

**New York and Presbyterian Hospital PPS
Clinical Operations Committee Guidelines**

Co-Chair: Dr. Steven Kaplan, Associate Chief Medical Officer, Ambulatory Care and Patient Experience, NewYork-Presbyterian Hospital

PPS Network Co-Chair: Sandy Merlino, Vice President, Integrated Delivery Systems, VNSNY

Charter:

The Clinical Operations Committee will provide recommendations for the New York and Presbyterian Hospital Performing Provider System's clinical and programmatic standards. The committee will be comprised of leaders with clinical and programmatic experience with representation from a variety of provider-types across the entire PPS.

The committee will ultimately be responsible for:

1. Establishing the necessary clinical and programmatic strategies to succeed in the performance period
2. Establishing standard care protocols for transitions of care
3. Communication plans to Collaborators, community stakeholders and Medicaid beneficiaries
4. Establishing standard performance measures and feedback mechanisms
5. Reviewing the progress of projects and individual PPS Network members and making recommendations to the Executive Committee for programmatic/membership changes

The Committee may, at times, form small workgroups to complete specific tasks that include (as outlined in the NYS DSRIP Implementation Plan):

1. Perform a clinical integration 'needs assessment'
2. Develop a Clinical Integration Strategy
3. Finalize cultural competency / health literacy strategy
4. Develop a training strategy focused on addressing the drivers of health disparities (beyond the availability of language-appropriate material)
5. Develop practitioner communication and engagement plan
6. Develop training / education plan targeting practitioners and other professional groups, designed to educate them about the DSRIP program and your PPS-specific quality improvement agenda
7. Oversee transition of safety net providers to meet Meaningful Use and PCMH Level 3 standards by the end of Demonstration Year (DY) 3.
8. Oversee that all PPS providers are included in the Integrated Delivery System. The IDS should include all medical, behavioral, post-acute, long-term care, and community-based service providers within the PPS network; additionally, the IDS structure must include payers and social service organizations, as necessary, to support its strategy.
9. Develop plans to leverage partnering HH and ACO population health management systems and capabilities to implement the strategy towards evolving into an IDS.

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Membership

1. Committee will be comprised of 11 members – with two chairpersons.
2. With the exception of the initial term, which will be an extended term lasting 18 months, Committee membership will be rotated in 12 month terms; at the completion of a term, 3 PPS network members will be rotated off (through a random-selection process nearing the end of the term). Committee members will serve, at a maximum, thirty-six months.
3. Committee member organizations will be required to be represented by leadership; proxies will not be permissible.
4. A NYP Vice President will serve as one of the chairpersons; the PPS Network collaborator will be chosen based on a vote at the first meeting of each term. Collaborator Chairpersons will rotate every twelve months, with a first term of 18 months to reflect the extension of the committee members' terms.
5. Committee members that miss 3 consecutive meetings will be removed and replaced.

Co-Chair Responsibilities:

Clinical Operations Committee Co-Chairs will be responsible for: (1) preparing for meetings, (2) preparing/reviewing meeting agendas and notes, (3) working offline with Committee Members to push Committee efforts forward, (4) reviewing Committee deliverables, and (5) presenting to Executive Committee, when appropriate. Co-Chairs will serve a 12-month term.

Focus:

1. Committee will be responsible for advising the Executive Committee
2. Committee will be required to draft recommendations to be presented to the Executive Board monthly by the Chairperson(s)

Operations:

1. A majority of the members of the Committee shall constitute a quorum for the transaction of business. The vote of a majority of the members present at a meeting at the time of such vote, if a quorum is then present or the unanimous written consent of all members thereof, shall be the act of the Committee.
2. Committee will be required to submit minutes and attendance to the NYP PPS Project Management Office (PMO)
3. Committee meetings will be hosted in-person at NYP or Collaborator locations - a GoToMeeting/telephone option will also be offered.
4. NYP will provide a staff person to support the committee

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