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|-------------------------|---|----------------------|---------------------------------|
| <b>Meeting Title:</b>   | <b>NYPQ DSRIP<br/>PCMH Project</b>                            | <b>Meeting Date:</b> | November 7 <sup>th</sup> , 2017 |
| <b>Facilitator(s):</b>  | M. D’Urso/ M. Cartmell  | <b>Meeting Time:</b> | 11:30 AM – 12:30 PM             |
| <b>Conference Line:</b> | 877-594-8353  | <b>Code:</b>         | 79706143#                       |
| <b>Location:</b>        | NYPQ 56-45 Main Street Flushing 11355 Radiation Oncology Room |                      |                                 |

**Meeting Purpose:**

DSRIP Implementation – Project Requirements Implementation

| #  | Topic  | Responsible Person        | Document  |
|----|--|---------------------------|---|
| 1. | Welcome & Purpose  | M. D’Urso, RN             | -   |
| 2. | Approve Meeting Minutes – 10/18/17   | M. D’Urso, RN             | <br>NYPQ PCMH Meeting Minutes 10   |
| 3. | PCMH Performance Measures  | K. Fung<br>D. Notarnicola | <br>PCMH MY3 Month 8 of 12 v2.pdf  |
| 4. | <p><b>DY3 Q4 (3/31/2018) Deliverable 1:</b><br/><i>Provider Level</i><br/><b>Milestone# 4:</b> 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><b>Metric# 4.1:</b> EHR meets connectivity to RHIO’s HIE and SHIN-NY requirements.</p> <p><b>Minimum Documentation: Qualified Entity (QE) participant agreements; sample of transactions to public health registries; evidence of DIRECT secure email transactions.</b></p> <ul style="list-style-type: none"> <li><b>RHIO Updates/ PCP Timeline</b></li> </ul> <hr/> <p><b>Metric 4.2:</b> PPS uses alerts and secure messaging functionality.</p> <p><b>Minimum Documentation: EHR vendor documentation; screenshots or other evidence of use of</b></p> | C. McConnell              | <br>PCMH RHIO Status.xlsx<br><br><br>PCMH DY3 Deliverable Tracker.x |

|    |   |                       |  |
|----|---|-----------------------|--|
|    | <p>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>  |                       |  |
| 5. | <p><b>DY3 Q4 (3/31/2018) Deliverable 4</b><br/> <i>PCP Practice</i><br/> <b>Milestone# 9:</b> Implement open access scheduling in all primary care practices.<br/><br/> <b>Metric# 9.3:</b> PPS monitors and decreases no-show rate by at least 15%.<br/><br/> <b>Minimum Documentation: Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.</b></p> <ul style="list-style-type: none"> <li>• Partners please submit your baseline no show rate from the start of the DSRIP project. (April 2015 )</li> <li>• Partners should submit no show data at the end of every quarter.</li> </ul> | M. D’Urso/ C. Dunkley |  |
| 6. | Adjourn   |                       |  |

# New York-Presbyterian/Queens PPS

Project 2.a.ii –PCMH Project

*Project Committee Meeting*

*November 7<sup>th</sup>, 2017 11:30 AM ET*

**Attendees:** J. Baton (Advanced Pediatrics), M. Cartmell (NYPQ), R. Crupi, MD (NYPQ), M. D’Urso (NYPQ), C. Dunkley (NYPQ), L. McConnell (NYPQ), M. Hay (NYPQ), D. Notarnicola (NYPQ), S. Williams (Bright Point Health), A. Bodykava (NY Medical), K. Fung (NYPQ), J.Faison (NYPQ)

| Topic                                      | Discussion   | Actions   |
|--|--|---|
| <p><b>1. Agenda:</b></p>                   | <ul style="list-style-type: none"> <li>• Welcome &amp; Purpose</li> <li>• Approve Meeting Minutes</li> <li>• PCMH Performance Measures</li> <li>• DY3 Q4 Deliverables</li> </ul>   | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| <p><b>2. Review Minutes</b></p>            | <ul style="list-style-type: none"> <li>• Committee reviewed and approved the meeting minutes from <b>11.7.17</b></li> </ul>  | <ul style="list-style-type: none"> <li>• Committee voted and unanimously approved the meeting minutes.</li> </ul>   |
| <p><b>3. PCMH Performance Measures</b></p> | <ul style="list-style-type: none"> <li>• K. Fung reviewed 11/24 metrics associated with the PCMH performance measures.</li> <li>• The PPS will be moving from a pay for reporting system to a pay for performance system. PPS partners will receive incentives based on quality and clinical outcomes.</li> <li>• The PMO can potentially earn <b>243,602.82</b> if measurement year 3 results are all met.</li> <li>• The PMO can potentially lose <b>130,501.26</b> if measurement 3 results are not met.</li> <li>• Subtracting the potential total of <b>243,602.82</b> from the metrics not met <b>130,501.26</b> the adjusted total is <b>113,101.56</b>.</li> </ul> | <ul style="list-style-type: none"> <li>• The PMO will email the performance measure packets.</li> <li>• The PMO will use quality data to start action planning to improve clinical outcomes.</li> </ul> |

| Topic                         | Discussion  | Actions   |
|-------------------------------|---|---|
| <p>4. DY3 Q4 Deliverables</p> | <p><b>Milestone# 4:</b> 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><b>Metric# 4.1:</b> EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.</p> <p><b>Minimum Documentation:</b> Qualified Entity (QE) participant agreements; sample of transactions to public health registries; evidence of DIRECT secure email transactions.</p> <ul style="list-style-type: none"> <li>• <b>All partners that have been participating in the PCMH project have been successfully connected to the RHIO.</b></li> </ul> <p><b>Metric 4.2:</b> PPS uses alerts and secure messaging functionality.</p> <p><b>Minimum Documentation:</b> 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"> <li>• <b>Partners will be able to use the secured functionality in the RHIO it will allow them to track their patients and ensure care coordination.</b></li> </ul> | <ul style="list-style-type: none"> <li>• Coleen will work with Corey to update the RHIO tracker.</li> <li>• PPS Partners please reach out to Corey if you have any questions regarding the RHIO.</li> </ul> |
|                               | <p><b>Milestone# 9:</b> Implement open access scheduling in all primary care practices.</p> <p><b>Metric# 9.3:</b> PPS monitors and decreases no-show rate by at least 15%.</p> <p><b>Minimum Documentation:</b> Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction</p> <ul style="list-style-type: none"> <li>• <b>Partners should submit no show data at the end of each quarter.</b></li> </ul>  | <ul style="list-style-type: none"> <li>• PPS partners please continue to submit baseline rates starting from the beginning of April 2015.</li> </ul>  |
| <p>5. Adjourn</p>             |   | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |