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.b.i – Evidence-based strategies for disease management in high risk/affected populations (adult only)

IPQR Module 3.b.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.

The PPS has identified the following challenges that stand in the way of successful implementation of this project:

PATIENT CHALLENGES: 1) Within Suffolk County, large disparities in race, ethnicity, language and other cultural factors results in the need for diverse health literacy and patient education materials. 2) Lack of public transportation and limited transportation provided by community organizations results in missed follow-up appointments.
PATIENT REMEDIES: 1) Develop patient education materials at a 5th grade reading level. Translation services at health screenings and workshops. Use available resources such as Dr. Harold Fernandez, co-director of Stony Brook University Heart Institute, who can provide assistance in partnering with community leaders regarding solutions to address disparities. 2) Expansion of Suffolk County Accessible Transportation (SCAT), streamline process to make it more accessible. Outreach and educational efforts will be held in the community where these patients live.

PROVIDER CHALLENGES: 1) Lack of standardized communication and coordination processes when facilitating handoffs between multiple entities who will touch the patient. 2) Providers have difficulty impacting smoking; other attempts to address blood pressure are likely to be unsuccessful without addressing smoking first. 3) Obtaining PCP participation in progressing towards meeting project requirements 4) Lack of willingness to participate in additional IT training or delayed rollout of IT training programs
PROVIDER REMEDIES: 1)Develop a more effective OP CM structure and documentation platform with a dedicated practice support team to ensure accurate tracking, care coordination and follow-up of all targeted patients across the continuum of PPS providers. 2) Partner with community organizations that currently have successful smoking cessation programs. 3) The PPS will increase provider participation by emphasizing efforts to align providers through pay for performance incentives.4) PPS to engage providers to receive their input and insights on best practices for implementing IT training programs across the PPS.

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IPQR Module 3.b.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
Health Home / Care Management	11	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
Pharmacies	101	0	0	0	0	0	0	0	0	20	40
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	**3,763**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**762**	**1,391**
Percent Committed Providers(%)		**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.13**	**20.25**	**36.97**

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
Health Home / Care Management	11	5	11	11	11	11	11	11	11	11	11
Behavioral Health	144	94	144	144	144	144	144	144	144	144	144

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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
Substance Abuse	21	15	21	21	21	21	21	21	21	21	21
Pharmacies	101	70	101	101	101	101	101	101	101	101	101
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
Total Committed Providers	**3,763**	**2,387**	**3,763**	**3,763**	**3,763**	**3,763**	**3,763**	**3,763**	**3,763**	**3,763**	**3,763**
Percent Committed Providers(%)		**63.43**	**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.b.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	14,556

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	1,453	2,180	3,633	581	2,907	5,095	7,267	1,163	5,814
Percent of Expected Patient Engagement(%)	**0.00**	**9.98**	**14.98**	**24.96**	**3.99**	**19.97**	**35.00**	**49.92**	**7.99**	**39.94**

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	8,734	11,628	1,453	7,267	10,917	14,556	14,556	14,556	14,556	14,556
Percent of Expected Patient Engagement(%)	**60.00**	**79.88**	**9.98**	**49.92**	**75.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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IPQR Module 3.b.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)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt evidence based guidelines	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies	Project		In Progress	03/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #2	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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

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

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Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).							
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.	Project		In Progress	10/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2 (IT): 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)	Project		In Progress	06/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards	Project		In Progress	06/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
compliance, etc.)							
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners	Project		In Progress	10/01/2015	12/31/2016	12/31/2016	DY2 Q3
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers	Project		In Progress	10/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 10 (PCMH): 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	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 11 (PCMH): 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 12 (PCMH): 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)	Project		In Progress	06/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 13 (PCMH): 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 14 (PCMH): 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	10/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	11/01/2015	09/30/2017	09/30/2017	DY3 Q2

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 15 (PCMH): 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 16 (PCMH): 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 17 (PCMH): 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 18 (PCMH): 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 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices	Project		In Progress	04/01/2017	03/31/2018	03/31/2018	DY3 Q4
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.	Project	N/A	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

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 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 Sep 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.	Project		In Progress	11/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: 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 11: 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 12: 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 13: 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 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	Project	N/A	In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4

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

Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols							
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH	Project		In Progress	03/01/2016	03/01/2017	03/31/2017	DY2 Q4
Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 8: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Identify expert trainers to support needs assessment results for training	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Identify training needs if any from baseline assessment	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes,	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.							
Task Clinically Interoperable System is in place for all participating providers.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Care coordination processes are in place.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Engage Workforce project lead to review training plan for all identified providers	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present policies and procedures to Project 3.b.i committee for review	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Aggregate and develop written training materials	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 9: Present training curriculum to Project 3.b.i committee for review							
Task Step 10: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/30/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Identify expert trainer/trainers	Project		In Progress	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment	Project		In Progress	11/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement and engage external key stakeholders	Project		In Progress	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 4: Develop policies and procedures related to blood pressure checks	Project		In Progress	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	03/01/2016	12/01/2016	12/31/2016	DY2 Q3

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Task Step 6: Present training curriculum to PPS Board for review and approval	Project		In Progress	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up	Project		In Progress	03/01/2016	12/01/2016	12/31/2016	DY2 Q3
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment	Project		In Progress	12/31/2016	12/31/2017	12/31/2017	DY3 Q3
Task Step 9: Monitor project and collect roster of patients engaged	Project		In Progress	12/31/2016	03/31/2018	03/31/2018	DY3 Q4
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2017	09/30/2017	DY3 Q2
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Step 4: Develop strategy to implement policies and procedures as well as training							
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 7: Present training curriculum to PPS Board for review and approve	Project		In Progress	09/01/2015	05/01/2016	06/30/2016	DY2 Q1
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainers	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record training dates and number of staff trained	Project		In Progress	09/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4

