



Meeting Title: NYPQ DSRIP

**PCMH Project** 

Meeting

December 5<sup>th</sup>, 2017

M. D'Urso/ M. Cartmell

Meeting Time:

Date:

11:00 AM – 11:30 PM

**Conference Line:** 877-594-8353

Code:

79706143#

Location: NYPQ 56-45 Main Street Flushing 11355 Radiation Oncology Room

## **Meeting Purpose:**

**Facilitator(s):** 

DSRIP Implementation – Project Requirements Implementation

#	Topic	Responsible Person	Document
1.	Welcome & Purpose	M. D'Urso, RN	-
2.	Approve Meeting Minutes – 11/07/17	M. D'Urso, RN	NYPQ PPS PCMH Minutes 11.07.17.doc
3.	PCMH Performance Measures	K. Fung D. Notarnicola	PCMH MY3 Month 9 of 12 Results.pdf
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	C. McConnell	NYPQ PPS PCMH Agenda spreadsheet  PCMH DY3 Deliverable Tracker.x



## $NYPQ\ DSRIP\ PPS-PCMH\ Committee$

	alerts and secure messaging; written training		
	materials; list of training dates along with number of		
	staff trained in use of alerts and secure messaging.		
	DY3 Q4 (3/31/2018) Deliverable 4		
	PCP Practice		
	Milestone# 9: Implement open access scheduling in all		
	primary care practices.		
	Metric# 9.3: PPS monitors and decreases no-show rate by		
	at least 15%.		
5.		M. D'Urso/C. Dunkley	
	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.		
6.	Adjourn		



## **New York-Presbyterian/Queens PPS**

Project 2.a.ii –PCMH Project Project Committee Meeting December 5th, 2017 11:00-11:30 AM ET

**Attendees**: C. Dunkley (NYPQ), K. Fung (NYPQ), M. D'urso (NYPQ), Dr. Sabagol (Advanced Pediatrics), D. Notarnicola (NYPQ), S. Williams (Bright Point Health), A. Bodykava (NY Medical), J. Baton (Advanced Pediatrics), M. Hay (NYPQ), L. McConnell (NYPQ). J. Faison (NYPQ).

Topic		Discussion	Actions
1.	Agenda:	<ul> <li>Welcome &amp; Purpose</li> <li>Approve Meeting Minutes</li> <li>PCMH Performance Measures</li> <li>DY3 Q4 Deliverables</li> </ul>	• N/A
2.	<b>Review Minutes</b> M. D'Urso, RN	Committee reviewed and approved the meeting minutes from 11.07.17	Committee voted and unanimously approved the meeting minutes.
3.	PCMH Performance Measures K. Fung/ D. Notarnicola	<ul> <li>K. Fung reviewed 11 out of the 24 performance measures associated with the PCMH project.</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 clinical outcomes.</li> <li>The PMO can potentially earn \$210,997.51 if measurement year 3 results are all met.</li> <li>The PMO can potentially lose \$113,101.56 if measurement year 3 results are not met.</li> <li>Subtracting the potential total of \$210,977.51 from the metrics not met \$113,101.56 the adjusted total is \$97,875.94</li> <li>The PPS has seen a decrease in potentially preventable Ed visits which will increase the total amount of dollars earned.</li> </ul>	The PMO will use quality data to work with partners to improve clinical outcomes.



Topic		Discussion	Actions
	DY3 Q4 Deliverables M. D'Urso/C. Dunkley	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.  • All PCMH partners have been successfully connected to the RHIO.  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.  • LaQuan will coordinate with PCMH partners to collect screen shots of their alerts and secured messaging functionality.  • Connection to the RHIO along with direct messaging will allow providers to track patients and enhance care coordination.  DY3 Q4 (3/31/2018) Deliverable 4  PCP Practice	PPS partners please reach out to Corey if you have any questions regarding the RHIO.
		PCP Practice	
		<ul><li>Milestone# 9: Implement open access scheduling in all primary care practices.</li><li>Metric# 9.3: PPS monitors and decreases no-show rate by at least 15%.</li></ul>	

## ☐ NewYork-Presbyterian☐ Queens

Topic	Discussion	Actions
	<ul> <li>Minimum Documentation: Baseline no-show rate with periodic reports demonstrating 15% no-show rate reduction.</li> <li>PCMH partners should submit no show data at the end of each quarter.</li> </ul>	PPS partners please continue to submit no-show rates through the DSRIP year.
5. Adjourn		-