



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 3.a.i – Integration of primary care and behavioral health services

✓ IPQR Module 3.a.i.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) The PPS will need to properly manage workforce transitions, including the hiring of more BH staff and retraining existing staff to adjust to new model. 2) Agencies may not be able to meet the demand as additional people in need are identified. 3) Demand for CM outstrips supply.

INFRASTRUCTURE REMEDIES: 1) Experienced current staff within the PPS will train providers and develop curricula for future workforce. Stony Brook's Psychiatry Residency is developing a community-based Residency to expand the number of psychiatrists. The PPS will seek out interested participating partners to identify opportunities for collaboration while developing this program. The PPS will actively pursue collaborative relationships with labor unions 2) Address through workforce training and developing a web-based platform for disease self-management and telepsychiatry as an alternative solution for providing care. 3) As a part of the 2.a.i project, the PPS is developing a CM staffing plan to increase the care management capacity across Suffolk County to meet patient demand.

PROVIDER CHALLENGES: 1) Participating PCPs/FQHCs within the PPS may struggle with meeting and maintaining PCMH standards. 2) PCPs lack understanding of antidepressant medication management (AMM), documentation and treatment of BH conditions. 3) Lack of overall provider participation.

PROVIDER REMEDIES: 1) Leverage Current PCMH providers to provide technical assistance. Stony Brook practices have already achieved 2011 PCMH certification and will be relied upon to advise other practice partners on transitioning to Level 3. 2) Engage prescribing experts to provide education and work with payers to improve AMM HEDIS measures. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives. The Provider Engagement Team will also work with the PPS provider network to identify alternative solutions for incentivizing providers to increase participation. Finally, the formation of a PPS wide MCO Relations team will utilize the provider feedback to better structure value-based provider payment methodologies so that providers are being appropriately compensated for DSRIP participation.

PATIENT CHALLENGES: 1) Language, health literacy, cultural competency barriers prevent patients from receiving the care that they need in a timely manner 2) Food/housing issues for target population lead to increased likelihood of decreased health status 3) Transportation and health care access challenges.

PATIENT REMEDIES: 1) The PPS will provide access to Spanish speaking providers, patient materials translated, and at 5th grade reading level. The PPS will also emphasize staff training on cultural competency 2) The PPS will address food/housing issues through geographic collaborative linking sites with CM, housing providers, food pantries. 3) CM Service Dollars for legacy providers available for medical/non-medical transportation, but will build or expand additional resource.



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✓ IPQR Module 3.a.i.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,Q4

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	0	142	142
Non-PCP Practitioners	1,862	0	0	0	0	0	0	0	0	465	930
Clinics	20	0	0	0	0	0	0	0	0	0	0
Behavioral Health	144	0	0	0	0	0	0	0	0	20	54
Substance Abuse	21	0	0	0	0	0	0	0	0	5	10
Community Based Organizations	38	0	0	0	0	0	0	0	5	10	15
All Other	1,136	0	0	0	0	0	0	0	0	100	200
Total Committed Providers	3,651	0	0	0	0	0	0	0	5	742	1,351
Percent Committed Providers(%)		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.14	20.32	37.00

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	142	430	430	430	430	430	430	430	430	430
Non-PCP Practitioners	1,862	1,395	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
Clinics	20	10	20	20	20	20	20	20	20	20	20
Behavioral Health	144	94	144	144	144	144	144	144	144	144	144
Substance Abuse	21	15	21	21	21	21	21	21	21	21	21
Community Based Organizations	38	20	38	38	38	38	38	38	38	38	38
All Other	1,136	636	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136	1,136



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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
Total Committed Providers	3,651	2,312	3,651	3,651	3,651	3,651	3,651	3,651	3,651	3,651	3,651
Percent Committed Providers(%)		63.33	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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✓ IPQR Module 3.a.i.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
DY4,Q4	45,059

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	2,245	4,505	6,785	1,799	8,995	15,770	22,489	3,598	17,991
Percent of Expected Patient Engagement(%)	0.00	4.98	10.00	15.06	3.99	19.96	35.00	49.91	7.99	39.93

