State University of New York at Stony Brook University Hospital (PPS ID:16)

Project 2.b.ix – Implementation of observational programs in hospitals

IPQR Module 2.b.ix.1 - Major Risks to Implementation and Mitigation Strategies

Instructions :

Please describe what the major risks are for this project, as well as the actions you plan to take to mitigate them.

INFRASTRUCTURE CHALLENGES: 1) Ability to implement best practices across the PPS. 2) Limited communication across diverse providers.
INFRASTRUCTURE REMEDIES: 1) The PPS will leverage existing processes that have proven to be effective as well as focusing on staff/physician training to ensure best practices are being utilized. Additionally, a performance management process within the Quality Assurance program will be developed to monitor the admitting process and look for ways to improve. 2) Through it's IT strategy, the PPS will optimize use of EHR and the RHIO to provide for better communication between hospital and PCP or SNF or Intermediate Care Facility will create better communication linkages across the PPS. To mitigate any potential risks with the development of the IT infrastructure, the PPS will work closely and continuously with the IT vendor as well as develop short-term contingency strategies for project implementation should the overall development be delayed.

PROVIDER CHALLENGES: 1) Significant variation between hospitals for definition of OBS status 2) Facilities where even a "virtual" OBS unit can create issues with staffing and economies of scale due to their low volume of admissions. 3) Limited access to primary care visits, particularly in underserved areas. 4) The need for effective communication with a population with limited health literacy. 5) Overall provider participation.
PROVIDER REMEDIES: 1) The PPS will establish protocols for identifying patients who qualify as OBS utilizing an IT system for decision-making for OBS status admission. To manage resources participating PPS providers will 2) Share best practices in the effective use of existing resources, including redeployed staff from other functions and 3) Increase primary care capacity through support by safety net PPS PCPs such as Hudson River Health. Additional PCP access will be available as practices become more efficient through implementation of PCMH/Advanced Medical Home. 4) The PPS will emphasize staff training on cultural competency, translate patient education materials and ensure 5th grade reading level. The PPS will emphasize a transition to value-based provider payments to more properly align financial incentives with the clinical goals of the DSRIP program. Finally, the Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation.

PATIENT CHALLENGES: 1) Challenging socio-economic barriers and disparities in care. 2) Potential patient "no-shows" for post discharge appointments. 3) Issues with transportation that may delay an effective discharge.
PATIENT REMEDIES: 1) Multidisciplinary teaming that includes a Social Worker from the time of admission can address these issues. 2) Link into an effective PPS 30-day TOC process. The PPS will leverage the relationship with Health Homes and with FQHCs who care for a significant volume of these patients. 3) Expansion of Suffolk County Accessible Transportation, help streamline the process to arrange transportation assistance to make it more accessible to the patients.

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DSRIP Implementation Plan Project

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IPQR Module 2.b.ix.2 - Project Implementation Speed

Instructions :

Please specify how many providers will have met all of the project requirements (as set out in the project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks
100% Total Committed By
DY3,Q2

Provider Type	Total Commitment	Year,Quarter (DY1,Q1 – DY3,Q2)									
		DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Primary Care Physicians	430	0	0	0	0	0	0	0	100	200	430
Hospitals	12	0	0	0	0	0	2	5	12	12	12
Clinics	20	0	0	0	0	0	0	0	5	10	20
Health Home / Care Management	11	0	0	0	0	0	0	0	0	5	11
Behavioral Health	144	0	0	0	0	0	0	0	10	60	144
Substance Abuse	21	0	0	0	0	0	0	0	5	11	21
Skilled Nursing Facilities / Nursing Homes	46	0	0	0	0	0	0	0	10	20	46
All Other	1,136	0	0	0	0	0	0	0	300	600	1,136
Total Committed Providers	**1,820**	**0**	**0**	**0**	**0**	**0**	**2**	**5**	**442**	**918**	**1,820**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.11**	**0.27**	**24.29**	**50.44**	**100.00**

Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Primary Care Physicians	430	430	430	430	430	430	430	430	430	430	430
Hospitals	12	12	12	12	12	12	12	12	12	12	12
Clinics	20	20	20	20	20	20	20	20	20	20	20
Health Home / Care Management	11	11	11	11	11	11	11	11	11	11	11
Behavioral Health	144	144	144	144	144	144	144	144	144	144	144
Substance Abuse	21	21	21	21	21	21	21	21	21	21	21

