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| **Meeting Title:** | **NYPQ DSRIP**  **PCMH Project** | **Meeting Date:** | May 16 , 2017 |
| **Facilitator(s):** | M. D’Urso/ M. Cartmell | **Meeting Time:** | 10:30 AM – 11:30 AM |
| **Conference Line:** | 877-594-8353 | **Code:** | 79706143# |
| **Location:** | NYPQ 56-45 Main Street; Radiation Oncology Room | | |

**Meeting Purpose:**

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| DSRIP Implementation – Project Requirements Implementation |

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| **#** | **Topic** | **Responsible Person** | **Document** |
| 1. | Welcome & Purpose | M. D’Urso, RN | - |
| 2. | Approve Meeting Minutes – 04/04/17 | M. D’Urso, RN |  |
| 3. | Project Deliverables DY2 Q4:  **Pending Documents:**   * Care coordinator documents from PCMH partners: * EHR Workflows for care coordination from PCMH partners: * Care coordinator trackers from PCMH partners: * EHR screenshots for population health management, including use of targeted patient registries, from PCMH partners | M. D’Urso, RN/  S.Choudhury |  |
| 4. | **DY3 Q4 (3/31/2018) Deliverable 1:**  *Provider Level*  ***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.  ***Metric# 4.1***: EHR meets connectivity to RHIO’s HIE and SHIN-NY requirements.  ***Minimum Documentation:*** Qualified Entity (QE) participant agreements; sample of transactions to public health registries; evidence of DIRECT secure email transactions.  ***Metric 4.2:*** PPS uses alerts and secure messaging functionality.  ***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.   * Marlon and Cory will have a site visit with each PCMH site to verify each site’s EHR has secure messaging capability. | M. D’Urso, RN/  M.Hay |  |
| 5. | **DY3 Q4 (3/31/2018) Deliverable 2:**  *Project Level*  ***Milestone# 5:*** Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.  ***Metric# 5.1***: EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).  ***Minimum Documentation:*** Meaningful Use certification from CMS or NYS Medicaid or EHR Proof of Certification.   * Marlon will start reaching out to the partners to ensure meaningful use. | M. D’Urso, RN/  M. Hay |  |
| 6. | **DY3 Q4 (3/31/2018) Deliverable 3**  *Project Level*  ***Milestone# 7***: Ensure that all staff is trained on PCMH or Advanced Primary Care models, including evidence- based preventive and chronic disease management.  ***Metric# 7.1:*** Practice has adopted preventive and chronic care protocols aligned with national guidelines.  ***Minimum Documentation:*** Policies and procedures related to standardized treatment protocols for chronic disease management; agreements with PPS organizations to implement consistent standardized treatment protocols.  ***Metric# 7.2:*** Project staffs are trained on policies and procedures specific to evidence-based preventive and chronic disease management.  ***Minimum Documentation:*** Documentation of training program; written training materials; list of training dates along with number of staff trained. | M. D’Urso, RN/  S. Choudhury |  |
| 7. | **DY3 Q4 (3/31/2018) Deliverable 4**  *PCP Practice*  ***Milestone# 9:*** Implement open access scheduling in all primary care practices.  ***Metric# 9.1:*** PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.  ***Minimum Documentation:*** Scheduling standards documentation; report showing third next available appointment, which could include a 1.) New patient physical, 2.) Routine exam or 3.) Return visit exam [Institute for Healthcare Improvement measures]; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation.   * Partners please submit open access scheduling policy   ----------------------------------------------------------------  ***Metric# 9.2:*** PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.  ***Minimum Documentation:*** Scheduling standards documentation; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation.   * Partners please submit open access scheduling policy   ***Metric# 9.3:*** PPS monitors and decreases no-show rate by at least 15%.  ***Minimum Documentation:*** Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.   * With the PPS’ involvement in MAX series the PMO has the opportunity to facilitate a No Show workshop for a partner site. The PMO is currently finalizing which partner site to launch the start of the workshop. * Partners please submit your baseline no show rate from the start of the DSRIP project. | M. D’Urso, RN/  S. Choudhury |  |
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