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	23,849	33,734	4,498	22,489	33,734	45,059	45,059	45,059	45,059	45,059
Percent of Expected Patient Engagement(%)	52.93	74.87	9.98	49.91	74.87	100.00	100.00	100.00	100.00	100.00

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✓ IPQR Module 3.a.i.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)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.		Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Behavioral health services are co-located within PCMH/APC practices and are available.		Provider	Behavioral Health	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist		Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner		Project		In Progress	07/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs		Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process		Project		In Progress	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)								
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		In Progress	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners		Project		In Progress	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing		Project		In Progress	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites		Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes		Project		In Progress	08/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of practitioners and		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4



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licensure performing services at PCMH sites and Behavioral health and SUD practice schedules								
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress		Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met		Project		In Progress	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 18: Obtain NCQA PCMH Level 3 and/or ACPM certification for all engaged/contracted primary care practices		Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 1	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2



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Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: 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)		Project		In Progress	04/01/2015	10/31/2016	12/31/2016	DY2 Q3
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation		Project		In Progress	06/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols		Project		In Progress	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers		Project		In Progress	05/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 15: Gain endorsement of Project 3ai Toolkit including		Project		In Progress	05/01/2015	07/31/2016	09/30/2016	DY2 Q2



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Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.								
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 1	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Policies and procedures are in place to facilitate and document completion of screenings.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.		Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.		Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule		Project		In Progress	09/30/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers		Project		In Progress	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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about their roles in obtaining waivers								
Task Step 6: Develop procedures to document screenings		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained		Project		In Progress	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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completed and sample EHR demonstrating that warm transfers have occurred								
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 1	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	06/01/2015	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	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealthRegistries, HealthAnalytics, HealthIntent in accordance with applicable DOH domain		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2



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requirements.								
Task Step 7: 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. (NOTE: This task is 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
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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.		Project		In Progress	11/01/2015	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. (NOTE: 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: Strategic 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
Milestone #5 Co-locate primary care services at behavioral health sites.	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.		Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Primary care services are co-located within behavioral Health practices and are available.		Provider	Behavioral Health	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services		Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner		Project		In Progress	07/01/2015	09/01/2015	09/30/2015	DY1 Q2
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).		Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process		Project		In Progress	08/31/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings		Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.		Project		In Progress	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: PCMH Certification Workgroup (in collaboration with		Project		In Progress	10/01/2015	03/31/2016	03/31/2016	DY1 Q4



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vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners								
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing		Project		In Progress	11/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices		Project		In Progress	10/01/2016	09/30/2017	09/30/2017	DY3 Q2
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites		Project		In Progress	08/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes		Project		In Progress	08/01/2015	07/30/2016	09/30/2016	DY2 Q2
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules		Project		In Progress	08/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress		Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)		Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met		Project		In Progress	08/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task		Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 18: Obtain NCQA PCMH Level 3 and/or ACPM certification for all engaged/contracted primary care practices								
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation		Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings		Project		In Progress	08/31/2015	03/31/2016	03/31/2016	DY1 Q4
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.	Model 2	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Regularly scheduled formal meetings are held to develop collaborative care practices.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder		Project		Completed	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2



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basis								
Task Step 8: 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, standard workflows)		Project		Completed	04/01/2015	06/30/2015	06/30/2015	DY1 Q1
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation		Project		Completed	06/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	08/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	07/31/2016	09/30/2016	DY2 Q2



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Task Step 16: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	Model 2	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Screenings are documented in Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.		Provider	Primary Care Physicians	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services		Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.		Project		In Progress	07/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3: Begin contracting with BH providers and Primary Care		Project		In Progress	07/01/2015	10/31/2015	12/31/2015	DY1 Q3



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Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule								
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics		Project		In Progress	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Develop procedures to document screenings		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained		Project		In Progress	05/01/2016	06/30/2016	06/30/2016	DY2 Q1
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 2	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	06/01/2015	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	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2



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Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: 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. (NOTE: This task is 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
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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.		Project		In Progress	11/01/2015	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. (NOTE: 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: Strategic 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