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Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 12: Present training curriculum to PPS Board for review and approval							
Task Step 13: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Keep record training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 6: Present training curriculum to PPS Board for review and approval							
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Self-management goals are documented in the clinical record.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals	Project		In Progress	03/01/2016	05/01/2016	06/30/2016	DY2 Q1
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Engage Workforce Project Lead to review training curriculum	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Present training curriculum to Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Task Step 9: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Keep record raining dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS provides periodic training to staff on warm referral and follow-up process.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off	Project		In Progress	09/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 4: Create communication strategy and ensure there is bidirectional communication	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4

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Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Obtain written participation agreements with CBOs as applicable	Project		In Progress	09/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 7: Develop training curriculum as well as written training materials	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 9: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 10: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 12: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed and implemented protocols for home blood pressure monitoring.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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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)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
PPS provides periodic training to staff on warm referral and follow-up process.							
Task Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations	Project		In Progress	04/01/2015	12/01/2015	12/31/2015	DY1 Q3
Task Step 2: Develop and create policies and procedures	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager	Project		In Progress	09/01/2015	03/01/2016	03/31/2016	DY1 Q4
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 11: Present training curriculum to PPS Board for review and approval	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 12: Incorporate training curriculum into Project 3.b.i Training Program							
Task Step 13: Present training curriculum to Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 14: Identify expert trainers	Project		In Progress	10/01/2015	10/01/2016	12/31/2016	DY2 Q3
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 16: Keep record training dates and number of staff trained	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record	Project		In Progress	04/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has developed referral and follow-up process and adheres to process.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process	Project		In Progress	04/01/2015	10/01/2015	12/31/2015	DY1 Q3
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget	Project		In Progress	01/01/2016	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices	Project		In Progress	01/01/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 5: Monitor utilization of referral process	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has established linkages to health homes for targeted patient populations.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3

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Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy							
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations	Project		In Progress	06/30/2016	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)	Project		In Progress	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 6: Design and document process and workflow including responsible resources at each stage	Project		In Progress	06/30/2016	12/31/2016	12/31/2016	DY2 Q3
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule	Project		In Progress	04/01/2015	09/30/2015	09/30/2015	DY1 Q2
Task Step 8: Adapt written training materials	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 9: Engage Workforce Project Lead in training curriculum design	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 11: Present training curriculum to Clinical Governance for review	Project		In Progress	09/30/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)	Project		In Progress	12/31/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 14: Keep record raining dates and number of staff trained	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes							
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #18 Adopt strategies from the Million Hearts Campaign.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Non-PCP Practitioners	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	Provider	Behavioral Health	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program	Project		In Progress	04/01/2015	12/31/2015	12/31/2015	DY1 Q3
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Develop communication strategy for the Million Hearts Campaign	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Engage Workforce Project Lead to review training curriculum	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4

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Project Requirements (Milestone/Task Name)	Reporting Level	Provider Type	Status	Start Date	End Date	Quarter End Date	DSRIP Reporting Year and Quarter
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 7: Present policies and procedures to PPS Board for review and approval	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	Project	N/A	In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2

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Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services	Project		In Progress	09/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit	Project		In Progress	01/01/2017	03/31/2018	03/31/2018	DY3 Q4
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or evidence of agreements	Project		In Progress	04/01/2015	03/31/2018	03/31/2018	DY3 Q4
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.	Project	N/A	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	Provider	Primary Care Physicians	In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 2: Identify metrics and the method of collection to create baseline assessment	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP	Project		In Progress	09/01/2015	03/31/2016	03/31/2016	DY1 Q4
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 6: Maintain directory of engaged and contracted PCPs	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 7: Initiate Implementation plan and schedule to engage PCPs	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4

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Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders	Project		In Progress	03/31/2016	03/31/2017	03/31/2017	DY2 Q4
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met	Project		In Progress	04/01/2015	09/30/2016	09/30/2016	DY2 Q2
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity	Project		In Progress	04/01/2015	03/31/2017	03/31/2017	DY2 Q4

Project Requirements (Milestone/Task Name)	DY1,Q1	DY1,Q2	DY1,Q3	DY1,Q4	DY2,Q1	DY2,Q2	DY2,Q3	DY2,Q4	DY3,Q1	DY3,Q2
Milestone #1 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model										
Task Step 2: Identify and adapt evidence based guidelines										
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies										
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are										

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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
met										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	62	62
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	0	0	0	0	0	0	0	0	10	20
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										

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

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among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)										
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements, sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	0	0	0	0	0	0	0	0	142	142
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): 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 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										

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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 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										
Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): 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 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										
Task Step 12 (PCMH): 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 13 (PCMH): 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										

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certification readiness assessment, IT Interoperability, Meaningful Use Readiness and Resource allocation readiness.										
Task Step 14 (PCMH): 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 15 (PCMH): 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 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): 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 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
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.										

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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 Sep 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.										
Task Step 10: 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 11: 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 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										

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Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of EHR to prompt the use of 5 A's of tobacco control.										
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS										
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record										
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.										
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated										

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cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)										
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol										
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols										
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH										
Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH										
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Present training curriculum to Project 3.b.i Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers to support needs assessment results for training										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Identify training needs if any from baseline assessment										
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect and maintain, in a centralized location, all										

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pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model										
Task Step 6: Present policies and procedures to Project 3.b.i committee for review										

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Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Present training curriculum to Project 3.b.i committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Identify expert trainer/trainers										
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	0	0	0	0	0	0	0	0	142	142
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships										

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Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment										
Task Step 3: Develop strategy to implement and engage external key stakeholders										
Task Step 4: Develop policies and procedures related to blood pressure checks										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up										
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment										
Task Step 9: Monitor project and collect roster of patients engaged										
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										

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Task Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment										
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement										
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and appropriate technique and use of equipment										
Task Step 4: Develop strategy to implement policies and procedures as well as training										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 7: Present training curriculum to PPS Board for review and approve										
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to Clinical Governance Committee for review										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										

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Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up										
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension										
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up										
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit										
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation										
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system										

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documentation is in place and implemented at PPS partner sites										
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 10: Present training curriculum to Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Present training curriculum to PPS Board for review and approval										
Task Step 13: Identify expert trainers										
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 15: Keep record training dates and number of staff trained										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of										

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medication where there are no other significant non-differentiating factors										
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate										
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH										
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process										
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals										

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Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 5: Engage Workforce Project Lead to review training curriculum										
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 7: Present training curriculum to Project 3.b.i Committee for review										
Task Step 8: Present training curriculum to Clinical Governance Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Keep record raining dates and number of staff trained										
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										

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Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off										
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from Project 3.a.i Project Plan										
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO										
Task Step 4: Create communication strategy and ensure there is bidirectional communication										
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow										
Task Step 6: Obtain written participation agreements with CBOs as applicable										
Task Step 7: Develop training curriculum as well as written training materials										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish										

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calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow										
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations										
Task Step 2: Develop and create policies and procedures										
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support										
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget										
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										

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Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager										
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP										
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical record										
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 13: Present training curriculum to Project 3.b.i Committee for review										
Task Step 14: Identify expert trainers										
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 16: Keep record training dates and number of staff trained										
Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.										

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Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record										
Task Step 2: Engage SCC Care Management Program representatives in the roll out and design of the project										
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites										
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process										
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval										
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget										
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices										

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Task Step 5: Monitor utilization of referral process										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy										
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)										
Task Step 6: Design and document process and workflow including responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the										

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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
Stanford Model, budget and schedule										
Task Step 8: Adapt written training materials										
Task Step 9: Engage Workforce Project Lead in training curriculum design										
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance for review										
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)										
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record raining dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities										
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes										
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons										

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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
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	142	142
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	465	930
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	0	0	0	0	0	0	0	0	20	54
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program										
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 3: Develop communication strategy for the Million Hearts Campaign										
Task Step 4: Engage Workforce Project Lead to review training curriculum										
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review										
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review										
Task Step 7: Present policies and procedures to PPS Board for review and approval										
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff										

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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
at PPS practices engaged in the project										
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites										
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign										
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening										
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy										
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in										

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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
care, and avoid redundant services										
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit										
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or evidence of agreements										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										
Task PPS has engaged at least 80% of their PCPs in this activity.	0	0	0	0	0	0	0	344	344	344
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee										
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i										
Task Step 6: Maintain directory of engaged and contracted PCPs										
Task Step 7: Initiate Implementation plan and schedule to engage PCPs										
Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders										
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this										

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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
activity										

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 Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task PPS has implemented program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.										
Task Step 1: Establish team of key project stakeholders (including SMEs, internal and external stakeholders) to determine treatment protocols, polices, and procedures to develop Project 3.b.i care coordination model										
Task Step 2: Identify and adapt evidence based guidelines										
Task Step 3: Engage Project 3.b.i Committee to review evidence based materials and strategies										
Task Step 4: Determine clear work flow processes for the care management/care coordination function that will support the cardiovascular program. Ensure seamless coordination of patient outreach and care management effort across all involved providers in community and ambulatory care settings										
Task Step 5: Identify PPS PCP partners for engagement, timeline, and schedule to implement evidence based strategies										
Task Step 6: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 7: Collect and maintain, in a centralized location, all pertinent project artifacts such as quarterly report narrative demonstrating successful implementation of project requirements										
Milestone #2 Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.										
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	92	92	92	92	92	92	92	92	92	92
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	62	162	162	162	162	162	162	162	162	162
Task EHR meets connectivity to RHIO's HIE and SHIN-NY requirements.	30	50	50	50	50	50	50	50	50	50
Task PPS uses alerts and secure messaging functionality.										
Task Step 1: Engage Practitioner Engagement Team within the PPS/IDS infrastructure to support development and communication plan to educate and support on-boarding of engaged/contracted practices for this particular milestone.										
Task Step 2: Collect list of safety net PPS partners to engage in QE participation agreement with RHIO. Assure that these partners fall as a priority in the SCC Contracting schedule to meet RHIO enrollment requirement schedule.										
Task Step 3: Engage in discussions with RHIO partners to organize an enrollment process in partnership with the SCC. Identify monitoring process for RHIO enrollments and two-way communication between SCC PMO and RHIO outreach staff.										
Task Step 4: Incorporate RHIO enrollment into SCC Contracting Enrollment scope of work. Which will include RHIO enrollment directions, agreement, FAQ for all on-boarded safety net partner who falls within the partner cohort for this project requirement.										
Task Step 5: Creation of PPS IT Governance team to develop data access and security standards and protocols addressing Provider concerns about data sharing.										
Task Step 6: Conduct assessment of Engaged/Contracted partners' EMR (e.g., Medical Home and Meaningful Use) and RHIO connectivity (e.g. assessment can include analysis of data sharing readiness, interoperable IT platforms, etc.) - (in line with PCMH assessment of engaged/contracted partners referenced herein)										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 7: Create best practice examples around advantages of RHIO participation and how patient RHIO "agree" or "deny" status can be obtained										
Task Step 8: Create global plan for how EHRs will meet the connectivity to RHIO's HIE and SHIN-NY requirements.										
Task Step 9: Create plan for how the PPS uses alerts and secure messaging functionality										
Task Step 10: Create provider training materials/education required to support IDS functions/processes developed to include training schedule, engaged/contracted partners to be trained and number of staff trained in use of alerts and secure messaging.										
Task Step 11: Develop written training materials on secure messaging										
Task Step 12: Develop and initiate work break-down structure (WBS) to submit sample transactions to public health registries with selected PPS partners										
Task Step 13: Develop and initiate WBS to demonstrate use of DIRECT secure email transactions with selected PPS partners										
Task Step 14: Develop process to make RHIO consent form readily available to all Engaged/Contracted provider offices/locations.										
Task Step 15: Initiate roll-out to Engaged/Contracted partners to be engaged in milestone to include training (to include, actively sharing EHR systems with local health information exchange/RHIO/SHIN-NY and sharing health information among clinical partners, including direct exchange, secure messaging, alerts and patient record look up)										
Task Step 16: Initiate quality control of engaged/contracted partners to be able to provide evidence of EHR Vendor Documentation and show evidence of screenshots of use of alerts and secure messaging										
Task Step 17: Complete roll-out to Engaged/Contracted partners within the PPS. Includes documentation of training dates and number of staff trained (to include participation agreements,										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
sample of transactions to public health registries, and use of DIRECT secure email transactions).										
Milestone #3 Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.										
Task EHR meets Meaningful Use Stage 2 CMS requirements (Note: any/all MU requirements adjusted by CMS will be incorporated into the assessment criteria).										
Task PPS has achieved NCQA 2014 Level 3 PCMH standards and/or APCM.	142	430	430	430	430	430	430	430	430	430
Task Step 1 (IT): Engage PPS Health Information Technology Project Leadership and the Project 2ai Stakeholders to collaborate on approach to initiate and design a program to support engaged/contracted safety net providers to ensure Electronic Health Record systems used by engaged/contracted partners meet Meaningful Use and PCMH level 3 standards.										
Task Step 2 (IT): 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 3 (IT): Current State Assessment/Health Information Technology - Begin Baseline Assessment of Engaged/Contracted Primary Care Practices (current state) within the PPS. Assessment to evaluate IT/EHR status and capabilities system requirements under Project 2ai. Results include gap analysis by contracted partner and scope of work needed to achieve meeting Meaningful Use and PCMH Level 3 Standards										
Task Step 4 (IT): Align planned sequencing of Project 2ai Implementation with "hot spot" suggestions rolled up from individual project teams to support project engagement requirements										
Task Step 5 (IT): Develop process to ensure compliance and sustainability of EHR requirements within PCMH & Meaningful Use standards (Develop communication channels to PPS IT Task Force to address Meaningful Use compliance, etc.)										

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Task Step 6 (IT): Health Information Technology - Develop process to demonstrate MU and DURSA certification at Engaged/Contracted safety net practices										
Task Step 7 (IT): Health Information Technology - Create a planned roll-out of IT EHR support that correlates with the results of the baseline gap analysis of engaged/contracted partners										
Task Step 8 (IT): Obtain Meaningful Use Stage 2 certification from CMS or NYS Medicaid, List of Participating NCQA-certified practices with Certification Documentation										
Task Step 9 (IT): Maintain Integrated Delivery System PCP practice support process for Engaged/Contracted PCMH providers										
Task Step 10 (PCMH): 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 11 (PCMH): Hire vendor or establish local resource base for PCMH certification support process										
Task Step 12 (PCMH): 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 13 (PCMH): 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 14 (PCMH): 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 15 (PCMH): Based on current state assessment results PCMH vendor and PPS will initiate a phased transformation										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
approach for Engaged/Contracted practices (i.e., onsite, virtual, groups, etc.) to be ongoing										
Task Step 16 (PCMH): Develop process to track progress towards PCMH Level 3 status within PPS and be able to provide documentation to DOH on progress										
Task Step 17 (PCMH): 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 18 (PCMH): Support submission of NCQA PCMH and/or APCM application for Engaged/Contracted Primary Care Practices										
Task Step 19 (PCMH): Obtain NCQA PCMH Level 3 and/or APCM certification for all engaged/contracted primary care practices										
Milestone #4 Use EHRs or other technical platforms to track all patients engaged in this project.										
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										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Warehouse (EDW) HealtheRegistries, HealtheAnalytics, HealtheIntent in accordance with applicable DOH domain requirements.										
Task Sep 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.										
Task Step 10: 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 11: 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 12: Strategic reporting system is finalized, patient identification, tracking, and matching algorithms are tested and fully deployed into production.										
Task Step 13: Population Health Platform is capable of identifying targeted patients and is able to track actively engaged patients for project milestone reporting.										
Milestone #5 Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).										
Task PPS has implemented an automated scheduling system to facilitate tobacco control protocols.										
Task PPS provides periodic training to staff to incorporate the use of										

