NewYork-Presbyterian Queens

Meeting Title:	**NYPQ DSRIP PCMH Project**	Meeting Date:	August 1 , 2017
Facilitator(s):	M. D'Urso/ M. Cartmell	Meeting Time:	11:00 AM – 12:00 PM
Conference Line:	877-594-8353	Code:	79706143#
Location:	NYPQ 56-45 Main Street; Radiation Oncology Room		

Meeting Purpose:
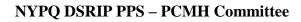
DSRIP Implementation – Project Requirements Implementation

#	Topic	Responsible Person	Document
1.	Welcome & Purpose	M. D'Urso, RN	-
2.	Approve Meeting Minutes – 06/06/17	M. D'Urso, RN	NYPQ PCMH Meeting Minutes 06 06 17.doc
4.	**DY3 Q4 (3/31/2018) Deliverable 1:** *Provider Level* ***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. ***Metric# 4.1***: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. ***Minimum Documentation:*** **Qualified Entity (QE) participant agreements; sample of transactions to public health registries; evidence of DIRECT secure email transactions.** • RHIO Updates/ PCP Timeline *Metric 4.2:* PPS uses alerts and secure messaging functionality. ***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.** • Marlon and Cory will have a site visit with each	M. D'Urso, RN/ M. Hay/ L. McConnell	DY3 PCMH Project plan.pdf PCMH DY3 Deliverable Tracker.x

	PCMH site to verify each site's EHR has secure messaging capability.		
5.	**DY3 Q4 (3/31/2018) Deliverable 2:** *Project Level* **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. *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). *Minimum Documentation:* **Meaningful Use certification from CMS or NYS Medicaid or EHR Proof of Certification.** • M. Hay will be using CHPL to verify MU certification.	M. D'Urso, RN/ M. Hay	
6.	**DY3 Q4 (3/31/2018) Deliverable 3** *Project Level* **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. **Minimum Documentation: Policies and procedures related to standardized treatment protocols for chronic disease management; agreements with PPS organizations to implement consistent standardized treatment protocols.** *Metric# 7.2:* Project staffs are trained on policies and procedures specific to evidence-based preventive and chronic disease management. *Minimum Documentation:* **Documentation of training program; written training materials; list of training dates along with number of staff trained.**	M. D'Urso, RN/ C. Dunkley	
7.	**DY3 Q4 (3/31/2018) Deliverable 4** *PCP Practice* **Milestone# 9***:* Implement open access scheduling in all primary care practices. *Metric# 9.1:* PCMH 1A Access During Office Hours	M. D'Urso, RN	

	scheduling to meet NCQA standards established across all PPS primary care sites. *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.** • Partners please submit open access scheduling policy --- *Metric# 9.2:* PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites. *Minimum Documentation:* **Scheduling standards documentation; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation.** • Partners please submit open access scheduling policy *Metric# 9.3:* PPS monitors and decreases no-show rate by at least 15%. *Minimum Documentation:* **Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction**. • 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.	M. D'Urso, RN/	**3. PCMH Open Access 31816.pdf** **NYPQ Clinic No Show rate trends.pptx**
8.	**PCMH Performance Measures:** • Rapid Cycle evaluation data review and action planning	K. Fung	**PCMH Measures.pdf**
9.	**HANYS Sustainability Work shop :** Join HANYS Solutions Practice Advancement Strategies (formerly PCMH Advisory Services) on Wednesday, August	Committee	

	16 at 12 p.m. for Sustainability. Sustainability is at the core of the redesigned NCQA PCMH Recognition program. How do the yearly check-ins being introduced in the 2017 Standards compare to the three-year Recognition period? Attendees will learn: • what sustainability is; • the common missteps practices make after achieving Recognition, causing practices to regress to the "old way"; • steps to take to ensure sustainability; and The role of advisors and NCQA PCMH CCEs in the process. **https://events-na1.adobeconnect.com/content/connect/c1/2295329041/en/events/event/shared/default_template/event_registration.html?sco-id=2300466104&_charset_=utf-8**		
10	Adjourn		