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
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
Milestone #9 Implement IMPACT Model at Primary Care Sites.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented IMPACT Model at Primary Care Sites.		Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 2: Suffolk PPS PMO assignment of project manager to project		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Identify, engage and evolve project stakeholders		Project		In Progress	04/01/2015	12/31/2017	12/31/2017	DY3 Q3
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		Completed	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 5: Develop project 3.a.i project plan		Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task Step 6: Organize weekly communications and meeting series with key project stakeholders		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)		Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation		Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling		Project		In Progress	06/01/2015	04/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 12: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	Model 3	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Policies and procedures include process for consulting with Psychiatrist.		Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.		Project		In Progress	04/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs		Project		Completed	04/01/2015	04/30/2015	06/30/2015	DY1 Q1
Task Step 3: Develop project 3.a.i project plan		Project		In Progress	04/01/2015	07/31/2015	09/30/2015	DY1 Q2
Task		Project		In Progress	04/01/2015	08/30/2015	09/30/2015	DY1 Q2



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Step 4: Organize weekly communications and meeting series with key project stakeholders								
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols		Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.		Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers		Project		In Progress	04/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	04/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.		Project		In Progress	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule		Project		In Progress	06/01/2015	07/31/2016	09/30/2016	DY2 Q2
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met		Project		In Progress	08/01/2016	03/31/2017	03/31/2017	DY2 Q4
Milestone #11 Employ a trained Depression Care Manager meeting requirements	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4



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of the IMPACT model.								
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.		Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.		Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	07/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup		Project		In Progress	07/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT		Project		In Progress	05/01/2016	12/31/2016	12/31/2016	DY2 Q3



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

Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
model training								
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients		Project		In Progress	07/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.		Project		In Progress	07/01/2015	03/30/2017	03/31/2017	DY2 Q4
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met		Project		In Progress	08/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Implementation plan initiated with engaged/contracted partners		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met		Project		In Progress	06/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary		Project		In Progress	10/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.	Model 3	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task All IMPACT participants in PPS have a designated Psychiatrist.		Project		In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup		Project		In Progress	06/01/2015	10/31/2015	12/31/2015	DY1 Q3
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists		Project		In Progress	07/01/2015	11/30/2015	12/31/2015	DY1 Q3
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task		Project		In Progress	08/01/2015	12/31/2016	12/31/2016	DY2 Q3



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 4: Create registry of IMPACT model participants								
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule		Project		In Progress	09/01/2015	11/30/2016	12/31/2016	DY2 Q3
Task Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training		Project		In Progress	09/01/2015	11/30/2016	12/31/2016	DY2 Q3
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program		Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists		Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review		Project		In Progress	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients		Project		In Progress	09/01/2015	04/30/2016	06/30/2016	DY2 Q1
Task Step: 11: Key project stakeholders to confirm EHR scope of work		Project		In Progress	07/01/2015	05/31/2016	06/30/2016	DY2 Q1
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup		Project		In Progress	11/30/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist		Project		In Progress	09/01/2015	12/31/2016	12/31/2016	DY2 Q3
Milestone #13 Measure outcomes as required in the IMPACT Model.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop method to collect and data warehouse to store		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
roster of patients screened								
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.		Project		In Progress	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred		Project		In Progress	07/01/2015	06/30/2017	06/30/2017	DY3 Q1
Task Step 5: Collect roster of patients screened		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Provide "stepped care" as required by the IMPACT Model.	Model 3	Project	N/A	In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Present IMPACT model definition "stepped care" including		Project		In Progress	07/01/2015	12/31/2015	12/31/2015	DY1 Q3



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Project Requirements (Milestone/Task Name)	Project Model Name	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
SCC approved practice guidelines to key stakeholders								
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan		Project		In Progress	07/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics		Project		In Progress	07/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis		Project		In Progress	10/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.	Model 3	Project	N/A	In Progress	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.		Project		In Progress	06/01/2015	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	06/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.		Project		In Progress	06/01/2015	06/30/2016	06/30/2016	DY2 Q1
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2



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Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.		Project		In Progress	06/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: 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. (NOTE: This task is 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
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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.		Project		In Progress	11/01/2015	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. (NOTE: 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: Strategic 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



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Milestone #1 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	0	0	0	0	0	0	0	0	142	142
Task Behavioral health services are co-located within PCMH/APC practices and are available.	0	0	0	0	0	0	0	0	8	23
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner										
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness										



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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 Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										



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Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: 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)										
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation										



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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
based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	20	50
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.										