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EHR to prompt the use of 5 A's of tobacco control.										
Task Step 1: Engage the Population Health Management Operating Workgroup along with internal and external Project Stakeholders to create a plan for facilitating the use of tobacco control protocols across the PPS										
Task Step 2: Create a plan to embed the 5 A's of tobacco control into the electronic medical record										
Task Step 3: Develop and Document the written materials that will be used by the Suffolk PPS to train providers as needed.										
Task Step 4: Conduct training and develop a system to track all training dates, the number of staff and providers trained.										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project documents including vendor system documentation, periodic self audit reports, list of training dates along with number of staff trained, and written training materials										
Milestone #6 Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.										
Task Practice has adopted treatment protocols aligned with national guidelines, such as the National Cholesterol Education Program (NCEP) or US Preventive Services Task Force (USPSTF).										
Task Step 1: Establish a team of key project stakeholders (including SMEs, internal and external stakeholders) to develop and review treatment protocols for hypertension and elevated cholesterol ensuring they align with national guidelines including the National Cholesterol Education Program (NCEP) and the US Preventive Services Task Force (USPSTF)										
Task Step 2: Identify and adapt treatment protocols for hypertension and elevated cholesterol										
Task Step 3: Enrollment and onboarding of PPS PCPs, Non-PCP, BH into 3.b.i Project by obtaining signed agreements to implement consistent standardized treatment protocols										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 4: Implementation of treatment protocols by contracted and engaged PPS PCPs, Non-PCP, and BH										
Task Step 5: Develop training curriculum as well as written training materials in reference to standardized protocols for hypertension and elevated cholesterol for PPS PCPs, non-PCPs, and BH										
Task Step 6: Engage Workforce Project Lead to review training plan and strategy for all identified providers										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Present training curriculum to Project 3.b.i Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers to support needs assessment results for training										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Identify training needs if any from baseline assessment										
Task Step 13: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 14: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to standardized treatment protocols for hypertension and elevated cholesterol, list of training dates along with number of staff trained, written training materials; signed agreement with PPS organizations to implement consistent standardized treatment protocols										
Milestone #7 Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health										

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literacy issues, and patient self-efficacy and confidence in self-management.										
Task Clinically Interoperable System is in place for all participating providers.										
Task Care coordination teams are in place and include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers where applicable.										
Task Care coordination processes are in place.										
Task Step 1: Identify scope of work with Project 3.b.i Committee for Project 3.b.i Care Coordination Model										
Task Step 2: Identify and assemble care coordination team to implement Project 3.b.i care coordination model. The team should include but is not limited to, contracted/engaged participating partners, cardiovascular educators, nursing staff, behavioral health providers, pharmacy, community health workers, and Health Home care managers										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers										
Task Step 4: Engage IDS Workgroup to align Project 2.a.i and Project 3.b.i objectives of integrating all PPS practices in the PPS with a clinical interoperability system										
Task Step 5: Identify and formalize policies and procedures for Project 3.b.i care coordination model										
Task Step 6: Present policies and procedures to Project 3.b.i committee for review										
Task Step 7: Identify team members to collect information on hypertension training program for care management/coordination staff. Team members should include nursing staff, pharmacists, dieticians, community health workers, and Health Home care managers										
Task Step 8: Aggregate and develop written training materials										
Task Step 9: Present training curriculum to Project 3.b.i committee for review										

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Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Identify expert trainer/trainers										
Task Step 12: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 13: Keep record of training dates and number of staff trained at each PCP practice										
Task Step 14: Monitor efficacy of curriculum by Project 3.b.i Workgroup										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as contracts, report vendor system documentation, care coordination team rosters, care coordination policies and procedures, standard clinical protocol and treatment plans, process and workflow documentation, written training materials, training dates and number of staff trained										
Milestone #8 Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.										
Task All primary care practices in the PPS provide follow-up blood pressure checks without copayment or advanced appointments.	142	430	430	430	430	430	430	430	430	430
Task Step 1: Establish team of stakeholders to brainstorm opportunities for follow up blood pressure checks without a copayment or advanced appointment and potential partner relationships										
Task Step 2: Develop and create workflow for providing opportunities for follow up blood pressure checks without copayment or advanced appointment										
Task Step 3: Develop strategy to implement and engage external key stakeholders										
Task Step 4: Develop policies and procedures related to blood pressure checks										
Task Step 5: Engage Project 3.b.i and Clinical Governance										

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Committee to review protocols										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Engage IT PMO to ensure PPS PCP, non-PCP, and BH practices and care managers are connected electronically to generate rosters of patients, by PCP practice, and provide follow up										
Task Step 8: Implementation of protocols at PPS PCP, non-PCP, and BH practices ensuring all staff can practice to the top of their license to provide BP checks with out copayment or advanced appointment										
Task Step 9: Monitor project and collect roster of patients engaged										
Task Step 10: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 11: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures related to blood pressure checks, roster of patients, by PCP practice, who have received follow up blood pressure checks										
Milestone #9 Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.										
Task PPS has protocols in place to ensure blood pressure measurements are taken correctly with the correct equipment.										
Task Step 1: Establish team of stakeholders to develop policies and procedures that ensure blood pressure measurements are taken correctly with correct equipment										
Task Step 2: Coordinate and develop training and communication plan with other training requirements for Project 3.b.i establishing policies and procedures for accurate BP measurement										
Task Step 3: Incorporate into training blood pressure protocols, parameters, and indicators for physician notification and										

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appropriate technique and use of equipment										
Task Step 4: Develop strategy to implement policies and procedures as well as training										
Task Step 5: Engage Project 3.b.i and Clinical Governance Committee to review protocols										
Task Step 6: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 7: Present training curriculum to PPS Board for review and approve										
Task Step 8: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to Clinical Governance Committee for review										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, list of training dates with number of staff trained										
Milestone #10 Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.										
Task PPS uses a patient stratification system to identify patients who have repeated elevated blood pressure but no diagnosis of hypertension.										