NewYork-Presbyterian/Queens PPS

Project 2.a.ii –PCMH Project
Project Committee Meeting
August 1st, 2017 11:00am –12:00pm EST

Attendees: M. D'Urso (NYP/Q), C. Dunkley, R. Crupi (NYPW), J. Quiwa (Jose Quiwa PC), J. Butan, M. Hay (NYPQ), L. Mc Connell (NYPQ), S. Schauman (NYPQ), M. Calagos (Caring Hands), S. Williams (Brighpoint)

Topic	Discussion	Actions
1. **Agenda:**	• Welcome & Purpose • Meeting Minutes Approval • DY3 Deliverables • PCMH Performance Measures • HANYS Sustainability Workshop	• N/A
2. **Meeting minutes:** M. D'Urso	• Committee reviewed meeting minutes from 05/16/17 meeting.	• Committee voted to unanimously approve the meeting minutes. M. Cartmell approved and J. Baton second
3. **DY3 Deliverables :** M. D'Urso/ S. Choudhury	**DY3 Q4 Deliverable 1:** *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. *Metric# 4.1*: EHR meets connectivity to RHIO's HIE and SHIN-NY requirements. *Minimum Documentation:* Qualified Entity (QE) participant agreements; sample of transactions to public health registries; evidence of DIRECT secure email transactions. • L. McConnell have created a PCP timeline to be rolled out to partners and completed by March 2018. • J. Quiwa and M. Calagos would like to be engaged and participate in the RHIO. • PMO has created a tracker for each milestone and deliverable due by March 2018	• Please submit deliverables via PL webform. • 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
	Metric 4.2: PPS uses alerts and secure messaging functionality. *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.	
4.	**DY3 Q4 Deliverable 2:** *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. *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). *Minimum Documentation:* Meaningful Use certification from CMS or NYS Medicaid or EHR Proof of Certification. • M. Hay will be using Screenshots from CHPL showing EMR used by each partner is MU certified.	• M. Hay will reach out the partner if they do not meet the meaningful use requirements.
5.	**DY3 Q4 Deliverable 3:** *Milestone#78*: 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. *Minimum Documentation:* Policies and procedures related to standardized treatment protocols for chronic disease management; agreements with PPS organizations to implement consistent standardized treatment protocols. *Metric# 7.2:* Project staff is trained on policies and procedures specific to evidence-based preventive and chronic disease management. *Minimum Documentation:* Documentation of training program; written training materials; list of training dates along with number of staff trained.	• Partners please submit evidence-based preventative and chronic disease management guidelines and training sign in sheets.

Topic	Discussion	Actions
6.	**DY3 Q4 Deliverable 4:** *Milestone# 9:* Implement open access scheduling in all primary care practices. *Metric# 9.1:* PCMH 1A Access During Office Hours scheduling to meet NCQA standards established across all PPS primary care sites. *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. -- *Metric# 9.2:* PCMH 1B After Hours Access scheduling to meet NCQA standards established across all PPS primary care sites. *Minimum Documentation:* Scheduling standards documentation; response times reporting; materials communicating open access scheduling; vendor system documentation; other sources demonstrating implementation. *Metric# 9.3:* PPS monitors and decreases no-show rate by at least 15%. *Minimum Documentation:* Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.	• Partners please submit training and policies on open access scheduling and training sheets • Partners please review the PPS best practice for open scheduling. • Partner submits Baseline date of no show rates starting from the beginning of the project. (April 2015)
7. PCMH Performance Measures: K. Fung	• K. Fung reported the performance measure on all attributed lives to the NYPQ PPS. She reviewed measures that were met as well as measure the need improvement and were not met.	• PMO will email out the performance measure packets.
8. HANYS Sustainability Workshop : C. Dunkley	• HANYS is offering a sustainability workshop to sustain PCMH Level 3 after certification on August 16th.	• Please utilize the link to register for the workshop.