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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: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Primary Care Practices are implementing										



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evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when										



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it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is 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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced	0	0	0	0	0	0	0	0	2	4



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Primary Care Model Practices by the end of DY3.										
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	2	4
Task Primary care services are co-located within behavioral Health practices and are available.	0	0	0	0	0	0	0	0	8	23
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner										
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with										



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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
vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										



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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 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: 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, standard workflows)										
Task Step 9: Create baseline survey for Behavioral Health Providers										



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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
to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 16: Implementation plan initiated with engaged/contracted partners										
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #7 Conduct preventive care screenings, including behavioral										



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health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										



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Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Behavioral Health Sites are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										



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Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is 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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the										



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life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealthEDW for usage within HealthAnalytics, HealthRegistries and HealthIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task PPS has implemented IMPACT Model at Primary Care Sites.	0	0	0	0	0	0	0	0	78	156
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg.										



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promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs										



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Task Step 3: Develop project 3.a.i project plan										
Task Step 4: Organize weekly communications and meeting series with key project stakeholders										
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.										
Task Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers										
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule										
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met										



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Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers										
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records										
Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training										
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training										
Task Step 9: Participating Primary Care Practices and Care										



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Managers are implementing evidence based screening tools in workflow, screening all patients										
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.										
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup										
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists										
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist										
Task Step 4: Create registry of IMPACT model participants										
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 6: Identify initial set of staff from Care Management,										



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Primary Care and supporting Psychiatrist who require training										
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists										
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients										
Task Step: 11: Key project stakeholders to confirm EHR scope of work										
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup										
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Step 1: Develop method to collect and data warehouse to store roster of patients screened										
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings										
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred										



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Task Step 5: Collect roster of patients screened										
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals										
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level										
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners										
Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders										
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites										
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan										
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics										
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care										



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Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is dependent on BAA and Data use Agreements being signed by engaged providers).										



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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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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.										

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 Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.										
Task All practices meet NCQA 2014 Level 3 PCMH and/or APCM standards by the end of DY3.	142	430	430	430	430	430	430	430	430	430
Task Behavioral health services are co-located within PCMH/APC practices and are available.	45	70	70	70	70	70	70	70	70	70
Task Step 1: Determine which practices will participate in Model 1 including co-location of a Behavioral Health Specialist										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for behavioral health practitioner										
Task Step 3: Finalize contract template for contracting with BH Providers and PCP practices participating in Model 1 - contract										



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on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals). Workgroup to include providers from all service categories including project specific categories: behavioral health (substance use disorder, mental health) and CBOs										
Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment)										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, Current Integrated BH and SUD practices, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or ACPM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or ACPM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH										



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sites on workflow changes										
Task Step 16: Collect and monitor current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										
Task Step 17: Collect and maintain current list of practitioners and licensure performing services at PCMH sites and Behavioral health and SUD practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Milestone #2 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including medication management and care engagement processes.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										



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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
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: 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)										
Task Step 9: Create baseline survey for engaged Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										
Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan;										



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Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Milestone #3 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Policies and procedures are in place to facilitate and document completion of screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	80	110	110	110	110	110	110	110	110	110
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of BH specialists.										
Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with providers and Behavioral Health Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Identify Waiver Needs for Article 28 clinics to allow individual and group psychotherapy services by licensed mental health practitioners, including clinical social workers										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										



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Task Step 8: Primary Care Practices to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified PCP practices who require training and determine training schedule										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										



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Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is 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										



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HealthIntent applications. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealthEDW for usage within HealthAnalytics, HealthRegistries and HealthIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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.										
Milestone #5 Co-locate primary care services at behavioral health sites.										
Task PPS has achieved NCQA 2014 Level 3 PCMH or Advanced Primary Care Model Practices by the end of DY3.	6	8	8	8	8	8	8	8	8	8
Task Primary care services are co-located within behavioral Health practices and are available.	6	8	8	8	8	8	8	8	8	8
Task Primary care services are co-located within behavioral Health practices and are available.	44	74	74	74	74	74	74	74	74	74
Task Step 1: Determine which behavioral health practices will participate in Model 2 including co-location of Primary Care Services										
Task Step 2: Develop plan and funds flow model to support practice needs and scope of work for primary care practitioner										
Task Step 3: Finalize contract template for contracting BH Providers and PCP practices participating in Model 2 - contract on ongoing basis										
Task Step 4: Engage PCMH Lead and PCMH Certification Workgroup within the IDS Project Stakeholders to be engaged in milestone infrastructure (hiring, mission/vision/values, goals).										