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Provider Type	Total Commitment	Year,Quarter (DY3,Q3 – DY5,Q4)									
		DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Skilled Nursing Facilities / Nursing Homes	46	46	46	46	46	46	46	46	46	46	46
All Other	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136
Total Committed Providers	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**	**1,820**
Percent Committed Providers(%)		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 2.b.ix.3 - Patient Engagement Speed

Instructions :

Please specify how many patients will have become 'Actively Engaged' (as set out in the Project Plan Application) per quarter. These cumulative numbers must align with commitments in the PPS Application.
Note: data entered into this table must represent CUMULATIVE figures.

Benchmarks	
100% Actively Engaged By	**Expected Patient Engagement**
DY3,Q4	8,866

Year,Quarter (DY1,Q1 – DY3,Q2)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Patients Engaged	0	886	2,216	3,546	886	3,103	4,987	6,650	2,216	4,433
Percent of Expected Patient Engagement(%)	**0.00**	**9.99**	**24.99**	**40.00**	**9.99**	**35.00**	**56.25**	**75.01**	**24.99**	**50.00**

Year,Quarter (DY3,Q3 – DY5,Q4)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Patients Engaged	6,650	8,866	2,216	4,433	6,650	8,866	8,866	8,866	8,866	8,866
Percent of Expected Patient Engagement(%)	**75.01**	**100.00**	**24.99**	**50.00**	**75.01**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 2.b.ix.4 - Prescribed Milestones

Instructions :

Please enter baseline target dates and work breakdown tasks with target dates for each of the milestones below.

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	Project	N/A	In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Observation units established in proximity to PPS' ED departments.	Provider	Hospitals	In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Care coordination is in place for patients routed outside of ED or OBS services.	Project		In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup	Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 2: Project Manager assigned to DSRIP project	Project		Completed	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 3: Project Lead assigned to DSRIP Project	Project		Completed	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup	Project		Completed	04/01/2015	04/01/2015	06/30/2015	DY1 Q1
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals	Project		In Progress	07/01/2015	09/15/2015	09/30/2015	DY1 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners	Project		In Progress	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)	Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals	Project		In Progress	08/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with proposed plans outlined in the Suffolk PPS Project Plan Application)	Project		In Progress	08/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 23: Scope of work at each Hospital Partner determined	Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 29: Observation units established in proximity to PPS' ED departments.	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH	Project		In Progress	09/30/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring	Project		In Progress	01/01/2016	09/30/2016	09/30/2016	DY2 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.							
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units	Project		In Progress	03/31/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #2 Create clinical and financial model to support the need for the unit.	Project	N/A	In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols	Provider	Hospitals	In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling	Provider	Hospitals	In Progress	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit	Provider	Hospitals	In Progress	11/30/2015	02/28/2016	03/31/2016	DY1 Q4
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project	Provider	Hospitals	In Progress	02/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.	Provider	Hospitals	In Progress	02/28/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals	Provider	Hospitals	In Progress	06/30/2016	09/30/2017	09/30/2017	DY3 Q2
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.	Project		In Progress	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).	Project		In Progress	04/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.	Project		In Progress	09/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval	Project		In Progress	03/31/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Implementation Schedule for each Hospital finalized	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Training initiated at each Hospital for the Care Coordination Model	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #4 Ensure that 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	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
messaging), alerts and patient record look up by the end of Demonstration Year (DY) 3.							
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.	Provider	Safety Net Hospitals	In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.	Provider	Safety Net Hospitals	In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.	Provider	Safety Net Hospitals	In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.	Provider	Safety Net Hospitals	In Progress	06/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.	Provider	Safety Net Hospitals	In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)	Provider	Safety Net Hospitals	In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained	Provider	Safety Net Hospitals	In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.	Provider	Safety Net Hospitals	In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.	Provider	Safety Net Hospitals	In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.	Provider	Safety Net Hospitals	In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop written training materials on secure messaging	Provider	Safety Net Hospitals	In Progress	01/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners	Provider	Safety Net Hospitals	In Progress	03/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners	Provider	Safety Net Hospitals	In Progress	03/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.	Provider	Safety Net Hospitals	In Progress	10/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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)	Provider	Safety Net Hospitals	In Progress	01/01/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging	Provider	Safety Net Hospitals	In Progress	01/01/2017	09/30/2017	09/30/2017	DY3 Q2
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and	Provider	Safety Net Hospitals	In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
use of DIRECT secure email transactions).							
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify methodology for SCC Patient Engagement definition	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system	Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.	Project		In Progress	06/01/2015	07/01/2015	09/30/2015	DY1 Q2
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.	Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.	Project		In Progress	11/15/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)	Project		In Progress	01/31/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Patient scorecards are available for authorized/permissioned users.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.	Project		In Progress	09/30/2016	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.										
Task Observation units established in proximity to PPS' ED departments.	0	0	0	0	0	0	0	2	5	12
Task Care coordination is in place for patients routed outside of ED or OBS services.										
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup										
Task Step 2: Project Manager assigned to DSRIP project										

New York State Department Of Health
Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 3: Project Lead assigned to DSRIP Project										
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup										
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup										
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager										
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee										
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC										
Task Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals										
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule										
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status										
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements										
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project										
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners										
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)										
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
observational program in hospitals										
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities										
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.										
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with proposed plans outlined in the Suffolk PPS Project Plan Application)										
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)										
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work										
Task Step 23: Scope of work at each Hospital Partner determined										
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.										
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)										
Task Step 27: Hospital Partner Workgroup engaged to monitor risks										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
register, change control and project output during implementation phase										
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners										
Task Step 29: Observation units established in proximity to PPS' ED departments.										
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH										
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.										
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units										
Milestone #2 Create clinical and financial model to support the need for the unit.										
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols	0	0	0	0	0	2	5	12	12	12
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit										
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project										
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.										
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals										
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.										
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.										
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.										
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.										
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).										
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
and specifically fitted to short-stays										
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.										
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed										
Task Step 7: Each Hospital to engage key behavioral health and assisted living/SNF providers to discuss future state Care Coordination Model										
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)										
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.										
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval										
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model										
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model										
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated										
Task Step 15: Implementation Schedule for each Hospital finalized										
Task Step 16: Training initiated at each Hospital for the Care Coordination Model										
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project										
Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Milestone #4 Ensure that 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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	7	8	9
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										

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State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, 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)										
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Identify methodology for SCC Patient Engagement definition										
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)										
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications										

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DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system										
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly reports.										
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
for project milestone reporting.										
Task Step 13: Patient scorecards are available for authorized/permissioned users.										
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.										

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #1 Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.										
Task Observation units established in proximity to PPS' ED departments.	12	12	12	12	12	12	12	12	12	12
Task Care coordination is in place for patients routed outside of ED or OBS services.										
Task Step 1: Formation of the Project 2bix Hospital Partner Workgroup										
Task Step 2: Project Manager assigned to DSRIP project										
Task Step 3: Project Lead assigned to DSRIP Project										
Task Step 4: Hospital and Article 31 participating partners staff Hospital Partner Workgroup										
Task Step 5: Hospital Participating Partner Leadership invited to first Hospital Partner Workgroup										
Task Step 6: Identify support staff for each Hospital/Article 31 Partner representative in project for a direct communication line to DSRIP Project Manager										
Task Step 7: Identify external key stakeholders for engagement in Project 2bix Committee										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 8: Schedule recurring monthly Hospital Partner Workgroup meetings in concert with Project 2biv TOC										
Task Step 9: Engage legal counsel on waiver requests necessary for project implementation at partner hospitals										
Task Step 10: Educate Hospital Partner Workgroup on project requirements and schedule										
Task Step 11: Hospital Partner Workgroup to establish standard definition of OBS status										
Task Step 12: Engage Medical Director, Executive Director and Finance Manager in financial and business planning for Hospital Observation Project requirements										
Task Step 13: Current assets and resources are identified and referenced as tools to be mobilized to support project										
Task Step 14: Initiate Baseline Survey Questionnaire for Projects 2bix and 2biv for all Hospital Partners										
Task Step 15: Gap analysis completed for Hospital Partners achievement towards DSRIP project requirements & Hospital representatives engaged in results (Opportunity assessment for OBS units)										
Task Step 16: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in hospitals										
Task Step 17: Develop key requirements and baseline implementation specifications for Project 2bix Implementation of observational program in participating Article 31 facilities										
Task Step 18: Develop a methodology or set of criteria of identifying ED patients who need further care but whose anticipated stay makes the patient a candidate for observation. This methodology will include an electronic tool to identify these patients based upon validated criteria such as the Emory Model and Milliman criteria.										
Task Step 19: Engage Hospital Partner Workgroup in implementation plan design, budget and schedule (scope of work in line with										

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
proposed plans outlined in the Suffolk PPS Project Plan Application)										
Task Step 21: Finalize Implementation Schedule at Partner Hospitals (dependent on executed contract for funds flow)										
Task Step 22: Hospital Partners determination if any current Observation Programs meet DSRIP requirements: Are appropriately sized and staffed observation (OBS) units and in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must be added to Hospital Partner scope of work										
Task Step 23: Scope of work at each Hospital Partner determined										
Task Step 24: Hospital Partners initiate detailed work on implementation plan scope of work (Care Coordination Programs & Implementation plan for OBS units) with the goal of reducing inpatient admissions via the creation of dedicated observation (OBS) units for patients presenting to emergency departments (EDs) whose need for inpatient services is not clearly defined or who need limited extended services for stabilization and discharge.										
Task Step 26: Hospital Partner representatives manage implementation plan in Performance Logic (SCC PMO Project Management Software Tool)										
Task Step 27: Hospital Partner Workgroup engaged to monitor risks register, change control and project output during implementation phase										
Task Step 28: Care coordination is in place for patients routed outside of ED or OBS services at participating Hospital Partners										
Task Step 29: Observation units established in proximity to PPS' ED departments.										
Task Step 30: Project Committee to determine metrics to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 31: Collect Opportunity assessment for OBS units; Implementation plan for OBS units; Quarterly report narrative demonstrating successful implementation of project requirements; Care Coordination Methodology and submit to NYS DOH										
Task Step 20: Identify areas where incentives or contracts support PPS in ensuring milestones are achieved on time, scope and budget. Project manager to montior compliacne in concert with key project stakeholders throughout the life cycle of the agreements with engaged/contracted Hospitals.										
Task Step 25: PPS support hospital partners in the recruitment and appropriate staffing of Observation Units										
Milestone #2 Create clinical and financial model to support the need for the unit.										
Task PPS has clinical and financial model, detailing: - number of beds - staffing requirements - services definition - admission protocols - discharge protocols - inpatient transfer protocols	12	12	12	12	12	12	12	12	12	12
Task Step 1: Engage Hospital Partner Workgroup to develop specifications for the clinical and financial modeling										
Task Step 2: Submit request to Hospital Partner Workgroup for the clinical and financial modeling of their respective observation unit										
Task Step 3: Collect clinical and financial model for all engaged/contracted Hospitals participating in project										
Task Step 4: Evaluate valuable data sources such as the Suffolk PPS CNA 2014 data which indicates the need for additional medical observation units.										
Task Step 5: Project Manager to engage Hospitals on recurring basis for periodic updates demonstrating gap to clinical and financial goals of Observation Program at all participating hospitals										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

State University of New York at Stony Brook University Hospital (PPS ID:16)

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #3 Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.										
Task Standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stay situations.										
Task Step 1: Key project stakeholders are informed on DSRIP requirement, patient population demographics, and engaged to develop a Care Coordination Model for all participating Hospitals observation program.										
Task Step 2: Baseline assessment results of all participating Hospitals reveal trends in current state Care Coordination Models. Results leveraged and integrated into design of the scope of work.										
Task Step 3: Educate key project stakeholders engaged in project on the methodologies addressed in the Suffolk PPS DSRIP application to address identified gaps. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows, centralized bed admission process with level of care screening criteria).										
Task Step 4: Engage Hospital Partner Workgroup to develop specifications for the future state Care Coordination Model to include standard 30-day care coordination services for safe discharge to community or step-down level are implemented and specifically fitted to short-stays										
Task Step 5: Hospital Partner Workgroup collect data analytics on short stay hospitalizations and the top ambulatory-sensitive diagnoses. Coordination program consideration of these admissions, which can be avoided with improved access to primary care and behavioral health services, as well as with compliance to evidence-based clinical guidelines by the practitioner and patient.										
Task Step 6: Hospital Partner Workgroup is concurrently developing the Care Transition Model for Project 2biv TOC and project integration exercises are performed										
Task Step 7: Each Hospital to engage key behavioral health and										

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assisted living/SNF providers to discuss future state Care Coordination Model										
Task Step 8: Key project stakeholders and subject matter experts are engaged in developing appropriate communication methodologies are design to assist with removing barriers. (Health literacy, community values, and language are considerable barriers to connectivity of the patient with necessary health care services.)										
Task Step 9: A methodology is designed to address managing patients that do not have a PCP. To assure we minimize the gaps that will be identified through the model. Key project stakeholders will look into directing unassigned patients to aligned high performing providers and have care coordinators follow these patients. A care coordination service is considered by the SCC Care Management program key stakeholders.										
Task Step 10: Project 2bix Care Coordination Model is presented to the Project 2bix Committee and SCC Clinical Committee for review and approval										
Task Step 11: PPS partners (PCP, SNF, Home Care, Health Homes, Behavioral Health, etc.) identified at each Hospital to be engaged in the Care Coordination Model										
Task Step 12: Communication materials are developed to support training and education of model for all engaged PPS provider types										
Task Step 13: PPS to evaluate the engagement of key social services, care management, health home agencies to be engaged in Model										
Task Step 14: Communication Plan organized for the Project 2bix Care Coordination Model & Initiated										
Task Step 15: Implementation Schedule for each Hospital finalized										
Task Step 16: Training initiated at each Hospital for the Care Coordination Model										
Task Step 17: Care Coordination Model implemented at Partner Hospital's engaged in Project										

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Task Step 18: Project Committee to determine measures to monitor the effectives of the programs in meeting the Domain 2 System Transformation outcome measures, including rapid cycle evaluation to enable review and adjustment of plan at regular intervals.										
Milestone #4 Ensure that 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.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria.)										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	9	9	9	9	9	9	9	9	9	9
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										

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Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality.										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information										

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among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)										
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #5 Use EHRs and other technical platforms to track all patients engaged in the project.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Identify methodology for SCC Patient Engagement definition										
Task Step 2: Identify options to collect SCC Patient Engagement Metric Data (immediate requirements for 2015 quarterly report & future state requirements of tracking system and interoperability)										
Task Step 3: Engage key Project 2bix Stakeholders to finalize Patient Engagement Definition & Data Specifications										
Task Step 4: Hospital-partner-level timeline organized to engage in data collection for patient engagement metrics tracking system										
Task Step 5: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 6: Define report format and extract frequency required to satisfy the patient engagement metrics for project. Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution. Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH. Run reports as needed for submission of quarterly										

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reports.										
Task Step 7: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements. Assure iterative development strategy allows for early EMR integration and testing with providers.										
Task Step 8: Engage with relevant providers to begin EMR integration discussions, share technical message specifications, on-boarding requirements and connectivity details. (Dependent on BAA and data use agreements being signed by engaged providers).										
Task Step 9: Test, validate, configure, integrate and Maintain EMR data acquisition feeds from all relevant providers for usage within the HealtheAnalytics, HealtheRegistries and HealtheIntent applications.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 12: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 13: Patient scorecards are available for authorized/permissioned users.										
Task Step 14: PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting. The active engagement definition for project 2.b.ix is defined as the number of participating patients who are utilizing the OBS services that meet project requirements.										

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Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Establish appropriately sized and staffed observation (OBS) units in close proximity to ED services, unless the services required are better provided in another unit. When the latter occurs, care coordination must still be provided.	
Create clinical and financial model to support the need for the unit.	
Utilize care coordination services to ensure safe discharge either to the community or a step down level of service, such as behavioral health or assisted living/SNF.	
Ensure that 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.	
Use EHRs and other technical platforms to track all patients engaged in the project.	

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IPQR Module 2.b.ix.5 - PPS Defined Milestones

Instructions :

Please enter and update baseline target dates, as well as work breakdown tasks with target dates for PPS-defined milestones.

Milestone/Task Name	Status	Description	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 2.b.ix.6 - IA Monitoring

Instructions :