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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 PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task PPS provides periodic training to staff to ensure effective patient identification and hypertension visit scheduling.										
Task Step 1: Establish team of stakeholders including representatives from the PPS Population Health Management Operations Workgroup to incorporate the Care Management Program into the risk assessment tool, risk assessment documentation and patient stratification protocols for patient follow up										
Task Step 2: Ensure follow up protocols include patient stratification system to identify patients with repeated elevated BP but no diagnosis of hypertension										
Task Step 3: Engage Project 3.b.i and Clinical Governance Committee to review and approve protocols for patient follow up										
Task Step 4: Engage IT PMO to ensure PPS PCP practices and care managers are connected electronically to identify and schedule patients who have a diagnosis of hypertension and schedule them for a visit										
Task Step 5: Identify PCP, non-PCP, and BH PPS partners who have vendor system documentation in place for strategies for implementation										
Task Step 6: Identify PPS PCP, non-PCP, and BH partners to be engaged in the project and ensure vendor system documentation is in place and implemented at PPS partner sites										
Task Step 7: Develop training curriculum to ensure effective patient identification and hypertension visit scheduling										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Incorporate training curriculum into Project 3.b.i Training Program										

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Delivery System Reform Incentive Payment Project

DSRIP Implementation Plan Project

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

Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 10: Present training curriculum to Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance Committee for review										
Task Step 12: Present training curriculum to PPS Board for review and approval										
Task Step 13: Identify expert trainers										
Task Step 14: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 15: Keep record training dates and number of staff trained										
Task Step 16: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
Milestone #11 Prescribe once-daily regimens or fixed-dose combination pills when appropriate.										
Task PPS has protocols in place for determining preferential drugs based on ease of medication adherence where there are no other significant non-differentiating factors.										
Task Step 1: Establish team of stakeholders including key providers types such as pharmacy to develop policies and procedures that are in place and reflect preferential drugs based on ease of medication where there are no other significant non-differentiating factors										
Task Step 2: Develop and create policies and procedures for once daily regimens or fixed dose combination pills when appropriate										
Task Step 3: Develop strategy to implement policies and procedures at PPS PCPs, non-PCP, and BH										
Task Step 4: Engage Project 3.b.i and Clinical Governance Committee to review protocols										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 5: Engage Workforce Project Lead to review training plan for all identified and engaged providers										
Task Step 6: Present training curriculum to PPS Board for review and approval										
Task Step 7: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 8: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedure										
Milestone #12 Document patient driven self-management goals in the medical record and review with patients at each visit.										
Task Self-management goals are documented in the clinical record.										
Task PPS provides periodic training to staff on person-centered methods that include documentation of self-management goals.										
Task Step 1: Incorporate identification of self management goals, including referral to the PPS Stanford Chronic Disease Self Management program into assessment, education and clinical record documentation process										
Task Step 2: Ensure that at least 1 self management goal is documented, reviewed at each visit, and patient progress toward goal, include in 3.b.i training curriculum										
Task Step 3: Engage Workforce project lead to review training plan for all identified providers and include person centered methods that include documentation of self management goals										
Task Step 4: Develop training curriculum that includes self management goals documentation as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 5: Engage Workforce Project Lead to review training curriculum										
Task Step 6: Incorporate training curriculum into Project 3.b.i Training Program										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 7: Present training curriculum to Project 3.b.i Committee for review										
Task Step 8: Present training curriculum to Clinical Governance Committee for review										
Task Step 9: Present training curriculum to PPS Board for review and approval										
Task Step 10: Identify expert trainers										
Task Step 11: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 12: Keep record raining dates and number of staff trained										
Task Step 13: Collect and maintain, in a centralized location, all pertinent project artifacts such as risk assessment tool documentation, risk assessment screenshots, patient stratification output, documented protocols for patient follow-up, vendor system documentation, list of training dates along with number of staff trained, and written writing materials										
Milestone #13 Follow up with referrals to community based programs to document participation and behavioral and health status changes.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Agreements are in place with community-based organizations and process is in place to facilitate feedback to and from community organizations.										
Task Step 1: Establish a team of experts/stakeholders to develop a referral and follow-up process to refer patients to community based programs, to document participation and BH status changes, and periodic training to staff on warm hand off										
Task Step 2: Adapt, identify, and incorporate policies and procedures of referral process including warm transfer protocols from										