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Task Step 5: Hire vendor or establish local resource base for PCMH certification support process										
Task Step 6: Draft Current State Assessment Questionnaire for PCP sites (including practice operations/readiness towards achieving project requirements and a robust Health Information Technology PCP interoperability and integration assessment) and Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Task Step 7: Current State Assessment - Begin Evaluation of current state of Engaged/Contracted Primary Care Practices within the PPS. Assessment to be performed by PCMH Certification Workgroup and PCMH Project Lead, and possible vendor. Assessment to evaluate things such as PCMH certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 8: PCMH Certification Workgroup (in collaboration with vendor) will develop strategy for achieving NCQA Level 3 and/or APCM for Engaged/Contracted PCP partners										
Task Step 9: Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 12: Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 13: Establish policies and procedures to achieve project requirements including warm handoffs and coordinated evidence-based care to incorporate into PCMH sites										
Task Step 14: Engage PCMH training team to train staff at PCMH sites on workflow changes										
Task Step 16: Collect and maintain current list of participating NCQA-certified and/or APC-approved physicians/practitioners (APC Model requirements as determined by NY SHIP); Certification documentation										



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Task Step 17: Collect and maintain current list of primary care practitioners and services including licensure performing services at behavioral health site and Behavioral health practice schedules										
Task Step 10: Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 11: Develop process to promote and ensure compliance and sustainability of PCMH standards (Develop communication channels with EHR team to address Meaningful Use compliance, etc.)										
Task Step 15: Engage PCMH Certification workgroup to ensure requirements are being met										
Task Step 18: Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Task Step 6a: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										
Task Step 7a: Conduct assessment of Behavioral Health sites to determine what primary care services are currently provided in the Behavioral Health Settings										
Milestone #6 Develop collaborative evidence-based standards of care including medication management and care engagement process.										
Task Regularly scheduled formal meetings are held to develop collaborative care practices.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										



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Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs representing all areas including physical health, mental health and substance use disorder										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: 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, standard workflows)										
Task Step 9: Create baseline survey for Behavioral Health Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Charge workgroup to develop, evaluate and approve collaborative care practices including evidence-based standards of care, medication management, care engagement processes, practice guidelines and Policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 13: Develop Clinical Guidelines Summary and Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process, and practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates to guidelines and protocols to serve as guide for participating providers										



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Task Step 14: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 15: Gain endorsement of Project 3ai Toolkit including Evidence-based standards of care, medication management and care engagement process; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 16: Implementation plan initiated with engaged/contracted partners										
Task Step 17: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 18: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #7 Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.										
Task Screenings are conducted for all patients. Process workflows and operational protocols are in place to implement and document screenings.										
Task Screenings are documented in Electronic Health Record.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Positive screenings result in "warm transfer" to behavioral health provider as measured by documentation in Electronic Health Record.	0	0	0	0	0	0	0	0	0	0
Task Step 1: Engage Finance lead to determine how funds flow will support the hiring and embedding of Primary Care services										



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Task Step 2: Announce project implementation schedule and Initiate reporting, monitoring procedures to ensure that engagement is sufficient and appropriate.										
Task Step 3: Begin contracting with BH providers and Primary Care Practitioners using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 4: Confirm authority or waivers that allow on-site preventive and evaluation management services by Article 31 clinics										
Task Step 5: Determine waiver requirements and educate stakeholders about their roles in obtaining waivers										
Task Step 6: Develop procedures to document screenings										
Task Step 7: Organize 3ai warm transfer procedures, communication and measurement strategy										
Task Step 8: Behavioral Health sites to submit applicable waiver request(s) - repeat on ongoing basis based on project schedule										
Task Step 9: Identify initial set of staff from identified Behavioral Health sites and PCP providers who require training										
Task Step 10: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 11: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook										
Task Step 12: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 13: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 14: Initiate training program and oversight, collect name and roles of team staff who are trained										
Task Step 15: Participating Behavioral Health Sites are implementing										



