





Meeting Title:	NYPQ DSRIP PCMH Project	Meeting Date:	June 6 , 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:

DSRIP Implementation – Project Requirements Implementation

#	Topic	Responsible Person	Document
1.	Welcome & Purpose	M. D’Urso, RN	-
2.	Approve Meeting Minutes – 05/16/17	M. D’Urso, RN	 NYPQ PPS PCMH Meeting Minutes 05 1
4.	<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> <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> <ul style="list-style-type: none"> Marlon and Cory will have a site visit with each 	M. D’Urso, RN/ M. Hay/ L. McConnell	 DY3 PCMH Project plan.pdf  PCP Timeline.xlsx

	PCMH site to verify each site’s EHR has secure messaging capability.		
5.	<p>DY3 Q4 (3/31/2018) Deliverable 2: <i>Project Level</i> 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"> M. Hay will be using screenshots from CHPL showing EMR used by each partner is MU certified. 	M. D’Urso, RN/ M. Hay	
6.	<p>DY3 Q4 (3/31/2018) Deliverable 3 <i>Project Level</i> 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.</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>	M. D’Urso, RN/ S. Choudhury	
7.	<p>DY3 Q4 (3/31/2018) Deliverable 4 <i>PCP Practice</i> Milestone# 9: Implement open access scheduling in all primary care practices.</p> <p>Metric# 9.1: PCMH 1A Access During Office Hours</p>	M. D’Urso, RN	

	<p>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 <p>-----</p> <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> <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) 	<p>M. D’Urso, RN/</p>	 <p>3. PCMH Open Access 31816.pdf</p>
8.	Adjourn		

New York-Presbyterian/Queens PPS

Project 2.a.ii –PCMH Project

Project Committee Meeting

June 6th, 2017 10:30am –11:30pm EST

Attendees: M. D’Urso (NYP/Q), C. Dunkley, R. Crupi (NYPW), J. Quiwa (Jose Quiwa PC), J. Dutan, M. Hay (NYPQ)

Topic	Discussion	Actions
<p>1. Agenda:</p>	<ul style="list-style-type: none"> • Welcome & Purpose • Meeting Minutes Approval • DY3 Deliverables 	<ul style="list-style-type: none"> • N/A
<p>2. Meeting minutes: M. D’Urso</p>	<ul style="list-style-type: none"> • Committee reviewed meeting minutes from 05/16/17 meeting. 	<ul style="list-style-type: none"> • Committee voted to unanimously approve the meeting minutes. M. Cartmell approved and M. D’Urso second
<p>3. DY3 Deliverables : M. D’Urso/ S. Choudhury</p>	<p>DY3 Q4 Deliverable 1:</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"> • L. McConnell have created a PCP timeline to be rolled out to partners and completed by March 2018. <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</p>	<ul style="list-style-type: none"> • M. Hay and Cory will be reaching out to partners and going on site visits to see if their EHR has capabilities.

Topic	Discussion	Actions
	secure messaging.	
4.	<p>DY3 Q4 Deliverable 2:</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"> • M. Hay will be using Screenshots from CHPL showing EMR used by each partner is MU certified. 	<ul style="list-style-type: none"> • M. Hay will reach out the partner if they do not meet the meaningful use requirements.
5.	<p>DY3 Q4 Deliverable 3:</p> <p>Milestone# 8: Ensure that all staff is trained on PCMH or Advanced Primary Care models, including evidence- based preventive and chronic disease management.</p> <p>Metric# 8.1: 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# 8.2: Project staff is 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>	<ul style="list-style-type: none"> • Partners please submit evidence-based preventative and chronic disease management guidelines and training sign in sheets.
6.	<p>DY3 Q4 Deliverable 4:</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</p>	<ul style="list-style-type: none"> • Partners please submit training and policies on open access scheduling and training sheets • Partners please review the PPS best practice for open scheduling.

Topic	Discussion	Actions
	<p>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> <p>-----</p> <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# 9.3: 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"> Partner submits Baseline date of no show rates starting from the beginning of the project. (April 2015)