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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
Project 3.a.i Project Plan										
Task Step 3: Develop strategy to implement referral and follow up process with IT PMO										
Task Step 4: Create communication strategy and ensure there is bidirectional communication										
Task Step 5: Establish processes to produce documentation of process and workflow including responsible resources at each stage of the workflow										
Task Step 6: Obtain written participation agreements with CBOs as applicable										
Task Step 7: Develop training curriculum as well as written training materials										
Task Step 8: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 9: Present training curriculum to Project 3.b.i Committee for review										
Task Step 10: Present training curriculum to PPS Board for review and approval										
Task Step 11: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 12: Identify expert trainers										
Task Step 13: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 14: Keep record training dates and number of staff trained										
Task Step 15: Collect and maintain, in a centralized location, all pertinent project artifacts such as polices and procedures of referral process including warm transfer protocols, list of training dates along with number of staff trained, written training materials, written attestation, documentation of process and workflow including responsible resources at each stage of the workflow										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Milestone #14 Develop and implement protocols for home blood pressure monitoring with follow up support.										
Task PPS has developed and implemented protocols for home blood pressure monitoring.										
Task PPS provides follow up to support to patients with ongoing blood pressure monitoring, including equipment evaluation and follow-up if blood pressure results are abnormal.										
Task PPS provides periodic training to staff on warm referral and follow-up process.										
Task Step 1: Establish a team of experts/stakeholders to develop and review protocols for home blood pressure monitoring with follow up support, process and workflow including responsible resources at each stage and periodic audit reports and recommendations										
Task Step 2: Develop and create policies and procedures										
Task Step 3: Develop strategy to implement home blood pressure monitoring with follow up support										
Task Step 4: Determine necessary equipment to be used in the home blood pressure monitoring in conjunction with project budget										
Task Step 5: Develop a process to implement monitoring procedures and collect baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 6: Create process to terminate blood pressure equipment from patient's home, daily communication between the device number and the practice or care manager										
Task Step 7: Engage IT PMO to automate blood pressure monitoring through the electronic medical record in order to provide periodic updates exhibiting an increase of monitoring.. Ensure that receipt of home BP readings is a process built into care manager work flow and coordinates seamlessly with the PCP										
Task Step 8: Develop specific alerts including non-business hours, documentation and integration with the electronic medical										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
record										
Task Step 9: Develop training curriculum as well as written training materials in reference to home blood pressure monitoring and warm handoff										
Task Step 10: Engage Workforce Project Lead to review training plan for all identified providers										
Task Step 11: Present training curriculum to PPS Board for review and approval										
Task Step 12: Incorporate training curriculum into Project 3.b.i Training Program										
Task Step 13: Present training curriculum to Project 3.b.i Committee for review										
Task Step 14: Identify expert trainers										
Task Step 15: Determine frequency of staff training and establish calendar of training dates and locations to train staff										
Task Step 16: Keep record training dates and number of staff trained										
Task Step 17: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring and parodic updates exhibiting an increase of monitoring; Documentation of process and workflow including responsible resources at each stage of the workflow; Periodic self-audit reports and recommendations.										
Milestone #15 Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.										
Task PPS has implemented an automated scheduling system to facilitate scheduling of targeted hypertension patients.										
Task Step 1: Engage the IT Population Health Team to design, develop, and implement an automated work driver and scheduling system at PPS partner sites within the electronic medical record										
Task Step 2: Engage SCC Care Management Program										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
representatives in the roll out and design of the project										
Task Step 3: Determine feasibility of scheduling interoperability at PPS PCP, non-PCP, and BH partner sites										
Task Step 4: Generate roster of identified patients with hypertension who have not had a recent visit and schedule them for a visit										
Task Step 5: Collect and maintain, in a centralized location, all pertinent project artifacts such as vendor system documentation, implementation of the system, and roster of identified patients										
Milestone #16 Facilitate referrals to NYS Smoker's Quitline.										
Task PPS has developed referral and follow-up process and adheres to process.										
Task Step 1: Establish team of key stakeholders, including representatives from NY Smoker's Quitline to develop and determine policies and procedures including warm transfer protocols for referrals to the NYS Smoker's Quitline, development of referral and follow-up process										
Task Step 2: Present policies and procedures to Project 3.b.i Committee for review and approval										
Task Step 3: Organize communication strategy and implementation scope of work, schedule and budget										
Task Step 4: Implement policies and procedures at engaged/contracted participating PCP practices										
Task Step 5: Monitor utilization of referral process										
Task Step 6: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures of referral process including warm transfer protocols										
Milestone #17 Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task If applicable, PPS has Implemented collection of valid and reliable REAL (Race, Ethnicity, and Language) data and uses the data to target high risk populations, develop improvement plans, and address top health disparities.										
Task If applicable, PPS has established linkages to health homes for targeted patient populations.										
Task If applicable, PPS has implemented Stanford Model through partnerships with community-based organizations.										
Task Step 1: Engaged with Project 3.b.i Committee, health homes, BMI and other identified pertinent stakeholders to define objective and measure to collect for support of hot spot strategy										
Task Step 2: Implement collection of valid and reliable REAL (RACE, Ethnicity, and Language) data to develop hot spotting strategy										
Task Step 3: Utilize Community Needs Assessment to support hot spotting strategy										
Task Step 4: Identify and evaluate linkages to health homes for targeted patient populations										
Task Step 5: Initiate agreements with Home Health Organizations for Project 3.b.i (Stanford Model)										
Task Step 6: Design and document process and workflow including responsible resources at each stage										
Task Step 7: Identify Project Team Members, including CBO partnerships, to design implementation plan utilizing the Stanford Model, budget and schedule										
Task Step 8: Adapt written training materials										
Task Step 9: Engage Workforce Project Lead in training curriculum design										
Task Step 10: Present training materials to Workforce Committee and Project 3.b.i Committee for review										
Task Step 11: Present training curriculum to Clinical Governance for										

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
review										
Task Step 12: Identify expert trainer/trainers for Project 3.b.i (Stanford Model)										
Task Step 13: Determine frequency of staff training and create calendar of training dates with site locations on an ongoing basis to train staff										
Task Step 14: Keep record raining dates and number of staff trained										
Task Step 15: Identify locations for Stanford Model to be implemented in hot spot communities										
Task Step 16: Contract partner organizations for use of space to hold classes (if applicable) and schedules classes										
Task Step 17: Conduct Cardiovascular Self-Management classes on ongoing basis										
Task Step 18: Create and utilize an audit checklist to determine the status of all forms and supporting documentation										
Task Step 19: Make recommendations based on audit findings by Project 3.b.i Committee										
Task Step 20: Collect and maintain, in a centralized location, all pertinent project artifacts such as REAL datasets, process and workflow documentation, written training materials, list of dates along with number of staff trained, periodic self-audit reports, and written attestation or evidence of agreement with community patrons										
Milestone #18 Adopt strategies from the Million Hearts Campaign.										
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	142	430	430	430	430	430	430	430	430	430
Task Provider can demonstrate implementation of policies and procedures which reflect principles and initiatives of Million Hearts Campaign.	1,395	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862	1,862
Task Provider can demonstrate implementation of policies and	94	144	144	144	144	144	144	144	144	144