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evidence based screening tools in workflow, screening all patients										
Task Step 16: IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 17: Coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 18: Collect roster of patients screened; number of screenings completed and sample EHR demonstrating that warm transfers have occurred										
Task Step 19: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 20: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #8 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when										



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it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is 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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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.										
Milestone #9 Implement IMPACT Model at Primary Care Sites.										
Task	234	312	312	312	312	312	312	312	312	312



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PPS has implemented IMPACT Model at Primary Care Sites.										
Task Step 1: Conduct project implementation plan design series calls with large PPS group and consultants										
Task Step 2: Suffolk PPS PMO assignment of project manager to project										
Task Step 3: Identify, engage and evolve project stakeholders										
Task Step 4: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 5: Develop project 3.a.i project plan										
Task Step 6: Organize weekly communications and meeting series with key project stakeholders										
Task Step 7: Track meeting materials including Meeting schedule, Meeting agenda, Meeting minutes, List of attendees on an ongoing basis										
Task Step 8: Educate key project stakeholders engaged in project on the methodologies utilizing IMPACT Model resources. (Eg. promote best practices, standardized processes such as screening tools, risk assessments, and standard workflows)										
Task Step 9: Create baseline survey for Primary Care Providers to assess readiness for project implementation										
Task Step 10: Aggregate baseline data and evaluate against project requirements to begin project engagement modeling										
Task Step 11: Develop tiered project schedule for implementation based on findings from baseline data										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful										



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implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										
Milestone #10 Utilize IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Coordinated evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician and care manager.										
Task Policies and procedures include process for consulting with Psychiatrist.										
Task Step 1: Engage key project stakeholders in IMPACT Model collaborative care standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.										
Task Step 2: Confirm adequate representation on project stakeholder groups from provider community and CBOs										
Task Step 3: Develop project 3.a.i project plan										
Task Step 4: Organize weekly communications and meeting series with key project stakeholders										
Task Step 5: Charge 3ai workgroup to develop and approve collaborative care practices including: practice guidelines to ensure evidence-based care protocols are in place, including a medication management and care engagement process to facilitate collaboration between primary care physician & care manager and policies and procedures regarding frequency of updates to guidelines and protocols										
Task Step 6: Utilize IMPACT model collaborative care standards as a resource in designing evidence based policies and procedures for consulting with Psychiatrist.										



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Task Step 7: Develop Clinical Guidelines Summary, evidence based practice guidelines to be included in IMPACT model Implementation Plan to serve as guide for participating providers										
Task Step 8: Gain endorsement of Clinical Guidelines Summary from Clinical Committee for submission to Board of Directors for approval.										
Task Step 9: Gain endorsement of Project 3ai Toolkit including Evidence-based practice guidelines; Implementation plan; Policies and procedures regarding frequency of updates from Clinical Committee for submission to Board of Directors for approval.										
Task Step 10: Incorporate IMPACT Model strategies into 3ai Model 3 Implementation training and schedule										
Task Step 11: 3ai Workgroup engaged to monitor implementation of IMPACT Model strategies to assure schedule and metrics are met										
Milestone #11 Employ a trained Depression Care Manager meeting requirements of the IMPACT model.										
Task PPS identifies qualified Depression Care Manager (can be a nurse, social worker, or psychologist) as identified in Electronic Health Records.										
Task Depression care manager meets requirements of IMPACT model, including coaching patients in behavioral activation, offering course in counseling, monitoring depression symptoms for treatment response, and completing a relapse prevention plan.										
Task Step 1: Engage PPS care management key stakeholders to determine how PPS Care managers will support IMPACT model requirements including qualifications for Depression Care Managers										
Task Step 2: Engage with IT PMO to develop options for how PPS partners will identify Depression Care Manager via Electronic Health Records										



