





Meeting Title:	NYPQ DSRIP PCMH Project	Meeting Date:	September 5 , 2017
Facilitator(s):	M. D’Urso/ M. Cartmell	Meeting Time:	11:30 AM – 12:30 PM
Conference Line:	877-594-8353	Code:	79706143#
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 – 09/05/17	M. D’Urso, RN	 NYPQ PCMH 9.5.17 Meeting Minutes.docx
3.	<p>DY3 Q4 (3/31/2018) Deliverable 1: <i>Provider Level</i></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# 4.1: EHR meets connectivity to RHIO’s HIE and SHIN-NY requirements.</p> <p>Minimum Documentation: 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"> RHIO Updates/ PCP Timeline <hr/> <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 RHIO Status.xlsx  PCMH DY3 Deliverable Tracker.x
4.	DY3 Q4 (3/31/2018) Deliverable 3	M. D’Urso, RN	

<p><i>Project Level</i></p> <p>Milestone# 7: Ensure that all staff is trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.</p> <p>Metric# 7.1: Practice has adopted preventive and chronic care protocols aligned with national guidelines.</p> <p>Minimum Documentation: Policies and procedures related to standardized treatment protocols for chronic disease management; agreements with PPS organizations to implement consistent standardized treatment protocols.</p> <hr/> <p>Metric# 7.2: Project staffs are trained on policies and procedures specific to evidence-based preventive and chronic disease management.</p> <p>Minimum Documentation: Documentation of training program; written training materials; list of training dates along with number of staff trained.</p>		
<p>DY3 Q4 (3/31/2018) Deliverable 4</p> <p><i>PCP Practice</i></p> <p>Milestone# 9: Implement open access scheduling in all primary care practices.</p> <p>Metric# 9.1: PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.</p> <p>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.</p> <ul style="list-style-type: none"> Partners please submit open access scheduling policy <hr/> <p>Metric# 9.2: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.</p> <p>Minimum Documentation: Scheduling standards</p>	<p>M. D’Urso, RN</p>	 <p>3. PCMH Open Access 31816.pdf</p>

	<p>documentation; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation.</p> <hr/> <ul style="list-style-type: none"> Partners please submit open access scheduling policy <hr/> <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. 	<p>M. D’Urso, RN/</p>	
6.	Adjourn		

New York-Presbyterian/Queens PPS

Project 2.a.ii –PCMH Project

Project Committee Meeting

September 5th, 2017 11:30-12:30 PM

Attendees: P. Cartmell (NYPQ), L. McConnell (NYPQ), R. Crupi M.D, (NYPQ), S. Williams (Brightpoint) K. Fung (NYPQ), M. Hay (NYPQ), M. Durso (NYPQ) J. Faison (NYPQ) J. Quiwa M.D (Jose Quiwa)

Topic	Discussion	Actions
<p>1. Agenda:</p>	<ul style="list-style-type: none"> • Welcome & Purpose • Approve Meeting Minutes • DY3 Q4 Future Deliverables • Adjourn 	<p>N/A</p>
<p>2. Review Minutes</p>	<p>Review and approved minutes from 9.5.17</p>	<ul style="list-style-type: none"> • Meeting Minutes were unanimously approved.
<p>3. DY3 Q4 Deliverables (3.31.17)</p>	<p>DY3 Q4 (3.31.18):</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 DY3.</p> <p>Metric# 4.1: EHR meets connectivity to RHIO’s HIE and SHIN-NY requirements.</p> <p>Minimum Documentation: 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"> • Corey will continue to engage PPS partners and connect them to the RHIO. • The PMO has 5 partners connected to the RHIO and 5 pending site visits for the month of September. <hr/> <p>Metric 4.2: PPS uses alerts and secure messaging</p>	<ul style="list-style-type: none"> • Corey will coordinate the remaining site visits with PPS partners to ensure connectivity to the RHIO and validate EHR capabilities. • Once partners are connected to the RHIO, Healthix will train partners on secured messaging and alert system.

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	<p>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"> Once partners are connected to the RHIO and use secured messaging it will allow providers to track their patients and improve care coordination. 	
	<p>DY3 Q4 (3.31.18):</p> <p>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.</p> <p>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).</p> <p>Minimum Documentation: Meaningful Use certification from CMS or NYS Medicaid or EHR Proof of Certification.</p> <ul style="list-style-type: none"> Corey will ensure all PPS partners EHRs are meeting stage 2 of meaningful use by 2018. The PMO collected Meaningful use certifications from the CMS website to show each partners EMR meets CMS requirements. 	<ul style="list-style-type: none"> Corey will continue to engage PPS partners and ensure that their EMR is meeting meaningful use standards.
	<p>DY3 Q4 (3.31.18):</p> <p>Milestone# 7: Ensure that all staff is trained on PCMH or Advanced Primary Care models, including evidence-based preventive and chronic disease management.</p> <p>Metric# 7.1: Practice has adopted preventive and chronic care protocols aligned with national</p>	<ul style="list-style-type: none"> Partners please continue to submit policies and procedures related to standard treatment protocols for chronic disease management

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	<p>guidelines.</p> <p>Minimum Documentation: Policies and procedures related to standardized treatment protocols for chronic disease management; agreements with PPS organizations to implement consistent standardized treatment protocols.</p> <hr/> <p>Metric# 7.2: Project staffs are trained on policies and procedures specific to evidence-based preventive and chronic disease management.</p> <p>Minimum Documentation: Documentation of training program; written training materials; list of training dates along with number of staff trained.</p>	<p>guidelines and training sign in sheets.</p>
	<p>DY3 Q4 (3.31.18):</p> <p>Milestone# 9: Implement open access scheduling in all primary care practices.</p> <p>Metric# 9.1: PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites.</p> <p>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.</p>	<ul style="list-style-type: none"> The PMO will continue to collect policies and trainings on open access scheduling.
	<p>Metric# 9.2: PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites.</p> <p>Minimum Documentation: Scheduling standards documentation; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation.</p> <hr/> <p>Metric# 9.2: PCMH 1B After Hours Access scheduling to meet NCQA standards established</p>	<ul style="list-style-type: none"> The PMO will continue to collect policies and trainings on open access scheduling.

Topic	Discussion	Actions
	<p>across all PPS primary care sites.</p> <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> <p>Brightpoint shared with the committee, how they were able to decrease their no show rate. They did this by having a secretary who works in the clinic give patients a reminder call for their scheduled appointments.</p>	<ul style="list-style-type: none"> • PPS partners will continue to submit baseline rates starting from the beginning of April 2015.
Adjourn		<ul style="list-style-type: none"> • N/A