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
procedures which reflect principles and initiatives of Million Hearts Campaign.										
Task Step 1: Establish team of key stakeholders to develop policies and procedures which reflect principles and initiatives of the Million Hearts Campaign, which include workflow processes written training materials, and the home blood pressure monitoring program										
Task Step 2: Ensure policies and procedures include baseline home blood pressure monitoring and periodic updates exhibiting an increase of monitoring										
Task Step 3: Develop communication strategy for the Million Hearts Campaign										
Task Step 4: Engage Workforce Project Lead to review training curriculum										
Task Step 5: Present policies and procedures that reflect the Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Project 3.b.i Committee for review										
Task Step 6: Present policies and procedures the reflect that Million Hearts Campaign, training materials, workflow processes and the home blood pressure monitoring program to the Clinical Governance Committee for review										
Task Step 7: Present policies and procedures to PPS Board for review and approval										
Task Step 8: Identify, evaluate, prioritize a list of trainers to train staff at PPS practices engaged in the project										
Task Step 9: Determine frequency of staff training and establish calendar of training dates with locations to train staff										
Task Step 10: Implement policies and procedures that reflect the Million Hearts Campaign and the home blood pressure monitoring program at PPS partner sites										
Task Step 11: Engage Project Committee to monitor, risk mitigation, promote program, and change control Million Hearts Campaign										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task Step 12: Collect and maintain, in a centralized location, all pertinent project artifacts such as policies and procedures, baseline home blood pressure monitoring program, documentation of process and workflow including responsible resources at each stage of the workflow and written training materials										
Milestone #19 Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.										
Task PPS has agreement in place with MCO related to coordination of services for high risk populations, including smoking cessation services, hypertension screening, cholesterol screening, and other preventive services relevant to this project.										
Task Step 1: Develop MCO Stakeholder Roster to be engaged in the project										
Task Step 2: Include MCO Stakeholders in Project Committee Meetings for Cardiovascular Protocol development for the coordination of services for high risk populations including smoking cessation services and cholesterol screening										
Task Step 3: Engage MCO Team to develop Cardiovascular Payment Strategy for Cardiovascular related services into MCO strategy										
Task Step 4: Meet with payers during the planning phase to evaluate triggers and processes for payer care coordination and chronic care services to ensure coordination of care, eliminate gaps in care, and avoid redundant services										
Task Step 5: Execute Payment Agreements or MOU with MCO for Cardiovascular related services and ensure payers provide coverage and coordination of services benefit										
Task Step 6: Collect and maintain all pertinent project artifacts such as written attestation or evidence of agreements										
Milestone #20 Engage a majority (at least 80%) of primary care providers in this project.										

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Project Requirements (Milestone/Task Name)	DY3,Q3	DY3,Q4	DY4,Q1	DY4,Q2	DY4,Q3	DY4,Q4	DY5,Q1	DY5,Q2	DY5,Q3	DY5,Q4
Task PPS has engaged at least 80% of their PCPs in this activity.	344	430	430	430	430	430	430	430	430	430
Task Step 1: Develop implementation plan and project specific communications to educate and inform engaged and contracted PCPs, non-PCPs, and BH										
Task Step 2: Identify metrics and the method of collection to create baseline assessment										
Task Step 3: Initiate Baseline Assessment by the Project 3.b.i Committee										
Task Step 4: Collect and aggregate baseline data and determine baseline at each PCP										
Task Step 5: Engage and finalize agreements with PCP partners for Project 3.b.i										
Task Step 6: Maintain directory of engaged and contracted PCPs										
Task Step 7: Initiate Implementation plan and schedule to engage PCPs										
Task Step 8: Project Manager presents progress to Project 3.b.i Committee lay project stakeholders										
Task Step 9: Engage Project Workgroup to monitor implementation and ongoing development to assure schedule and metrics are met										
Task Step 10: Collect and maintain all pertinent project artifacts such as list of total PCPs in the PPS and list of PCPs engaged in this activity										

Prescribed Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Implement program to improve management of cardiovascular disease using evidence-based strategies in the ambulatory and community care setting.	
Ensure that all PPS safety net providers are actively connected to EHR systems with local health information exchange/RHIO/SHIN-NY and share health information among clinical partners, including direct exchange (secure messaging), alerts and patient record look up, by the end of DY 3.	
Ensure that EHR systems used by participating safety net providers meet Meaningful Use and PCMH Level 3 standards and/or APCM by the end of Demonstration Year 3.	
Use EHRs or other technical platforms to track all patients engaged in this project.	
Use the EHR to prompt providers to complete the 5 A's of tobacco control (Ask, Assess, Advise, Assist, and Arrange).	
Adopt and follow standardized treatment protocols for hypertension and elevated cholesterol.	
Develop care coordination teams including use of nursing staff, pharmacists, dieticians and community health workers to address lifestyle changes, medication adherence, health literacy issues, and patient self-efficacy and confidence in self-management.	
Provide opportunities for follow-up blood pressure checks without a copayment or advanced appointment.	
Ensure that all staff involved in measuring and recording blood pressure are using correct measurement techniques and equipment.	
Identify patients who have repeated elevated blood pressure readings in the medical record but do not have a diagnosis of hypertension and schedule them for a hypertension visit.	

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Prescribed Milestones Narrative Text

Milestone Name	Narrative Text
Prescribe once-daily regimens or fixed-dose combination pills when appropriate.	
Document patient driven self-management goals in the medical record and review with patients at each visit.	
Follow up with referrals to community based programs to document participation and behavioral and health status changes.	
Develop and implement protocols for home blood pressure monitoring with follow up support.	
Generate lists of patients with hypertension who have not had a recent visit and schedule a follow up visit.	
Facilitate referrals to NYS Smoker's Quitline.	
Perform additional actions including "hot spotting" strategies in high risk neighborhoods, linkages to Health Homes for the highest risk population, group visits, and implementation of the Stanford Model for chronic diseases.	
Adopt strategies from the Million Hearts Campaign.	
Form agreements with the Medicaid Managed Care organizations serving the affected population to coordinate services under this project.	
Engage a majority (at least 80%) of primary care providers in this project.	

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IPQR Module 3.b.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

No Records Found

PPS Defined Milestones Current File Uploads

Milestone Name	User ID	File Name	Description	Upload Date

No Records Found

PPS Defined Milestones Narrative Text

Milestone Name	Narrative Text

No Records Found

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IPQR Module 3.b.i.6 - IA Monitoring

Instructions :