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Task Step 3: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 4: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 5: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i education/training handbook, utilizing existing IMPACT model training resources to in preparation to provide evidence of IMPACT model training										
Task Step 6: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 7: Gain approval of training materials by Project 3.a.i Workgroup										
Task Step 8: Initiate training program and oversight, collect name and roles of team staff who are trained to provide evidence of IMPACT model training										
Task Step 9: Participating Primary Care Practices and Care Managers are implementing evidence based screening tools in workflow, screening all patients										
Task Step 10: IT capabilities are in place to document screenings, prevention plans, patient coaching, and other IMPACT interventions Electronic Health Record.										
Task Step 11: Monitor Depression Care managers to ensure program expectations are being met										
Task Step 12: Implementation plan initiated with engaged/contracted partners										
Task Step 13: 3ai Workgroup engaged to monitor implementation planning and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect necessary evidence to demonstrate successful implementation of project requirements at engaged/contracted partner sites and develop quarterly reporting updates as necessary										



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Milestone #12 Designate a Psychiatrist meeting requirements of the IMPACT Model.										
Task All IMPACT participants in PPS have a designated Psychiatrist.										
Task Step 1: Present IMPACT model definition of designated Psychiatrist to 3ai workgroup										
Task Step 2: Engage 3ai workgroup and workforce lead to identify workforce needs of psychiatrists										
Task Step 3: Develop plan for meeting the project needs for BH clinicians to assure all IMPACT participants have a designated psychiatrist										
Task Step 4: Create registry of IMPACT model participants										
Task Step 5: Begin contracting and on-boarding with providers and supporting psychiatrists using project requirements and clinical guidelines as a guide for deliverables - repeat on ongoing basis based on project schedule										
Task Step 6: Identify initial set of staff from Care Management, Primary Care and supporting Psychiatrist who require training										
Task Step 7: Engage PPS Workforce Project Lead to assist in development of training program										
Task Step 8: Engage project lead, project workgroup and additional content experts to develop Project 3.a.i procedures and scope of work for psychiatrists										
Task Step 9: Engage Cultural Competency and Health Literacy Project Lead for material review										
Task Step 10: IT PMO to initiate planning for EHR Identification of psychiatrists for eligible patients										
Task Step: 11: Key project stakeholders to confirm EHR scope of work										
Task Step 12: Gain approval of orientation materials for on-boarded psychiatrists by Project 3.a.i Workgroup										



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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)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 13: Initiate program oversight to monitor policies and procedures for follow up care with psychiatrist										
Milestone #13 Measure outcomes as required in the IMPACT Model.										
Task At least 90% of patients receive screenings at the established project sites (Screenings are defined as industry standard questionnaires such as PHQ-2 or 9 for those screening positive, SBIRT).										
Task Step 1: Develop method to collect and data warehouse to store roster of patients screened										
Task Step 2: Participating Primary Care Practices are implementing evidence based screening tools in workflow, screening all patients proving at least 90% of patients are receiving screenings										
Task Step 3: Ensure IT capabilities are in place to document screenings Electronic Health Record.										
Task Step 4: Ensure coordinated evidence-based care protocols are in place including that warm transfers have occurred										
Task Step 5: Collect roster of patients screened										
Task Step 6: Monitor data collected to ensure that at least 90% of Individuals receive screenings at the established project sites										
Task Step 7: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Task Step 6a: Using patient health records and information from Care Managers and Primary Care team, ensure patients receive adequate treatment and referrals										
Task Step 6b: Utilize established 3ai Technical Assistance and learning collaborative to move all practices towards use of IMPACT at highest fidelity level										
Task Step 7a: Monitor and Evaluate partners Using the IMPACT Fidelity Scale, assess success in implementing IMPACT model among PPS partners										



