M. D’Urso, RN/  S.Choudhury |  |
| 10 | Project Deliverable DY2 Q4  ***Milestone #16*** Facilitate referrals to NYS Smoker's Quitline.  ***Metric 16.1:*** PPS has developed referral and follow-up process and adheres to process.  ***Minimum Documentation:*** Policies and procedures of referral process including warm transfer protocols | M. D’Urso, RN/  S.Choudhury |  |
| 11 | Project Deliverable DY2 Q4  **Milestone# 18:** Adopt Strategies from the Million Hearts Campaign    ***Metric# 18.1, 18.2, 18.3:*** Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign. (includes PCP, Specialists, BH)  ***Minimum Documentation:*** Policies and Procedures; Baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Written training materials | M. D’Urso, RN/  S.Choudhury |  |
| 12 | Project Deliverable DY2 Q4  ***Milestone #20***: Engage a majority (at least 80%) of primary care providers in this project.  ***Metric# 20.1:*** PPS has engaged at least 80% of their PCPs in this activity.  ***Minimum Documentation:*** List of total PCPs in the PPS; List of PCPs engaged in this activity | M. D’Urso, RN/  S.Choudhury |  |
| 13 | Adjourn | - | - |