





Meeting Title:	NYPQ DSRIP PCMH Project	Meeting Date:	October 18th , 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>Congrats to the PCMH committee on achieving their PCMH 2014 Level 3 certification for all providers !!</p> <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</p>	C. McConnell	 PCMH RHIO Status.xlsx  PCMH DY3 Deliverable Tracker.x

	<p>materials; list of training dates along with number of staff trained in use of alerts and secure messaging.</p>		
4.	<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> <hr/> <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	
5.	<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 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</p>	M. D’Urso, RN	 3. PCMH Open Access 31816.pdf

	<p>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/> <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
October 18th, 2017 11:30 AM-12:30 PM ET

Attendees: M. D’Urso (NYPQ), J. Faison (NYPQ), C. Dunkley (NYPQ), M. Hay (NYPQ), R. Crupi (NYPQ), C. McConnell (NYPQ),

Topic	Discussion	Actions
1. Agenda:	<ul style="list-style-type: none"> Welcome & Purpose Approve Meeting Minutes DY3 Q4 Future Deliverables Adjourn 	<ul style="list-style-type: none"> N/A
2. Review Minutes	Review and approved minutes from 10.18.17	<ul style="list-style-type: none"> Meeting Minutes were unanimously approved.
3. DY3 Q4 Deliverables (3.31.17)	<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: EMR meets connectivity to RHIO’s HIE and SHIN-NY requirements.</p> <p>Minimum Documentation: QE participation agreements; sample of transactions to public health registries; evidence of direct secure email transactions.</p> <ul style="list-style-type: none"> The PMOs IT site Coordinator will continue to engage and assist PPS partners to connect them to the RHIO. As part of the ongoing assistance the coordinator will act as the liaison between the RHIO (Healthix) and partners. 	<ul style="list-style-type: none"> Corey will ensure all PPS partners are connected to the RHIO and validate EHR capabilities.

Topic	Discussion	Actions
	<ul style="list-style-type: none"> The PMO currently have 7 partners connected to the RHIO and 10 partners using direct mail and secured messaging. The long term goal is to have all the partners connected to the RHIO by March, 2018. <p>Metric# 4.2: PPS uses alerts and secure messaging functionality.</p> <p>Minimum Documentation: EMR vendor documentation: Screenshots or other evidence of use of alerts and secure messaging: written training materials, list of training date and 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, Healthix will train partners on secured messaging and alert systems.
	<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> <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>	<ul style="list-style-type: none"> The PMO will revisit this milestone during the next PCMH Committee Meeting on 11.7.17

Topic	Discussion	Actions
	<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> <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> <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"> • The PMO will continue to collect policies and trainings on open access scheduling. • The PMO will continue to collect open access scheduling policy from PPS partners. • The PMO will continue to collect Baseline rates from PPS partners starting from the beginning of April 2015.
4. Questions & open Discussion		-
5. Adjourn		-