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Milestone #14 Provide "stepped care" as required by the IMPACT Model.										
Task In alignment with the IMPACT model, treatment is adjusted based on evidence-based algorithm that includes evaluation of patient after 10-12 weeks after start of treatment plan.										
Task Step 1: Present IMPACT model definition "stepped care" including SCC approved practice guidelines to key stakeholders										
Task Step 2: Initiate Suffolk Care Collaborative evidence based practice guidelines to provide "stepped care" at participating PCP sites										
Task Step 3: Incorporate Suffolk Care Collaborative IMPACT Model Implementation budget and schedule into 3ai Implementation Plan										
Task Step 4: Monitor providers to ensure stepped care, using IMPACT model requirements and DSRIP Clinical Improvement metrics										
Task Step 5: Collect documentation of evidence-based practice guidelines for stepped care										
Task Step 6: Aggregate necessary data sources from participating practices and report to state on quarterly basis										
Milestone #15 Use EHRs or other technical platforms to track all patients engaged in this project.										
Task EHR demonstrates integration of medical and behavioral health record within individual patient records.										
Task PPS identifies targeted patients and is able to track actively engaged patients for project milestone reporting.										
Task Step 1: Meet with project stakeholders to iteratively define and refine project specific patient identification and report filtering requirements.										
Task Step 2: Define report format and extract frequency required to satisfy the patient engagement metrics for project.										
Task Step 3: Phase 1 tactical reporting bridge solution followed by										



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longer term programmatic strategic solution.										
Task Step 4: Iterative development and testing approach is followed as providers are on-boarded and reporting feedback is received from project stakeholders and the DOH.										
Task Step 5: Run reports using tactical solution as needed for quarterly report submission to the DOH. (This task will transition into the longer term strategic reporting solution when it becomes available.)										
Task Step 6: Iteratively develop, test and deploy Enterprise Data Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Step 7: 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. (NOTE: This task is 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. End date is shown for this task only for the purpose of IDS project milestone completion. However, data acquisition and maintenance will continue for the life of the Population Health Platform.										
Task Step 10: Load Patient Roster into the HealtheEDW for usage within HealtheAnalytics, HealtheRegistries and HealtheIntent applications. (NOTE: Roster and DOH claims data subject to the completion of the DOH Opt Out Process.)										
Task Step 11: Strategic 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										



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for project milestone reporting.										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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No Records Found

Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Co-locate behavioral health services at primary care practice sites. All participating primary care practices must meet 2014 NCQA level 3 PCMH or Advance Primary Care Model standards by DY 3.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Co-locate primary care services at behavioral health sites.	
Develop collaborative evidence-based standards of care including medication management and care engagement process.	
Conduct preventive care screenings, including behavioral health screenings (PHQ-2 or 9 for those screening positive, SBIRT) implemented for all patients to identify unmet needs.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Implement IMPACT Model at Primary Care Sites.	
Utilize IMPACT Model collaborative care	



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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
standards, including developing coordinated evidence-based care standards and policies and procedures for care engagement.	
Employ a trained Depression Care Manager meeting requirements of the IMPACT model.	
Designate a Psychiatrist meeting requirements of the IMPACT Model.	
Measure outcomes as required in the IMPACT Model.	
Provide "stepped care" as required by the IMPACT Model.	
Use EHRs or other technical platforms to track all patients engaged in this project.	



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IPQR Module 3.a.i.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
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No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date
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PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text
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IPQR Module 3.a.i.6 - IA Monitoring

Instructions :

Model 1, Milestone 1: The PPS should consider including greater input from behavioral health providers, CBO's and experts - especially on steps 4, 7, and 17. PPS should include SUD professionals/providers in the co-location of services.

Model 2, Milestone 5: Steps do not address an assessment/inventory of primary care services currently provided in behavioral health settings. Steps are focused heavily on PCMH Certification, rather than engaging with BH providers and CBO's providing BH services.

The IA recommends PPS to consider including one or more steps to conduct such an assessment and maintain an inventory of services, as well as incorporating BH input throughout the steps.

Model 2, Milestone 6: The PPS should consider additional steps that are specific to medication management and care engagement. PPS does not show that experts in all areas (Health, MH and SUD) will contribute to the toolkit nor the standards of care, med management, care engagement process.

The PPS may want to specify that evidence-based guidelines reviewed will include those for medication management and care engagement processes. Model 3

Model 2, Milestone 13: Additional steps should identify how the PPS will identify outcomes required by the IMPACT Model. Ensure there is ongoing PHQ9 monitoring to track patient progress. The PPS should consider outcomes which track a patient's level of depression over time.